Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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	ALZHEIMER'S AGENTS
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Aduhelm® Vial - Clinical criteria apply
memantine tablet / titration pack (generic for Namenda®)	Aricept Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Kisunla [™] (donanemab-azbt) Vial
	Leqembi® Vial - Clinical criteria apply
	hyp
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	NAME OF THE OWNER OW
	ANALGESICS
	OPIOID ANALGESICS
	Long Acting Opioids Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Butrans® Patch	Belbuca (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	Lectors (Locked) : Imb
methadone concentrate / diskets / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5, 162.5 187.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla [®] ER)
Xtampza® ER Capsule	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose ^{nt} Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet Nucynta® ER Tablet
	Nucynia ER Tablet oxycodone ER tablet (generic for OxyContin®)
	oxycodone ER tablet (genere for UxyContin") oxymorphone ER tablet oxymorphone ER tablet
	Docymonaton Lix tance. Irramadol ER aspatel (generic for Conzip [®])
	, , , , , , , , , , , , , , , , , , , ,
	Drally Disintegrating / Oral Spray Schedule II Opioids
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Actiq [®] Lozenge	Dsuvia [™] SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
	Short Acting Schedule II Opioids
	Short recting Scienciae in Options Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprexain [®] , Vicoprofen [®])	hydromorphone solution / suppository (generic for Dilaudid [®])
hydromorphone tablet (generic for Dilaudid [®])	levorphanol tablet (generic for Levo-Dromoran [®])
morphine solution / tablet (generic for MSIR®)	meperidine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox®)	morphie suppositories (generic for Roxanol)
oxycodone-acetaminophen tablets (generic for Percocet®)	Nalocet® Tablet Nucynta® Tablet
	Nucynta" Tablet oxycodone capsule (generic for OxylR [®])
	Oxycodone capsuse (genene ror Uxyuk) oxycodone concentrated solution (generic for Roxicodone entered) intensol)
	toycoone concentrate souton (general or noncount mensor) oxycodone-catamiophen solution oxycodone-catamiophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxybond® Tablet
Short A	Acting Schedule III – IV Opioids / Analgesic Combinations
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (generic for Ultram [®])	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®])
	butorphanol spray (generic for Stadof*)
	dihydroodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX®)
	Qdolo [™] Solution Seglentis [®] Tablet
	LOCKICHUS LIGHT
	tramadol solution (generic for Qdolo")

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	NSAIDS
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthrotec® Tablet
	Celebrex® Capsule
ibuprofen suspension / tablet (generic for Motrin [®])	
indomethacin capsule (generic for Indocin®)	Daypro® Caplet
ketorolac tablet (generic for Toradol®)	diclofenac potassium capsule (generic for Zipsor®)
meloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam®)
naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
naproxen tablet (generic for Naprosyn®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
naproxen sodium tablet (generic for Anaprox®)	diflunisal tablet (generic for Dolobid [®])
	Dolobid tablet
sulindac tablet (generic for Clinoril®)	
	Duexis® Tablet - T/F of only celecoxib required
	etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)
	Feldene® Capsule
	fenoprofen capsule/ tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Ansaid®)
	ibuprofen / famotidine tablet (generic for Duexis®) - T/F of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR®)
	indomethacin Ek Capsule (generic for Indocun Sk.)
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvail [®])
	ketorolac tromethamine nasal spray (generic for Sprix®)
	Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®)
	Lofena™ Tablet
	meclofenamate capsule (generic for Meclomen [®])
	mefenamic acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Vivlodex®)
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule / Tablet
	Naprelan® Tablet
	Naprosyn [®] 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 [™] DS Tablet
	Tolectin® (tolmetin) Tablet
	tolmetin tablet / capsule (generic for Tolectin® / DS)
	Vimovo® Tablet - T/F of only celecoxib required
	Vimovo Tablet - 1/F of only celecoxib required
	NEUROPATHIC PAIN
Preferred	NEUROPATHIC PAIN Non-Preferred
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta [®])	Non-Preferred Cymbula [®] Capsule
duloxetine capsule (generic for Cymbalta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®])	Non-Preferred Cymbula® Capsule DermacinRx™ Lidocan Patch - Clinical criteria apply
duloxetine capsule (generic for Cymbalta*) gabapentin capsule / solution / tablet (generic for Neurontin*) lidocaine patch (generic for Lidoderm*) - Clinical criteria apply	Non-Preferred Cymbalta "Capsule Demacinks." Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle
duloxetine capsule (generic for Cymbalta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®])	Non-Preferred Cymbalta "Capsule Dermacin Ra," Lidocan Patch - Clinical criteria apply Dizialma "Sprinkle duloxetine capsule (generic for Irenka")
duloxetine capsule (generic for Cymbalta*) gabapentin capsule / solution / tablet (generic for Neurontin*) lidocaine patch (generic for Lidoderm*) - Clinical criteria apply	Non-Preferred Cymbulta "Capaule DemacinRx" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle dulocetine capaule (generic for Irenka") gashapentin ER kable (generic for Gralius")
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbalta "Capsale Dermacinfs." Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle daloxetine capsule (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralse "Tablet
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbulu "Capsule Dermacinfix" Lidocan Patch - Clinical criteria apply Drizalam "Sprinkle dulocetine capsule (generic for Irenka") gabapentin ER blete (generic for Irenka") Gralise "Tablet Horizand" Tablet Lidocan "Patch - Clinical criteria apply
duloxetine capsule (generic for Cymbalta*) gabapentin capsule / solution / tablet (generic for Neurontin*) lidocaine patch (generic for Lidoderm*) - Clinical criteria apply	Non-Preferred Cymbulu "Capsule Dermacinfix" Lidocan Patch - Clinical criteria apply Drizalam "Sprinkle dulocetine capsule (generic for Irenka") gabapentin ER blete (generic for Irenka") Gralise "Tablet Horizand" Tablet Lidocan "Patch - Clinical criteria apply
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbala "Capsule DermacinRx" Lidocan Patch - Clinical criteria apply Dizialma "Sprinkle duloxeine capsule (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralise "Tablet Horizand" Tablet
duloxetine capsule (generic for Cymbalta*) gabapentin capsule / solution / tablet (generic for Neurontin*) lidocaine patch (generic for Lidoderm*) - Clinical criteria apply	Non-Preferred Cymbala** Capsale Demacinks** Lidocan Patch - Clinical criteria apply Drizalma** Sprinkle dalocetine capsale (generic for Irenka*) grapapentin ER tablet (generic for Gralise*) Gralise** Tablet Horizan** Tablet Lidocan** Patch - Clinical criteria apply Lidodem** Patch - Clinical criteria apply
duloxetine capsule (generic for Cymbalta*) gabapentin capsule / solution / tablet (generic for Neurontin*) lidocaine patch (generic for Lidoderm*) - Clinical criteria apply	Non-Preferred Cymbulia "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxeine capsule (generic for Irenka") gabapennin ER Habet (generic for Irenka") Gralise "Tablet Horizant" Tablet Lidocan" Tablet Lidocan "Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lyrica" Capsule / Solution / CR Tablet Neuronin" Capsule / Solution / CR Tablet Neuronin" Capsule / Solution / CR Tablet
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbala" Capsule DemacinRx" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapenini ER tablet (generic for Gralise") Gralise "Tablet Horizand" Tablet Lidocan" Patch - Clinical criteria apply Lidoderm" Patch - Clinical criteria apply Lyrica" Capsules / Solution / CR Tablet Lyrica" Capsule / Solution / CR Tablet
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbalia "Capsale Dermacinks." Lidocan Patch - Clinical criteria apply Drizalima "Sprinkle duloxetine capsule (generic for Irenka") gabapentin ER tabblet (generic for Gralise") Gralise "Tablet Horizania" Tablet Lidocan "Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lyrica "Capsule / Solution / CR Tablet Neurontin "Capsule / Solution / Tablet pregabalin ER tablet (generic for Lyrica" CR)
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbulta "Capaule DermacinRx" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle dulocetine capaule (generic for Irenka") gashapentin ER tablet (generic for Gralius") Gralus "Tablet Lidocan" Tablet Lidocan" Tatch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan "Batch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan "Pat
duloxetine capsule (generic for Cymbalta ") gabapentin capsule / solution / tablet (generic for Neurontin ") lidocaine patch (generic for Lidoderm") - Clinical criteria apply	Non-Preferred Cymbulu "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapennin ER Hablet (generic for Irenka") gabapennin ER Hablet (generic for Gralise") Gralise "Tablet Horizan" Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan" Capsule / Solution / CR Tablet Neuronin" Capsule / Solution / CR Tablet pregabalin ER tablet (generic for Lyrica" CR) Quienza Kit Savella "Tablet / Tiruzion Pack
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbula "Capsule Dermacinks." Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralise "Tablet Horizan" Tablet Horizand "Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lyrica "Capsule / Solution / CR Tablet Neurontin "Capsule / Solution / Tablet pregabalin ER tablet (generic for Lyrica" CR) Quietras "Kit Savella" Tablet / Tirtation Pack Tridacaine "Patch - Tirtation Pack
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbula "Capoule Dernaciniks". Lidocan Patch - Clinical criteria apply Drizalma" Sprinkle duloxetine capoule (generic for Irenka") gashpenin ER tablet (generic for Gralise") Gralise "Tablet Lidocan" Patch - Clinical criteria apply Lidodem" Patch - Clinical criteria apply Lidodem" Patch - Clinical criteria apply Lidocani" Capoule / Solution / Carlotet Neuronin" Capoule / Solution / Tablet Pergabaline ER tablet (generic for Lyrica® CR) Quierza® "Kapula / Solution / Tablet Pergabaline ER tablet (generic for Lyrica® CR) Quierza® "Kapula / Solution / Tablet Pergabaline Tablet / Titration Pack Tridaciane" Patch ZTLido "Patch - Clinical criteria apply
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Non-Preferred Cymbula "Capsule Dermacinks." Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralise "Tablet Horizan" Tablet Horizand "Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lyrica "Capsule / Solution / CR Tablet Neurontin "Capsule / Solution / Tablet pregabalin ER tablet (generic for Lyrica" CR) Quietras "Kit Savella" Tablet / Tirtation Pack Tridacaine "Patch - Tirtation Pack
duloxetine capsule (generic for Cymbalta [®]) gabapenini capsule / solution / tablet (generic for Neurostria [®]) lidocaine patch (generic for Lidocaine) patch (generic for Lidocaine) pregabalin capsule /solution (generic for Lyrica [®])	Non-Preferred Cymbulu "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizzalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin ER tablet (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralise "Tablet Horizand" Tablet Lidocan" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lyrica" Capsule / Solution / CR Tablet Neuronia" Capsule / Solution / CR Tablet pregabalia ER tablet (generic for Lyrica" CR) Quienza Kit Savella" Tablet / Titration Pack Tridacanse "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES
duloxetine capsule (generic for Cymbulta ²) gabaperini capsule / sodurion / tablet (generic for Neurontin ²) libocaine patch (generic for Libotam ²) - Clinical criteria apply pregabalin capsule /solution (generic for Lyrica ²)	Non-Preferred Cymbulia "Capaule DermacinRx" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle dulocetine capsule (generic for Irenka") gashapenin ER kablet (generic for Irenka") gashapenin ER kablet (generic for Gralius") Gralus "Tablet Lidocan" Patch - Clinical criteria apply Lidodem" Patch - Clinical criteria apply Lidodem" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan" Capsule / Solution / Carl Tablet Neurontia "Capsule / Solution / Tablet pregabilin ER tablet (generic for Lyrica" CR) Quetaza "Kt Savella" Tablet / Tiration Pack Tridacaine" Patch ANTICONVULSANTS
duloxetine capsule (generic for Cymbulta ²) gabaperini capsule / sodurion / tablet (generic for Neurontin ²) libocaine patch (generic for Libotam ²) - Clinical criteria apply pregabalin capsule /solution (generic for Lyrica ²)	Non-Preferred Cymbulu "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizzalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin ER tablet (generic for Irenka") gabapentin ER tablet (generic for Gralise") Gralise "Tablet Horizand" Tablet Lidocan" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lyrica" Capsule / Solution / CR Tablet Neuronia" Capsule / Solution / CR Tablet pregabalia ER tablet (generic for Lyrica" CR) Quienza Kit Savella" Tablet / Titration Pack Tridacanse "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontia [®]) lidocaine patch (generic for Lidocaine) Pregabalin capsule /solution (generic for Livica [®]) Pregabalin capsule /solution (generic for Livica [®]) Pregabalin capsule /solution (generic for Livica [®]) Patients with a diagnosis of seize	Non-Preferred Cymbulia "Capatel Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capatule (generic for Irenka") gabapenta in Ek tablet (generic for Irenka") gabapenta in Ek tablet (generic for Gralise") Graluse "Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES ure disorder are exempt from T/F criteria and may use any carbamazepine product. Non-Preferred
duloxetine capsule (generic for Cymbulta [®]) gabapentin capsule / solution / tablet (generic for Neurontin [®]) lidocaine patch (generic for Lidocaine) - Clinical criteria apply pregabalin capsule /solution (generic for Lyrica [®]) Pregabalin capsule /solution (generic for Lyrica [®]) Patients with a diagnosis of sela- Preferred	Non-Preferred Cymbulia "Capaule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle dulocetine capaule (generic for Irenka") gashapentin RE Habet (generic for Gralise") Gralise "Tablet Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES ure disorder are exempt from T/F criteria and may use any carbamazepine product. Non-Preferred curbamazepine ER capaule (generic for Carbatrol")
duloxetine capsule (generic for Cymbula [®]) gobapenitin capsule / solution / tablet (generic for Neurostin [®]) lidocaine patch (generic for Lolenderiteria apply pregabalin capsule /solution (generic for Lyrica [®]) Pregabalin capsule /solution (generic for Lyrica [®]) Patients with a diagnosis of seiz Preferred Aptiom [®] Tablet carbanuscepine tablet / uspension / chewable tablet / XR tablet (generic for Tegretof [®] / XR) Equerico [®] Capsule	Non-Preferred Cymbulia "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapenin ER tablet (generic for Irenka") gabapenin ER tablet (generic for Gralise") Gralise "Tablet Horizan" Tablet Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES Terdesorie "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES Terdesorie are exempt from TF criteria and may use any carbamazepine product. Non-Preferred carbamazepine ER capsule (generic for Carbatrol") Carbatrof" Capsule
duloxetine capsule (generic for Cymbulus) jobspentin capsule / solution / tablet (generic for Neurontin) lidocaine partic generic for Lidocaine partic (generic for Lidocaine) pregabalin capsule / solution (generic for Lyrica ") Pregabalin capsule / solution (generic for Lyrica ") Patients with a diagnosis of seiz Preferred Aption " Tablet carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol " / XR) Eggetto " Capsule	Non-Preferred Cymbulia "Capaule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle dulocetine capaule (generic for Irenka") gashapentin RE Habet (generic for Gralise") Gralise "Tablet Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES ure disorder are exempt from T/F criteria and may use any carbamazepine product. Non-Preferred curbamazepine ER capaule (generic for Carbatrol")
duloxetine capsule (generic for Cymbulta ⁵) jabapentin capsule / solution / tablet (generic for Neurontin ⁶) lidocaine patch (generic for Lovino ⁶) lidocaine patch (generic for Lovino ⁶) pregabalin capsule /solution (generic for Lyrica ⁶) Patients with a diagnosis of sein Patients with a diagnosis of sein Preferred Apsion ⁶ Tablet Equero ⁶ Capsule oxcarbuszepine suspension / chewable tablet / XR tablet (generic for Tegnetol ⁶ / XR) Equero ⁶ Capsule oxcarbuszepine suspension (tablet (generic for Trileptal ⁶) Oxtellin ⁶ XR Tablet	Non-Preferred Cymbulia "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizalma "Sprinkle duloxetine capsule (generic for Irenka") gabapenin ER tablet (generic for Irenka") gabapenin ER tablet (generic for Gralise") Gralise "Tablet Horizan" Tablet Lidocan" Patch - Clinical criteria apply Lidocan "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES Terdesorie "Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES Terdesorie are exempt from TF criteria and may use any carbamazepine product. Non-Preferred carbamazepine ER capsule (generic for Carbatrol") Carbatrof" Capsule
duloxetine capsule (generic for Cymbulta") gobapentin capsule / solution / tablet (generic for Neurostin") lidocaine patch (generic for Lidocaine) patch (generic for Lidocaine) patch (generic for Lidocaine) pregabalin capsule /solution (generic for Lyrica") Pregabalin capsule /solution (generic for Lyrica") Patients with a diagnosis of seiz Preferred Aptiom" Tablet carbanazejine tablet / suspension / chewable tablet / XR tablet (generic for Tegnetol" / XR) Equetro" Capsular / XR Tablet Oxcarbazepine suspension / tablet (generic for Trileptal") Oxclaire* XR Tablet Tegretol' "Suspension / Tablet / XR Tablet / XR Tablet / XR Tablet	Non-Preferred Cymbulus "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizzalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin RE Hablet (generic for Irenka") gabapentin RE Hablet (generic for Gralise") Gralise "Tablet Horizant" Tablet Horizant "Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans "Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans "Nation - Capsule / Solution / CR Tablet Nouronins" Capsule / Solution / CR Tablet Pregaballa ER tablet (generic for Lyrica" CR) Quienza "Ki Savella" Tablet / Titration Pack Tridacins" Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES ure disorder are exempt from T/F criteria and may use any carbamazepine product. Non-Preferred carbamazepine ER capsule (generic for Carbatrof") Carbatrof" Capsule Epitof" Tablet Occarbazepine ER (generic for Carbatrof")
duloxetine capsule (generic for Cymbula [®]) gobapenitin capsule / solution / tablet (generic for Neurostin [®]) lidocaine patch (generic for Lorica [®]) lidocaine patch (generic for Lorica [®]) pregabalin capsule /solution (generic for Lyrica [®]) Pregabalin capsule /solution (generic for Lyrica [®]) Patients with a diagnosis of sein Preferred Apsion [®] Tablet Equeric [®] Capsule oncarbacepine suspension / chewable tablet / XR tablet (generic for Tegnetol [®] / XR) Equeric [®] Capsule oncarbacepine suspension / tablet (generic for Trilepati [®]) Oxtella [®] XR Tablet	Non-Preferred Cymbulus "Capsule Dermaciniks" Lidocan Patch - Clinical criteria apply Drizzalma "Sprinkle duloxetine capsule (generic for Irenka") gabapentin RE Hablet (generic for Irenka") gabapentin RE Hablet (generic for Gralise") Gralise "Tablet Horizant" Tablet Horizant "Tablet Lidocan" Patch - Clinical criteria apply Lidocan" Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans "Patch - Clinical criteria apply Lidocans" Patch - Clinical criteria apply Lidocans "Nation - Capsule / Solution / CR Tablet Nouronins" Capsule / Solution / CR Tablet Pregaballa ER tablet (generic for Lyrica" CR) Quienza "Ki Savella" Tablet / Titration Pack Tridacins" Patch - Clinical criteria apply ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES ure disorder are exempt from T/F criteria and may use any carbamazepine product. Non-Preferred carbamazepine ER capsule (generic for Carbatrof") Carbatrof" Capsule Epitof" Tablet Occarbazepine ER (generic for Carbatrof")

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

	FIRST GENERATION
Patients with a diagnosis of sei:	zure disorder are 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 divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	Depakote® Tablet felbamate tablet (generic for Felbatof®)
ethosuximide capsule / solution (generic for Zarontin®)	Tenuman unor gener for reinstor) methauximate unor gener for Celontin)
felbamate suspension (generic for Felbatol®)	Mysoline cupous garage or comm /
Felbatol® Suspension / Tablet	Sczaby [®] Vial
phenobarbital tablet / elixir / solution	Zarontin® Capsule / Solution
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®)	
primitione Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	
	SECOND GENERATION
	lisorder are exempt from T/F criteria and may use any second generation product.
Preferred	Non-Preferred
Banzel® Tablet	Banzel® Suspension
Briviact® Tablet / Solution	clonazepam ODT (generic for Klonopin® Wafer)
clobazam suspension / tablet (generic for Onfi®)	Elepsia™ XR Tablet
clonazepam tablet (generic for Klonopin®)	Keppra® Tablet / Solution / XR Tablet
Diacomit® Capsule / Powder Pack	Klonopin® Tablet
Diastat [®] Acudial [®] / Pedi System	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	lamotrigine starter kits (generic for Lamictal $^{@}$)
Epidiolex® Solution - Clinical criteria apply	Libervant™ (diazepam) Buccal Film
Eprontia [™] Solution	Lyrica® Capsule / Solution
Fintepla® Solution	Motopoly XR [™] (lacosamide extended release) Capsule
Fycompa® Tablet / Suspension	Neurontin® Capsule / Solution / Tablet
gabapentin capsule / solution / tablet (generic for Neurontin®)	Onfi® Suspension / Tablet
lacosamide solution / tablet (generic for Vimpat®)	Qudexy® XR Capsule
lamotrigine chewable / tablet (generic for Lamictal®)	rufinamide tablet (generic for Banzel®)
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	Spritam® Tablet
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Sympazan Film
Nayzilam® Nasal Spray	Topamax® Sprinkle Capsule / Tablet
Roweepra [™] Tablet	topiramate ER capsule (generic for Qudexy®)
rufinamide suspension (generic for Banzel®)	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
Sabril® Tablet / Powder Packet	Trokendi® XR Capsule Trokendi® XR Capsule
Subvenite® Tablet / Tab Start Kit	vigabatrin tablet (generic for Sabril®)
tiagabine tablet (generic for Gabitril®) topiramate sprinkle capsule / tablet (generic for Topamax®)	Vigadrone® Powder Packet / Tablet Vigafyde™ Solution
Valtoco® Nasal Spray	Vigpoder ™ Powder Packet
	Vimpat® Solution / Starter Kit / Tablet
vigabatrin powder packet (generic for Sabril®)	
Xcopri® Tablet / Titration Pack	Zonisade [™] Oral Suspension
zonisamide capsule (generic for Zonegran®)	Ztalmy® Oral Suspension
	ANTI-INFECTIVES - SYSTEMIC
	ANTIBIOTICS
	Penicillins, Cephalosporins and Related
Preferred	Penicillins, Cephalosporins and Related Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	Penicillins, Cephalosporins and Related Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	Penicillins, Cephalosporins and Related Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin®) Augmentin® Suspension / ES-600 / XR Tablet
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial	Penicillins, 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 Cector® / CD)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-sulbactam injection / vial	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) ampicillin capsule / injection / vial ampicillin-subtactam injection / vial Bicillin [®] C-R injection	Penicillins, 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 Cector® / CD)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) ampicillin capsule / injection / vial ampicillin-subtactam injection / vial Bicillin [®] C-R injection cefadroxil capsule / suspension (generic for Duricef [®])	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxif [®] , Trimox [®]) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) ampicillin capsule / injection / vial ampicillin-sublactam injection / vial Bicillin [®] C-R injection cefadroxil capsule / suspension (generic for Duricef [®]) cefdinir capsule / suspension (generic for Omnicef [®])	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxif [®] , Trimox [®]) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) ampicillin capsule / injection / vial ampicillin-sublactam injection / vial Bicillin [®] C-R injection cefadroxil capsule / suspension (generic for Duricef [®]) cefdinir capsule / suspension (generic for Omnicef [®]) cefixime capsule / suspension (generic for Suprax [®])	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet (XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-subtactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Omnicef®) cefdinir capsule / suspension (generic for Suprax®) cefprozil suspension (suspension (suprave for Omnicef®) cefprozil suspension / tablet (generic for Cefzil®)	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-sublactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Omnicef®) ceffixime capsule / suspension (generic for Suprax®) ceffixor capsule / suspension / tablet (generic for Cefzi®) cefuroxil suspension / tablet (generic for Cefzi®) cefuroxil suspension / tablet (generic for Cefzi®)	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-sulbactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricet®) cefdinir capsule / suspension (generic for Omnicet®) cefixine capsule / suspension (generic for Suprax®) cefprozil suspension / tablet (generic for Cefzit®) cefprozil suspension / tablet (generic for Cefzit®) cephalexin capsule / suspension / tablet (generic for Cefzit®) cephalexin capsule / suspension / tablet (generic for Cefzit®)	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
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amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-sublactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Omnicef®) ceffixime capsule / suspension (generic for Suprax®) ceffixime capsule / suspension / tablet (generic for Cefzi®) cefuroxil suspension / tablet (generic for Cefzi®) cefuroxil suspension / tablet (generic for Cefxi®) cephaelsxin capsule / suspension / tablet (generic for Keflex®) dicloxacillin capsule and cellin injection / vial	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-subhactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Omnicef®) ceftinir capsule / suspension (generic for Suprax®) cefprozil suspension / tablet (generic for Cefzii®) cefuroxime tablet (generic for Ceftii®) cefuroxime tablet (generic for Ceftii®) cephalexin capsule / suspension / tablet (generic for Keflex®) dicloxacillin capsule	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet (yeneric for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-subbactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinic capsule / suspension (generic for Omnicef®) cefixime capsule / suspension (generic for Suprax®) cefixime capsule / suspension (generic for Cefzi®) cefixime capsule / suspension / tablet (generic for Cefzi®) cefuroxime tablet (generic for Cefti®) cephackin capsule / suspension / tablet (generic for Keflex®) dicloxacillin capsule nafcillin injection / vial penicillin G injection / vial penicillin G suspension / tablet	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
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amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet (xR tablet (generic for Augmentin® / XR) ampicillin-sublactam injection / vial ampicillin-sublactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Suprax®) ceffixme capsule / suspension (generic for Cefzif®) cefprozil suspension / tablet (generic for Cefzif®) cefprozil suspension / tablet (generic for Cefzif®) cefuroxime tablet (generic for Cefzif®) cefuroxime tablet (generic for Cefzif®) decloxacillin injection / vial penicillin G injection / vial penicillin G injection / vial penicillin G injection / vial Pfizerpen® injection / vial	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) ampicillin capsule / injection / vial ampicillin-sublactam injection / vial Bicillin® C-R injection cefadroxil capsule / suspension (generic for Duricef®) cefdinir capsule / suspension (generic for Omnicef®) ceffixine capsule / suspension (generic for Omnicef®) ceffixine capsule / suspension (generic for Cefzi®) ceffixoria capsule / suspension (tablet (generic for Cefzi®) cefuroxime tablet (generic for Ceftin®) cephalexin capsule / suspension / tablet (generic for Keflex®) dicloxacillin capsule mafcillin injection / vial penicillin of injection / vial penicillin injection / vial penicillin injection / vial penicillin injection / vial Unasyn® injection / vial Unasyn® injection / vial	Penicillins, 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) cefadroxil tablet (generic for Duricet®)
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

E.E.S.® Filmtab / Suspension	Ery-Table Tablet
Erythrocin® Filmtab	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®)	
erythromycin EC capsule (generic for Eryc®)	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S [®] Filmtab)	
	Nitroimidazoles (Gastrointestinal Antibiotics)
Preferred	Non-Preferred
metronidazole tablet (generic for Flagy(®)	Aemcolo" DR Tablet
	Dirick ¹ Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin capsule (generic for Vancocin®)	Dirkar Subjection / above - 177 of only vancomyon is required for treatment of close ration (mixing First and policy).
vancomycin oral solution (generic for Firvanq [®])	Playing Sounds
	Figy Capsus Likner Suspension
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycfindin [®])
	nitazoxanide tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin')
	Solosec "Granules
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Vowst [™] 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 [®])
	,
	Tetracycline Derivatives
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
, , , , , , , , , , , , , , , , , , , ,	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak [™] Tablet
	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
	minocycline Soring, 15 mg, 100 mg moter Minoline ER Table 1
	Morgidox® Capsule / Kit
	Nuzyra [™] Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin®)
	tetracycline tablet (generic for Sumycin® / Panmycin®)
	Vibramycin® Capsule
	Antifungals
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex® Troche)	Ancobon Capsule
fluconazole suspension / tablet (generic for Diflucan®)	AUCOON CASON
griscofulvin suspension (generic for Grifulvin V®)	Presentation Capatile Gressmann Capatile Gre
griseofulvin ultra tablet (generic for Gris-Peg®)	Crescino Capación Cap
nystatin suspension (generic for Nilstat®)	Uniocaii asispensini i lancie (m. 1800). flucytosie capsule (generic for Ancobon [®])
nystatin suspension (generic for Nilstat) nystatin tablet (generic for Mycostatin®)	Hucytosine capsule (generic Arcobon) griscofluthi micro tables (generic for Grifulvin V^0)
nystatin tablet (generic for Mycostatin") terbinafine tablet (generic for Lamisil®)	grascolutvin mero labetst (generic tor Unitulivin V') grascolutvin mero labetst (generic tor Unitulivin V') titraconazole capsule (sentino (generic for Sporanox®)
recommende (agent (generic to) Laminni)	
	ketoconazole tablet (generic for Nizoral [®]) Noted [®] Supervise (Albert M. Benerica Balan
	Noxafii Suspensio / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazo® tabelet / suspension (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura [™] Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
	Antivirals (Hepatitis B Agents)
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera $^{\oplus}$)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude Solution / Tablet
tenofovir tablet (generic for Viread®)	Vemlidy [®] Tablet
Viread® Powder / Tablet	
Viread [®] Powder / Tablet	

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

	Antivirals (Hepatitis C Agents)
Preferred	Non-Preferred
Pegasys® Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
	Clinical criteria apply to all drugs listed below
	r Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)
All genotypes without cirrhosis Mavyret® Tablet (8 weeks of therapy)	Epclusa® Pellet Pack/Tablet Harvona® Pellet Pack / Tablet
Mavyret® Pellet Pack	Halvour restor Sakuvi rabet (generic for Harvour)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi [®] Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret [®] Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have previous	de
been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.	
Vosevi™ Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
	Antiviral (Harra Taraturata)
Preferred	Antivirals (Herpes Treatments) Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Non-Freierred Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	SHANG DOCARI TARREL
valacyclovir tablet (generic for Valtrex®)	
	Antivirals (Influenza)
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet Relenza® Diskhaler
	Reierza Disknaier Tamiflu® Capsule / Suspension
	Montage Transported Transporte
	Profitable states and the protest of any required
	Antibiotics, Inhaled
	T/F of only one preferred drug required
Preferred	Non-Preferred
Kitabis [™] Pak	Arikayee® Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobi [™])	tobramycin inhalation pak (generic for Kitabis ¹⁶)
	Tobi Podhaler V Solution tobramycin Ampule (generic for Bethkis)
	tooramyen Ampure (generic tor Betakis)
	BEHAVIORAL HEALTH
	ANTIDEPRESSANTS
	Other
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Auvelity® Tablet
duloxetine capsule (generic for Cymbalta®)	Bupropion XL tablet (generic for Forfivo® XL)
Effexor® XR Capsule	Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	desveniaraxine ER tablet (generic for Knedezia)
Nardil [®] Tablet	duloxetine capsule (generic for Irenka®)
Nardii [®] Tablet phenelzine tablet (generic for Nardii [®])	duloxetine capsule (generic for Irenka [®]) Emsam [®] Patch
Nardif [®] Tablet phenelzine tablet (generic for Nardif [®]) transformatine tablet (generic for Parnate [®]) transformatine tablet (generic for Dermate [®])	duloxetine capsule (generic for Irenka [®]) Emsam [®] Patch Fetzima [®] Capsule / Titration Pak Forfivo [®] XI. Tablet
Nardiff Tablet pheneZine tablet (generic for Nardiff) tranylcypromine tablet (generic for Parnateff) tranzodone tablet (generic for Devretff) venlafaxine tablet / ER capsules (generic for Effexorff, Effexorff XR)	duloxetine capsule (generic for Irenka [®]) Emsam [®] Patch Fetzim [®] Capsule / Titration Pak Forfivo [®] XI. Tablet Marplan [®] Tablet
Nardif [®] Tablet phenelzine tablet (generic for Nardif [®]) transformatine tablet (generic for Parnate [®]) transformatine tablet (generic for Dermate [®])	duloxetine capsule (generic for Irenka [®]) Emsana [®] Patch Ferzima [®] Capsule / Titration Pak Forfroo [®] XL Tablet Marplan [®] Tablet nefazodone tublet (generic for Serzone [®])
Nardiff Tablet pheneZine tablet (generic for Nardiff) tranylcypromine tablet (generic for Parnateff) tranzodone tablet (generic for Devretff) venlafaxine tablet / ER capsules (generic for Effexorff, Effexorff XR)	duloscine capsule (generic for Irenka®) Emsan® Patch Ferzima® Capsule / Titration Pak Forfivo® XI. Tablet Marplam® Tablet nefazodone tablet (generic for Sezzone®) Pristig® ER Tablet
Nardiff Tablet pheneZine tablet (generic for Nardiff) tranylcypromine tablet (generic for Parnateff) tranzodone tablet (generic for Devretff) venlafaxine tablet / ER capsules (generic for Effexorff, Effexorff XR)	duloxetine capsule (generic for Irenka®) Emsam® Patch Ferzima® Capsule / Turation Pak Forfivo® XI. Tablet Marplam® Tablet nefazodone tablet (generic for Serzone®) Pristia® ER Tablet Remeron® Soltab® // Tablet Remeron® Soltab® // Tablet
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Nardif* Tablet phenekine tablet (generic for Nardif*) tranyleypromine tablet (generic for Parnate*) tranzodone tablet (generic for Desvret*) ventafaxine tablet / ER capsules (generic for Effexor*, Effexor* XR)	dulocetine capsule (generic for Irenka®) Ernsan® Patch Fortion® Capsule / Titration Pak Fortion® XL Tablet Marplam® Tablet melizodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab® Tablet Trimetilis® Tablet venlafazine Es palue ER tablet venlafazine ER tablet venlafazine ER Tablet Wellbatrin® SR / XL Tablet Wellbatrin® SR / XL Tablet Zuzzuwae® Capsule
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Effective Date April 1 2025

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ANTHYPERKINESIS / ADHD	
Preferred	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" Capsule
Aptensio® XR Capsule	Cotempla™ XR-ODT
atomoxetine capsule (generic for Strattera®)	Dexedrine® Spansule®
clonidine ER tablet (generic for Kapvay®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Concerta® Tablet	dextroamphetamine solution (generic for ProCentra®)
Daytrana® Patch	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
dextroamphetamine tablet (generic for Dexedrine®)	Evekeo® Tablet / Evekeo® ODT Tablet
Focalin® XR Capsule	Focalin® Tablet
guanfacine ER tablet (generic for Intuniv®)	Intuniv [®] Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Jornay PM [™] Capsule
Methylin® Solution	lisdexamfetamine capsule (generic for Vyvanse®)
methylphenidate ER capsule (generic for Aptensio® XR)	methamphetamine tablet (generic for Desoxyn [®])
methylphenidate ER tablet (generic for Concerta®)	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)
, y	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate LA capsule (generic for Ritanin LA) methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	Onyda XR Suspension-T/F of preferred agents not required for children < 12 years of age
	ProCentra® Solution
	Qelbree [™] 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 [™] ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenzedi [®] Tablet
	ZEIIZEUI 1 autet
	INJECTABLE ANTIPSYCHOTICS
	Injectable Long Acting
Preferred	Non-Preferred
Abilify Maintena® Syringe / Vial	
Abilify Asimtufii® Syringe Kit	
Aristada® / Initio M Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule	
Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) linvega [®] Hafyera Prefilled Syringe Kit	
Haldol [®] decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate [®]) Imega [®] Hafyera Prefilled Syringe Kit Imega [®] Sustema Prefilled Syringe	
Haldol [®] decanoate Ampule haloperifold decanoate Ampule / vial (generic for Haldol decanoate [®]) linega [®] Hafyera Prefilled Syringe Kit Imega [®] Sternan Prefilled Syringe linega [®] Trinza Syringe	
Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Prefilled Syringe Kit Invega [®] Sustema Prefilled Syringe Invega [®] Tranza Syringe Persensi [®] Syringe	
Haldoff decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate*) Imega* Halyren Prefilled Syringe Kit Imega* Sustema Prefilled Syringe Imega* Trinza Syringe Preseris* Syringe Risperdaf* Consta Vial	
Haldol [®] decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Prefilled Syringe Kit Invega [®] Tsteama Prefilled Syringe Invega [®] Tstinza Syringe Persenis [®] Syringe Rispertal [®] Consta Vial risperidone ER vial (generic for Risperdal [®] Consta)	
Haldoff decamone Ampule haloperidol decamone ampule / vial (generic for Haldol decamone*) Imrega* Halyren Prefilled Syringe Kit Imrega* Sustema Prefilled Syringe Imrega* Thrizza Syringe Imrega* Trizza Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit	
Haldoff decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate*) Imega* Halyren Prefilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Present* Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit	
Haldoff decamone Ampule haloperidol decamone ampule / vial (generic for Haldol decamone*) Imrega* Halyren Prefilled Syringe Kit Imrega* Sustema Prefilled Syringe Imrega* Thrizza Syringe Imrega* Trizza Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit	
Haldoff decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate*) Imega* Halyren Prefilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Present* Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit	
Haldol® decanoate Ampule haloperilot decanoate Ampule haloperilot decanoate ampule / vial (generic for Haldol decanoate®) lmega® "Hayren Prefilled Syringe Kit lnvega" Sustema Prefilled Syringe lnvega® Trinza Syringe Perseris ® Syringe Risperdu® Consta Vial risperidone ER vial (generic for Risperdu® Consta) Rykindo® Vial / Vial Kit Uzedy® Syringe Kit	ATYPICAL ANTIPSYCHOTICS Ond Transfer de Control Contr
Haldoff decanoate Ampule haloperiloid decanoate Ampule / vial (generic for Haldol decanoate*) Imega* Halyren Prefilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Present* Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit	Oral / Transdermal
Haldoff decanoate Ampule haloperiloid decanoate Ampule haloperiloid decanoate ampule / viai (generic for Haldoi decanoate) Innega Hatyper Perfilled Syringe Kit Innega Statema Prefilled Syringe Innega Trinza Syringe Preneris Syringe Rispendiff Consta Viai risperidone ER viai (generic for Rispendaf Consta) Rykindo Viai / Viai Kit Uzedy Syringe Kit Zyprexa Reliprevv Viai Kit	Oral / Transdermal T/F of only one preferred drug required
Haldol® decanoate Ampule haloperilot decanoate Ampule haloperilot decanoate ampule / vial (generic for Haldol decanoate®) lmega® "Hayrer Perfilled Syringe Kit lnvega" Sustema Prefilled Syringe lnvega® Trinza Syringe Perseris® Syringe Risperda® Consta Vial risperidone ER vial (generic for Risperda® Consta) Rykindo® Vial / Vial Kit Uzedy® Syringe Kit Zyprexa® Relpreva® Vial Kit	Ora / Transdermal T/F of only one preferred drug required Non-Preferred
Haldol" decanoate Ampule haloperiloid decanoate Ampule haloperiloid decanoate Ampule haloperiloid decanoate ampule / vial (generic for Haldol decanoate") Imegas "Hafvern Perfilled Syringe Kit Imegas "Sustema Prefilled Syringe Imegas "Trinza Syringe Perseris" Syringe Resperdas" Consta Vial risperidone ER vial (generic for Risperdas" Consta) Rykindo" Vial / Vial Kit Zyprexa" Relprevev "Vial Kit Zyprexa" Relprevev "Vial Kit Preferred aripiprazzole Tablet / Solution (generic for Ablify")	Oral / Transdermal T/F of only one preferred drug required Non-Preferred Abbity* Tablet / Abbity* MyCite* Tablet
Haldoff decanoate Ampule haloperiloid decanoate Ampule haloperiloid decanoate ampule / vial (generic for Haldol decanoate*) Innega* Haryen Prefilled Syringe Kit Innega* Sustema Prefilled Syringe Innega* Tritura Syringe Rispertalf* Consta Vial risperidone ER vial (generic for Risperdal* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zypexa* Relprevv* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ashlify*) asenapine SL tablet (generic for Salpriss* SL) asenapine SL tablet (generic for Salpriss* SL)	Oral / Transdermal T/F of only one preferred drug required Non-Preferred Abdify® Tablet / Abdify® MyCite® Tablet aripiprazole ODT (generic for Abdify® Discmelt®)
Haldoff decanoate Ampule haloperiolo decanoate Ampule haloperiolo decanoate ampule / vial (generic for Haldol decanoate*) Imvega* Halyer Perfilled Syringe Kit Invega* Sastenna Prefilled Syringe Invega* Trinza Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zyprexa* Relprevy* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify*) accupine tablet (generic for Saphris* SL) clozapine tablet (generic for Clozarif*)	Oral / Transdermal T/F of only one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) Caplyta™ Capsule
Haldoff decanoate Ampule haloperiold decanoate Ampule haloperiold decanoate ampule / vial (generic for Haldol decanoate*) Imvega* Halyrer Perfilled Syringe Kit Imvega* Syringe Perseris* Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zyprexa* Relpreve** Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify*) aecanpine SL tablet (generic for Saphris* SL) clozapine tablet (generic for Saphris* SL) clozapine tablet (generic for Clozari*) larasidone tablet (generic for Clozari*)	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Assility® Tablet / Assility® MyCite® Tablet aripprazole ODT (generic for Assility® Discmelt®) Caphyta® Capusla clozapine ODT (generic for FazaClo®)
Haldoff decanoate Ampule haloperilol decanoate Ampule haloperilol decanoate ampule / vial (generic for Haldol decanoate*) Innega* Hatyper Perfilled Syringe Kit Invega* Sustema Prefilled Syringe Innega* Tritran Syringe Preneris* Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zypexa* Relprevv* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablity*) asenapine SL tablet (generic for Saphris* SL) clozapine tablet (generic for Glozarif*) hrasidone tablet (generic for Clozarif*) hrasidone tablet (generic for Clozarif*) hrasidone tablet (generic for Clozarif*)	Oral / Transdermal T/F of only one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet anipiprazide ODT (generic for Ability® Discmet®) Caplyts® Capsule elozapine ODT (generic for FazaClo®) Clozapin® Tablet / Capril Tablet
Haldoff decanoate Ampule haloperiold decanoate Ampule haloperiold decanoate ampule / vial (generic for Haldol decanoate*) Invega* Halyrer Perfilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindof* vial / vial Kit Uzedy* Syringe Kit Zyprexa* Relprevy* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablity*) accupine tablet (generic for Saphris* SL) clozapine tablet (generic for Landaf*) lanzapine ODT / tablet (generic for Landaf*) olanzapine ODT / tablet (generic for Invega*) palperdone ER tablet (generic for Invega*) olanzapine ODT / tablet (generic for Invega*)	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet artipiprazole ODT (generic for Ability® Discente®) Capylua "Capsule elozapine ODT (generic for FazaClo®) Closani® Tablet Closani® Tablet Closani® Tablet
Haldoff decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate ampule / viat (generic for Haldol decanoate*) Imeaga* Halyrar Perfilled Syringe Kit Imeaga* Sustema Prefilled Syringe Imeaga* Trinza Syringe Persenti* Syringe Rispenda* Consta Viat risperidone ER viat (generic for Risperda** Consta) Rykindo* Viat / Viat Kit Uzedy* Syringe Kit Zyprexa* Relprevv** Viat Kit Preferred aripiprazole Tablet / Solution (generic for Ablity*) accapine SL tablet (generic for Sarpris* SL) clozapine tablet (generic for Sarpris* SL) clozapine tablet (generic for Tolzaria*) clanzapine ODT / tablet (generic for Typrexa*) puliperidone ER tablet (generic for Typrexa*)	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripprazole ODT (generic for Ability® Discmelt®) Caplysia® Cappula clozapine ODT (generic for FazaClo®) Clozapine Tablet Cobenty
Haldoff decanoate Ampule haloperiold decanoate Ampule haloperiold decanoate ampule / vial (generic for Haldol decanoate*) Invega* Halyrer Perfilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Risperdaf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindof* vial / vial Kit Uzedy* Syringe Kit Zyprexa* Relprevy* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablity*) accupine tablet (generic for Saphris* SL) clozapine tablet (generic for Landaf*) lanzapine ODT / tablet (generic for Landaf*) olanzapine ODT / tablet (generic for Invega*) palperdone ER tablet (generic for Invega*) olanzapine ODT / tablet (generic for Invega*)	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet artipiprazole ODT (generic for Ability® Discente®) Capylua "Capsule elozapine ODT (generic for FazaClo®) Closani® Tablet Closani® Tablet Closani® Tablet
Haldoff decanoate Ampule haloperilol maga "Tritura Syringe Imrega" Tritura Syringe Preneris "Syringe Rispertall" Consta Vial risperidone ER vial (generic for Risperdal" Consta) Rykindo" Vial Vial Kit Uzedy" Syringe Kit Zyprexa" Reliprevv "Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify") asemapine SL tablet (generic for Saphris" SL) elozapine tablet (generic for Clozarii") harsidone tablet (generic for Clozarii") larisidone tablet (generic for Clozarii") judicapine tablet (Elezenic for Lintufa") olanzapine ODT 'ubbet (generic for Krega") judicapine tablet (Elezenic for Seroqued" / XR) risperidone ODT / solution / tablet (generic for Risperdal") Symbyas" Capoule Vraylar" Capoule Vraylar" Capoule Vraylar" Capoule	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Ability ** Tablet / Ability ** MyCite** Tablet aripprazole ODT (generic for Ability ** Discmelt**) Caplyta *** Cappule clozapine ODT (generic for FazaClo**) Clozarii** Tablet Clozarii** Tablet Cobently Cobently Starter Pack Fange** Tablet / Titration Pack Geodos** Cappule Image ** Tablet / Titration Pack Geodos** Cappule
Haldoff decanoate Ampule haloperiold decanoate Ampule haloperiold decanoate ampule / vial (generic for Haldol decanoate*) Invega* Halyrer Perfilled Syringe Kit Invega* Sustema Prefilled Syringe Invega* Trinza Syringe Risperda** Consta Vial risperidone ER vial (generic for Risperda** Consta) Rykindo** vial / vial Kit Uzedy* Syringe Kit Zyprexa* Relprev* Vial Kit Zyprexa* Relprev* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablity*) auerapine SL tablet (generic for Saphris* SL) clozapine tablet (generic for Landa*) larssidone tablet (generic for Typrexa*) palipieridone ER tablet (generic for Typrexa*) palipieridone ER tablet (generic for Sprexa*) palipieridone ER tablet (generic for Seroqued* / XR) risperidone ODT / solution / tablet (generic for Kneperda*) Symbyax** Cappule*	Oral /Tansdermal T/F of only one preferred drug required Non-Preferred Ability* Tablet / Ability* MyCic* Tablet raipiparacle OTT (generic for Ability* Discmelt*) Caplyta* Capsule clozapine ODT (generic for FazzClo*) Clozard* Tablet Cobenly Cobenly Starter Pack Goodon* Capsule linega* Tablet Lindid* Tablet
Haldoff decanoate Ampule haldopefiold decanoate Ampule haldopefiold decanoate ampule / vial (generic for Haldol decanoate*) Imrega* Halyrar Perfilled Syringe Kit Imrega* Tritza Syringe Hivega* Tritza Syringe Rispentalf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zyprexa* Relprevv* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify*) asemapine SL tablet (generic for Saphris* SL) clozapine tablet (generic for Clozarif*) harsidone tablet (generic for Clozarif*) barsaidone tablet (generic for Intuda*) paliperidone ER tablet (generic for Typrexa*) paliperidone ER tablet (generic for Typrexa*) paliperidone ER tablet (generic for For Syprexa*) paliperidone ODT / solution / tablet (generic for Risperdaf*) Symbyax* Capoule Vraylar* Capoule	Oral /Tansdermal T/F of only one preferred drug required Non-Preferred Abitity® Tablet / Abitity® MyCite® Tablet aritpirazole ODT (generic for Abitity® Discruelt®) Caplytas "Capsule clozapine ODT (generic for FazaClo®) Clozaria® Tablet Cobenty Cobenty Sample Pack Frange® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latual® Tablet Latual® Tablet Latual® Tablet Latual® Tablet
Haldoff decanoate Ampule haloperilol maga "Tritura Syringe Imrega" Tritura Syringe Preneris "Syringe Rispertall" Consta Vial risperidone ER vial (generic for Risperdal" Consta) Rykindo" Vial Vial Kit Uzedy" Syringe Kit Zyprexa" Reliprevv "Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify") asemapine SL tablet (generic for Saphris" SL) elozapine tablet (generic for Clozarii") harsidone tablet (generic for Clozarii") larisidone tablet (generic for Clozarii") judicapine tablet (Elezenic for Lintufa") olanzapine ODT 'ubbet (generic for Krega") judicapine tablet (Elezenic for Seroqued" / XR) risperidone ODT / solution / tablet (generic for Risperdal") Symbyas" Capoule Vraylar" Capoule Vraylar" Capoule Vraylar" Capoule	Oral /Transdermal T/F of only one preferred drug required Non-Preferred Absility® Tablet / Ablity® MyCite® Tablet aripprazole ODT (generic for Ablity® Discmell®) Caplyta® Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Clozari® Tablet Clozari® Tablet Cobenty Cobenty Starter Pack Fanape® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda *Tablet Latuda *Tablet Latuda *Tablet Latuda *Tablet Latuda *Tablet Capsule
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Haldoff decanoate Ampule haldopefiold decanoate Ampule haldopefiold decanoate ampule / vial (generic for Haldol decanoate*) Imrega* Halyrar Perfilled Syringe Kit Imrega* Tritza Syringe Hivega* Tritza Syringe Rispentalf* Consta Vial risperidone ER vial (generic for Risperdaf* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zyprexa* Relprevv* Vial Kit Preferred aripiprazole Tablet / Solution (generic for Ablify*) asemapine SL tablet (generic for Saphris* SL) clozapine tablet (generic for Clozarif*) harsidone tablet (generic for Clozarif*) barsaidone tablet (generic for Intuda*) paliperidone ER tablet (generic for Typrexa*) paliperidone ER tablet (generic for Typrexa*) paliperidone ER tablet (generic for For Syprexa*) paliperidone ODT / solution / tablet (generic for Risperdaf*) Symbyax* Capoule Vraylar* Capoule	Oral / Transdermal T/F of only one preferred drug required Non-Preferred Ability* Tablet / Ability* MyCite* Tablet ripiprazole ODT (generic for Ability* Discmelt*) Caplyta* Capsule clorapine ODT (generic for FazzCto*) Clozarit* Tablet Clozarit* Tablet Cobenty Cobenty Starter Pack Geodon* Capsule Invega* Tablet Lybavl** Tablet Lybavl** Tablet Lybavl** Tablet Lybavl** Tablet Nuplazof* Tablet / Capsule olarapine* Tablet / Capsule lonzapine* Tablet Lybavl** Tablet Nuplazof* Tablet / Capsule olarazpine* Tablet /
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Haldoff decanoate Ampule haloperiold decanoate ampule / vial (generic for Haldol decanoate*) havega* Halyres Perfilled Syringe Kit lavega* Sustema Prefilled Syringe livega* Trinza Syringe Persent* Syringe Rispertals* Consta Vial risperidone ER vial (generic for Risperdal* Consta) Rispertalone ER vial (generic for Risperdal* Consta) Rykindo* Vial / Vial Kit Uzedy* Syringe Kit Zyprexa* Relprevv* Vial Kit Preferred aripiprazzole Tablet / Solution (generic for Ability*) asenapine SL tablet (generic for Clozarii*) harvaidone tablet (generic for Clozarii*) harvaidone tablet (generic for Latuda*) olanzapine ODT/ lablet (generic for Taypera*) paliperidone ER tablet (generic for Tuvega*) paliperidone ER tablet (generic for Syrprexa*) squetapine tablet (ER tablet (generic for Syrprexa*)	Oral /Tansdermal T/F of only one preferred drug required Non-Preferred Ability** Tablet / Ability** MyCite** Tablet arityprazole ODT (generic for Ability** Discentle*) Caplyta** Capsule clozapine ODT (generic for FazaClo**) Clozani** Tablet Cobenty Cohenty Starner Pack Cockenty Cohenty Starner Pack Geodon** Capsule Invega** Tablet Lyhadvi** Tablet Lyhadvi** Tablet Lyhadvi** Tablet Lyhadvi** Tablet Supland** Tablet / Capsule nonzapine-Roucetine capsule (generic for Symbyax*) Rexulti** Tablet Lyhadvi** Tablet Supland** Tablet / Tablet / Day Pack / 14-Day Pack Rispertal** Southion / Tablet Secondo** Pach Secondo** Pach Secondo** Pach / XR Sample Kit Versaclor** Supersion
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CARDIOVASCULAR	
	ACE INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril Tablet Alrace Capsule
enalapril tablet (generic for Vasotee®) lisinopril tablet (generic for Prinivit® and Zestril®)	Afface Capsule capture (applied to the capture of t
ramipril capsule (generic for Frintvir and Zestin)	Capopin tames (gener, to Capoen I are capopin tames (gener, to Capoen I are capopin tames). The of preferred agents not required for children < 12 years of age
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	fosinopril tablet (generic for Monopril [®])
	Lotensin® Tablet
	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®)
	trandolapril tablet (generic for Mavik [®]) Vasotec [®] Tablet
	Vasorec Tanier Zestril® Tablet
	Zestii Tause
ACE INHII	BITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotter [®] Capsule
	trandolapril-verapamil ER tablet (generic for Tarka®)
	ACE INHIBITOR / DIURETIC COMBINATIONS
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic®)	Accuretic® Tablet
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
	captopril-HCTZ tablet (generic for Capozide®)
	fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet
	Lotensn' HC1 Tablet (generic for Accuretic®, Quinaretic®)
	quinapirite. L2 more (generic not Accurence) Vascretic® Table!
	- anche - anche - anche - Zestorio - Tablet
	ANGIOTENSIN II RECEPTOR BLOCKERS
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
olmesartan tablet (generic for Benicar®)	Benicar [®] Tablet
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand [®])
	Cozaar® Tablet Diovan® Tablet
	Diovari Tablet Eduris Tablet
	Edarbi Tablet eprosartan tablet (generic for Teveten [®])
	epromatification for reveau / Micardis* Debt
	telmisartan tablet (generic for Micardis®)
	valsartan oral solution
	OTENSIN II RECEPTOR BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor [®] Tablet
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet /HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge HCT)	telmisartan-amlodipine tablet (generic for Twynsta®)
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Tribenzor® Tablet
ANGIOTEM	I SIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar®)	Avalide® Tablet
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand HCT)
	Diovan® HCT Tablet
	Edurbyclor® Tablet
	Hyzaar [®] Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
ANGIOTEMS	IN II RECEPTOR / 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
	ANTI-ARRHYTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq [®] Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Rythmol SR® Capsule
propafenone tablet (generic for Rythmol®)	Tikosya® Capsule
propafenone SR capsule (generic for Rythmol SR®)	+
quinidine sulfate tablet (generic for Quinidex® Tablet)	
	l l

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	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®)
labetalol tablet (generic for Trandate®)	bisoprolol tablet (generic for Zebeta®)
metoprolol succinate XL tablet (generic for Toprol XL®)	Bystolic [®] Tablet
metoprolol tartrate tablet (generic for Lopressor®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
nebivolol tablet (generic for Bystolic®)	Coreg [®] Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)	Corgard [®] Tablet
Sorine® Tablet	Inderai® LA Capsule / XL Capsule
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Innopran® 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
	Tenomin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL [®] Tablet
	BETA BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
bisoprolol-HCTZ tablet (generic for Ziac®)	propranolol-HCTZ tablet (generic for Inderide®)
	Tenoretic® Tablet
	Ziac® Tablet
	BILE ACID SEQUESTRANTS
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid [®])
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchof® Packet / Tablet
	CHOLESTEROL LOWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor®)	Atorvaliq [®] Suspension
pravastatin tablet (generic for Pravachol®)	Caduet [®] Tablet
rosuvastatin tablet (generic for Crestor®)	Ezallor TM Capsule
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin (generic for Vytorin [®])
	Flolipid TM (sinvastatin) Suspension-T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol® / 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
	Nexletot® Tablet - Clinical criteria apply
	Nexlizet® 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® Tablet
	Zetia® Tablet
	Zocor [®] Tables
	Zypitamag ^N Tablet
	GODON DIVINION (TOD)
	CORONARY VASODILATORS
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Jsordii [®] Tablet / Titradose [®] Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid [®] Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual [®] Spray
	Verquvo [™] Tablet
	DIVODORVBIDINE CALCHIM CHANNEL DI OCYCES
	DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil [®])
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire [®])
amlodipine tablet (generic for Norvasc®)	isradipine capsule (generic for Dynacire [®]) Kalerzia nd Suspension - T/F of preferred agents not required for children < 12 years of age
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia ^{M.} Suspension - T/F of preferred agents not required for children < 12 years of age levamlodipine tablet (generic for Conjupt [®])
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire.") Katerian Suspension - TPF of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjupri.) nicardipine capsule (generic for Cardene.")
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia" Suspension - 17F of preferred agents not required for children < 12 years of age levamlodipine tablet (generic for Conjupn") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Cardene")
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP' of preferred agents not required for children < 12 years of age levanlochine table (generic for Conjugn") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Nimotop") nimodipine capsule (generic for Nimotop")
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjupt") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Nimotop") nimodipine solution nicoldpine solution nicoldpine is Rt tablet (generic for Sular")
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia" Suspension - TPF of preferred agents not required for children < 12 years of age levamlodipine tablet (generic for Conjupn") nicardipine capsule (generic for Carchees") nimodipine capsule (generic for Nimotop®) nimodipine solution ninodipine R tablet (generic for Sular") Norliqua" Solution
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP' of preferred agents not required for children < 12 years of age levanlochine table (generic for Conjuga") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Nimotop") nimodipine capsule (generic for Nimotop") nimodipine solution iniodipine ER tablet (generic for Sular") Nortiqua" Solution Norvase" Tablet
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjupt") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Nimotop") nimodipine solution nisoddpine solution Nordique" Solution Norvae" Tablet Nymalize" Solution
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP" of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjugn") initiandipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nimodipine capsule (generic for Nimotop®) nimodipine capsule (generic for Nimotop®) nimodipine solution insoldipine ER tablet (generic for Sular") Noriqua "Solution Norvace" Tablet Nymalize" Solution Procardia® XL Tablet
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjupt") nicardipine capsule (generic for Cardene") nimodipine capsule (generic for Nimotop") nimodipine solution nisoddpine solution Nordique" Solution Norvae" Tablet Nymalize" Solution
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP" of preferred agents not required for children < 12 years of age levanlodipine tablet (generic for Conjugn") initiandipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nimodipine capsule (generic for Nimotop®) nimodipine capsule (generic for Nimotop®) nimodipine solution insoldipine ER tablet (generic for Sular") Noriqua "Solution Norvace" Tablet Nymalize" Solution Procardia® XL Tablet
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacire") Katerzia "Suspension - TP' of preferred agents not required for children < 12 years of age levandolipine table (generic for Cundene") nincultipine capsule (generic for Cardene ") nincultipine capsule (generic for Nincupe") nincultipine capsule (generic for Nincupe") nincultipine particular (generic for Nincupe") nincultipine particular (generic for Nincupe") nincultipine Bt tablet (generic for Sular") Nortique "Solution Norvase" Tablet Nymalize" Solution Procardia "N. L. Tablet Sular" Tablet
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Effective Date April 1 2025

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	ENDOTHELIN RECEPTOR ANTAGONISTS
Cove	red for diagnosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letairis® Tablet
	Opsumit [®] Tablet
	Opsynvi [®] Tablet
	Tracleer® Suspension
	INHALED PROSTACYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis® Solution	Tyvasu D11
TURNATE SOURCE	
	NIACIN DERIVATIVES
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
	NITRATE COMBINATION
Preferred	Non-Preferred
Bidil [®] Tablet	isosorbide dinit/hydralazine tablet (generic for Bidii ⁸)
NON.	DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	Calan SR® Caplet
Dilt XR® Capsule (branded generic for Cardizent CD')	Cardizen CD ^e Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR *), Tiazac **)	Cardizem® Tablet / La Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	dilitiazem LA tablet (generic for Cardizem LA®)
Taztia XT [®] Capsule (branded generic for Tiazac [®])	Matzim® LA Tablet (generic for Cardizem LA®)
Tiadylt [®] ER Capsule	Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan [®] / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
	Verelan® PM Capsule
	OD ALDUMANARY HYDERTENSION
	ORAL PULMONARY HYPERTENSION
	rial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only Non-Preferred
Preferred Alvq® Tablet (branded generic for tadalafil)	Adcirca® Tablet
sildenafil tablet (generic for Revatio®)	Adempas® Tablet
tadalafil tablet (generic for Adcirca®)	Aucupus rauce Ligrey® Uspersion
laulain table (generic for Aucurea)	Central of the Tablet / Titration Kit
	Revatio Suspension / Tablet - Tiff of preferred agents not required for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio [®]) - T/F of preferred agents not required for children < 12 years of age
	Tadliq [®] Suspension
	Uptravi® Tablet / Titration Pack
	PLATELET INHIBITORS
Preferred	Non-Preferred
Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Efficin® Tablet
clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®)	Plavix® Tablet
prasugrel tablet (generic for Persantine)	Playix Tablet
pranager tablet (generic to Errent Tablet)	
	ANTIANGINAL & ANTI-ISCHEMIC
Preferred	ANTIANGINAL & ANTI-ISCHEMIC Non-Preferred
Preferred ranolazine ER tablet (generic for Ranexa® Tablet)	Non-Preferred
	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet
ranolazine ER tablet (generic for Ranexa [®] Tablet)	Non-Preferred Aspruzyo Sprinkle Ranexa Tablet SYMPATHOLYTICS AND COMBINATIONS
ranolazine ER tablet (generic for Ranexa [®] Tablet) Preferred	Non-Preferred Aspruzyo "Sprinkle Ranexa "Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred
ranolazine ER tablet (generic for Ratexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS)	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clonidine ER tablet (generic for Nexiclon" XR)
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® //TTS) guardicine tablet (generic for Tenex®)	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred cloudine ER tablet (generic for Nexiclon" XR) methyldopa-HCTZ tablet (generic for Addoril")
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS)	Non-Preferred Aspruzyo "Sprinkle Rinexa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clonidine ER tublet (generic for Nexiclon" XIR) methyldopa-HCTZ tublet (generic for Addoraf") methyldopa-HCTZ tublet (generic for Addoraf")
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® //TTS) guardicine tablet (generic for Tenex®)	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred cloudine ER tablet (generic for Nexiclon" XR) methyldopa-HCTZ tablet (generic for Addoril")
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® //TTS) guardicine tablet (generic for Tenex®)	Non-Preferred Aspruzyo "Sprinkle Ranexa" Tablet SYMPATHOLYTICS AND COMBINATIONS SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clondine ER tublet (generic for Nexiclon" XR) methyldopa-HCTZ tablet (generic for Adorit") methyldopa-HCTZ tablet (generic for Adorit") methyldopa XII (generic for Addorit") Nexiclon" XR Tablet
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® //TTS) guarfacine tablet (generic for Tenex®)	Non-Preferred Aspruzyo "Sprinkle Rinexa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clonidine ER tublet (generic for Nexiclon" XIR) methyldopa-HCTZ tublet (generic for Addoraf") methyldopa-HCTZ tublet (generic for Addoraf")
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred chonidine tablet / patch (generic for Catapres® / TTS) guarfacine tablet (generic for Tenex®) methyldops tablet (generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Rinexa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred cloudine ER tubtet (generic for Nexiclon" XIR) inethyldops-HCTZ tubtet (generic for Addord") methyldops-HCTZ tubtet (generic for Addord") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS
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ranolazine ER tablet (generic for Ratexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guardacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generitorial tablet (generic for Tricor®) generitorial tablet (generic for Lopid®) kosapent etablet (generic for Lopid®) kosapent etablet (generic for Lopid®)	Non-Preferred Aspruzyo "Sprinkle Ranexa" Tablet SYMPATHOLYTICS AND COMBINATIONS SYMPATHOLYTICS AND COMBINATIONS Consider ER tablet (generic for Nexicton "XR) methyldopa-VictZ tablet (generic for Adorit") methyldopa vial (generic for Adorit") methyldopa vial (generic for Adorit") Nexicton "XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred femofibrate capoule / tablet (generic for Antara", Lofibra", Fenoglide", et. al) femofibrate capoule / tablet (generic for Antara", Lofibra", Fenoglide", et. al) femofibrate capoule / tablet (generic for Fibricor", Trilipix")
ranolazine ER tablet (generic for Ratexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guarfacine tablet (generic for Teax®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricos®) general tablet (generic for Tricos®)	Non-Preferred Aspruzyo "Sprinkle Ranexa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clondine ER tublet (generic for Nexiclon" XR) methyldopa-HCTZ tublet (generic for Adkorit") methyldopa HCTZ tublet (generic for Adkorit") TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tublet (generic for Antara", Lofibra", Fenoglide", et al) fenofibrate capsule / tublet (generic for Fibricos", Trilipix") Fenoglide" Tublet Fenoglide "Tablet
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ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clondine Ex tablet (generic for Nexiclon" XIR) methyldopa-HCTz tablet (generic for Addori") methyldopa-HCTz tablet (generic for Addori") methyldopa vial (generic for Addori") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tablet (generic for Antara", Lofibra", Fenoglide", et al) fenofibrate capsule / tablet (generic for Fabricos", Trilipix") Fenoglide "Tablet Lipofa" Capsule Lopid "Tablet Lopid" Tablet Lopid "Tablet Lopid" Tablet Lopid "Tablet Lopid" Tablet
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ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Ranexa® Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clondine Ex tablet (generic for Nexiclon" XIR) methyldopa-HCTz tablet (generic for Aldoris") methyldopa-HCTz tablet (generic for Aldoris") methyldopa vial (generic for Aldoris") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tablet (generic for Antans", Lofibra", Fenoglide", et al) fenofibrate capsule / tablet (generic for Fibricos", Titlipix ") Fenoglide "Tablet Lipofia" Capsule Lopid "Tablet Lopid" Tablet Lopid" Tablet Lopid" Tablet Lopid" Tablet Lopid" Tablet Lopid" Tablet Lopid "Tablet Lopid" Tablet
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Rancasa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clouidine ER tablet (generic for Nexiclon" XR) methyldops-HCTZ tablet (generic for Aldorne") methyldops-HCTZ tablet (generic for Aldorne") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tablet (generic for Antara", Lofibra", Fenoglide", et. al) fenofibrate capsule / tablet (generic for Fibricoa", Trilipix ") Fenoglide" Tablet Lipofea" Capsule Lipofea" Tablet Lipofea" Capsule
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Rancasa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clouidine ER tublet (generic for Nexiclon" XR) methyldops-HCTZ sublet (generic for Addome") methyldops-HCTZ sublet (generic for Addome") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tublet (generic for Autana", Lofibra", Fenoglide", et. al) fenofibrate capsule / tublet (generic for Fibricoa", Trilipix ") Fenoglide" Tablet Lipofea" Capsule Lipofea" Tablet Lipofea" Capsule
ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) generic for Aldomet®)	Non-Preferred Aspruzyo "Sprinkle Rancasa" Tablet SYMPATHOLYTICS AND COMBINATIONS Non-Preferred clouidine ER tublet (generic for Nexiclon" XR) methyldops-HCTZ sublet (generic for Addome") methyldops-HCTZ sublet (generic for Addome") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENTS Non-Preferred fenofibrate capsule / tublet (generic for Autara", Lofibra", Fenoglide", et. al) fenofibrate capsule / tublet (generic for Fibricos", Trilipix ") Fenoglide" Tablet Lipofes" Capsule Lipofes Tablet Lipofes Capsule
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ranolazine ER tablet (generic for Ranexa® Tablet) Preferred clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®) Preferred fenofibrate tablet (generic for Tricor®) genfiltworid tablet (generic for Tricor®) kcosapent ethyl capsule (generic for Lovaza®) omega-3 acid ethyl esters capsule (generic for Lovaza®)	Non-Preferred Aspruzyo "Sprinkle Ranexa" Tablet SYMPATHOLYTICS AND COMBINATIONS Condine ER tablet (generic for Nexiclon" XIR) methyldopa-tizz labet (generic for Addorne") methyldopa-tizz labet (generic for Addorne") methyldopa vial (generic for Addorne") Nexiclon" XR Tablet TRIGLYCERIDE LOWERING AGENIS Non-Preferred fenofibrate capsule / tablet (generic for Antara", Lofibra", Fenoglide", et. al) fenofibrate capsule / tablet (generic for Antara", Lofibra", Fenoglide", et. al) fenofibrate capsule / tablet (generic for Fibricon", Trilipix ") Fenoglide "Tablet Lipofa" Tablet Lipofa" Tablet Lovara" Capsule Trilipix " Capsule

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	CENTRAL NERVOUS SYSTEM
	ANTIMIGRAINE AGENTS
	Quantity limits apply to all triptans
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt®)	almotriptan tablet (generic for Axert [®])
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	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®)
	Elyxyb Notation - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova Tablet
	frovatriptan tablet (generic for Prova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxatl® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®) Relpax® Tablet
	Revow [®] Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan / naproxen tablet (generic for Treximet [®])
	Tosyma Nasal Spray
	Zembrace "SymTouch" zolmitriptan nasal spray / ODT / tablet (generic for Zomig ")
	Zonig® Nasi Spray / Tablet
	ANTIMIGRAINE AGENTS
	CGRP Blockers/Modulators PREVENTATIVE Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Aimovig® Autoinjector	Qulipta® Tablet
Ajovy® Autoinjector / Syringe	Vyept® Vial
Emgality [®] Pen / Syringe	
Nurtec® ODT	
	ANTIMIGRAINE AGENTS CGRP Blockers/Modulators ACUTE TREATMENT
	Clinical return apply to all drugs in this class
Preferred	Non-Preferred
Nurtec® ODT	Zavzpret [™] Nasal Spray
Ubrelvy® Tablet	
	ANTI-NARCOLEPSY
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil [®])
Provigit® Tablet	modafinil tablet (generic for Provigil®)
	Sunosi Tablet
	Wakix® Tablet
ANTIPA	I IRKINSON AND RESTLESS LEG SYNDROME AGENTS
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn [®] Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn [®])
bromocriptine capsule / tablet (generic for Parlodel [®]) carbidopa-levodopa ODT (generic for Parcopa [®])	Azilect® Tablet carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa dD1 (generic for Farcopa) carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
pramipexole tablet (generic for Mirapex [®])	Comtan® Tablet
ropinirole tablet (generic for Requip®)	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam®)	Dhivy Tablet ³⁴
trihexyphenidyl elixir / tablet (generic for Artane®)	Duopa Suspension entacapone tablet (generic for Comtan)
	entacapone tablet (genenc for Comtan*) Gocovn** Capsule - Clinical criteria apply
	Horizan Sapan Later Sapan Late
	Inbritign ^{IM} Inhalation
	Kynmobi ³⁸ Titration Kit
	Lodosyn [®] Tablet
	Mirapex® ER Tablet Neupro® Patch
	Neupro-Patch
	INOUTRAIN. Tablet Ongentys® Capsule
	Connoise RF Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect [®])
	ropinirole ER tablet (generic for Requip XL®)
	Rytary ER Capsule Sinemet Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar [®])
	Vyalev Vial
	Xadago® Tablet Zelapar® ODT
	KANIPAT OUT

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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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MULTIPLE SCLEROSIS	
	Injectable
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumy Vial
Betaseron® Kit / Vial Copaxone® Syringe	glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe
Copaxone Syringe Kesimpta Pen	Lemtrada® Vial
Rebif [®] Rebidose [®] / Titration Pack / Syringe	Lemrana viai Correvas Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrews® Zonow 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 [®] Vial
	AND THE PART PROPERTY.
	MULTIPLE SCLEROSIS
Preferred	Oral Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Zunyai Tanasi Aubagio Tablet
	Bafiertam [™] Capsule
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory [™] Starter Pack / Tablet
	Tascenso ODT [™]
	Tecfidera® Capsule / Starter Pack
	Vumerity." Capsule
	Zeposia® Starter Pack / Capsule
AMY	COTROPHIC LATERAL SCLEROSIS (ALS) AGENTS
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	Exercise Control Film
	Qalsody [®] Vial
	Tiglutik® Suspension
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag
	OFF A PARTY IN PROPERTY.
	SEDATIVE HYPNOTICS Operatity limits angle to all coloring hypnotics
Deaf 1	Quantity limits apply to all sedative hypnotics
Preferred eszopiclone tablet (generic for Lunesta®)	Non-Preferred Ambien® Tablet / CR Tablet
eszopicione tablet (generic for Lunesta) flurazepam capsule (generic for Dalmane®)	Ambien Tablet / CR Tablet Belsoma® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Daysigo Tablet
ramelteon tablet (generic for Rozerem Tablet) temazepam 15mg, 30mg capsule (generic for Restoril®)	Dayingo Tablet Doraf Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	docepin tunes (generic on stienos) Editor * It Abelet Editor * St. Tablet
k	contarolan tablet (generic for Proson®)
	Halcion Table
	Helitoz [®] Capsule / LQ Suspension - Clinical criteria apply
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq [™] Tablet
	Restorif [®] Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hetlioz [®]) - T/F of Hetlioz [®] Capsule required for coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restorii [®])
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo®)
	TOBACCO CESSATION
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	1.7
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	
	ENDOCRINOLOGY
	GROWTH HORMONE
	Clinical criteria apply to all drugs in this class
	al Not Required for Use of Serostim® in AIDS Wasting Syndrome
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omaitrope" Cartridge / Vial
	Saizen® Vial
	Serostim® Vial Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Skytrofa® Cartridge - T/P of preferred agents not required for children <18 years of age Sogroya® Pen
	Sogroya" Pen Zomacion [®] Vial
	- 100

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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More information on the PDL can be found at: https://medie	<u>aid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services</u>
	HYPOGLYCEMICS - INJECTABLE
T/E of only one of the latest the Daily and beginning in a control of	Rapid Acting Insulin
1/F of only one preferred arug required; Prior authorization is required Preferred	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25) Non-Preferred
Humalog® U-100 Cartridge	Admelog® SoloStar® / Vial
Humalog® U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog® U-100 KwikPen® / Vial	Apidra SoloStar Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 cartridge (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev [™] U-100 KwikPen ⁰ / U-200 KwikPen ⁰ / Vial
	Short Acting Insulin
T/F of only one preferred drug required; Prior authorization is required	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)
Preferred	Non-Preferred
Humulin® R Vial	Myxrediin [™] Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
	Intermediate Acting Insulin
T/F of only one preferred drug required. Prior authorization is required	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
T/D of such section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Long Acting Insulin
	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25) Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Non-Preterred Basaglar® U-100 KwikPen®
Lantus [®] SoloStar [®] / Vial	insulin degludec pen / vial (generic for Tresiba®)
Levemir®/FlexPen®/FlexTouch®/Vial	installing degrades, pedio Staff "An SoloStaff" (generic for Toujeo")
	insulin glargine-yfgn pen / vial (generic for Semglee Wyfgn)
	income pulls view bear view general view of the control of the con
	Senglec [®] yign Pen / Vial
	Toujeo SoloStar / Max SoloStar
	Tresiba® FlexTouch® / Vial
	Premixed Rapid Combination Insulin
Preferred	Non-Preferred
T/F of only one preferred drug required; Prior authorization is required Humalog® 50/50 Mix KwikPen®	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)
Humalog 50/50 Mix KwikPen Humalog 75/25 Mix KwikPen Vial	insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen®/(generic for Novolog® Mix 70/30)	NOVOIG WIX 70/30 V an
Novolog Mix 70/30 FlexPen®	
	Premixed 70/30 Combination Insulin
Preferred	Non-Preferred
	for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)
Humulin® 70/30 KwikPen® / Vial	Novolin® 70:30 FlexPen® / Vial Relion Novolin® 70:30 Vial
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Wildow (William Robins 1941) Admini Robins (1944)
	Amylin Analogs
Requires T/F or insufficient response to metformin containing prod	uct unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog
Preferred	Non-Preferred
Symlin [®] Pen Injector	
GLP-1 Receptor	or Agonists and Combinations indicated for the treatment of Diabetes
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Byetta [®] Pen	Bydurcon [®] BCis [™]
Trulicity® Pen	liraglutide pen (generic for Victoza®)
Victoza® Pen	Rybelsus® Tablet
Ozempic [®] Pen	Soliqui Pen
	Xuhophy® Pen Mounjaro™ Pen
	Mounjaro ren
	HYPOGLYCEMICS - ORAL
	2nd Generation Sulfonylureas
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® XL Tablet	
glyburide micronized tablet (generic for Micronase [®] , Glynase [®]) glyburide tablet (generic for Diabeta [®])	
glybunde tablet (generic for Diabeta) Glynase® Tablet	
	Alpha-Glucosidase Inhibitors
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset [®])
	Precose® Tablet
	Dismanides and Combinations
Drofessod	Biguanides and Combinations Non-Professoral
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip [®])	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomes [®]) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet [®])
	metformin ER tablet (generic for Glumetza®)
	Riomet [®] Solution / ER Suspension
L	<u> </u>

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More information on the PDL can be found at		
DPP-IV Inhibitors and Combinations Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination		
Preferred	Non-Preferred	
Janumet [®] Tablet / XR Tablet Januvia [®] Tablet	alogliptin tablet (generic for Nesinn [®]) alogliptin-metformin tablet (generic for Kazano [®])	
entadueto Tablet / XR Tablet	augupun-neriorina taneti (generic for Kazano) alogipun-neriorina taneti (generic for Kazano) alogipun-neriorina taneti (generic for Osem [®])	
Onglyza® Tablet	акориринграфиялисты имен (денете тог Оженг) Giyaninr-pa-granzone имен (денете тог Оженг)	
Fradjenta® Tablet	Kazano [®] Tablet	
	Kombiglyze® XR Tablet	
	Nesina® Tablet	
	Osen® Tablet	
	Qtem® Tablet saxagliptin tablet (generic for Onglyza®)	
	saxagiptii-metformin ER tablet (generic for Kombiglyze [®] XR)	
	sitagliptin tablet (generic for Januvia [®])	
	sitagliptin-metformin tablet (generic for Zituvimet [™])	
	Stegltjan® Tablet	
	Trijandy® XR Tablet Zituvimet	
	Zauvinet XR	
	Zituvio Tablet	
	Meglitinides	
Preferred	Non-Preferred	
nateglinide tablet (generic for Starlix [®]) epaglinide tablet (generic for Prandin [®])		
epagunide tablet (generic for Prandin)		
	SGLT-2 Inhibitors and Combinations	
	Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred	
Farxiga Tablet	dapagliflozin tablet (generic for Farxiga®)	
Jardiance® Tablet	dapagifflozin / meformin ER tablet (generic for Xigduo® XR)	
Synjardy® Tablet Synjardy® XR Tablet	Inpefa [™] Tablet Invokamet [®] Tablet / XR Tablet	
Xigduo® XR Tablet	INVOKABNET TABLET INVOKABNET TABLET INVOKABNET TABLET	
*	Segturonet Tablet	
	Steglatro [™] Tablet	
	Thiazolidinediones and Combinations	
Preferred	Non-Preferred	
pioglitazone tablet (generic for Actos®)	ActoPlus Met [®] Tablet Actos [®] Tablet	
	ACON LIDICE Distance Tablet	
	pioglamon-glimepiride tablet (generic for Duetact)	
	piglitazone-metformin tablet (generic for ActoPlus Met®)	
	GASTROINTESTINAL	
D. 4. 1	ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred Alvarzeo® Cansule / Vial	
aprepitant capsule / pack (generic for Emend®) - Clinical criteria apply	Akynzo® Capsule / Vial Aniver® Tablet (Chewable Tablet	
uprepitant capsule / pack (generic for Emend®) - Clinical criteria apply Diclegis® Tablet	Akynzeo® Capsule / Vial	
prepinant capsule / pack (generic for Emend [®]) - Clinical criteria apply Dickegis [®] Tablet dimenshydrinate vial (generic for Dramamine [®]) meclizine tablet (generic for Antivert [®])	Akynzeo® Capsule / Vial Antiver® Tablet / Chewable Tablet Anzemed® Tablet Approxie® Vial Approxie® Vial	
uprepinant capsule / pack (generic for Emend®) - Clinical criteria apply Diclegis® Tablet dimenhydrinate vial (generic for Dramamine®) mentizinic tablet (generic for Antiver®) metoclopramide solution / tablet (generic for Reglam®)	Akynzeo® Capsule / Vial Antiver® Tablet / Chewable Tablet Anzened® Tablet Appenie® Vial Barhemsys® Vial	
prepirant capsule / pack (generic for Emend®) - Clinical criteria apply Dickgis® Tablet Ilmenshydrinate vald (generic for Dramamine®) medizinc tablet (generic for Antiver®) medizinc tablet (generic for Antiver®) medizincatade solution / tablet (generic for Reglam®) mediameterno ODT drag and 88 mg/solution / tablet (generic for Zofran®)	Akynzo [®] Capsule / Vial Aniver [®] Tablet / Chewabe Tablet Anzenel [®] Tablet Aponvie [®] Vial Bartemsys [®] Vial Bojicas Tablet	
prepiant capsule / pack (generic for Emend®) - Clinical criteria apply biclegis® Tablet limenhydrinate vali (generic for Dramamine®) neclizine tablet (generic for Antivert®) netoclopramide solution/ tablet (generic for Reglan®) nondametron ODT 4mg and 8 mg/ solution/ tablet (generic for Zofran®) nochlopperazine tablet (generic for Compazine®)	Akynzeo® Capsule / Vial Antivers "Tabler (Chewable Tablet Anzened" Tablet Aponvie Wull Barbensys® Vial Barbensys® Vial Cinvand® Vull	
prepiant capsule / pack (generic for Emend®) - Clinical criteria apply biclegis® Tablet limenshydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide solution / tablet (generic for Reglam®) modarsetron ODT 4 mg and 8 mg/ solution / tablet (generic for Zofram®) rozchoprazinate tablet (generic for Compazine®) Promethegam® (promethazine) Suppository (12.5 mg and 25 mg)	Akynzeo® Capsule / Vial Antiver® Tablet (Chewable Tablet Anzemel® Tablet Aponvie* Vial Barhemsys® Vial Bonjesta® Tablet Cinvant® Vial Compro® Suppository	
prepirant capsule / pack (generic for Emend®) - Clinical criteria apply Diclegias® Tablet Illimenshydrinate vali (generic for Dramamine®) meclizine tablet (generic for Antivera®) method promande solution / tablet (generic for Reglam®) method promande solution / tablet (generic for Reglam®) modanastrent ODT® ming and 8 mg/solution / tablet (generic for Zofram®) proschloperazine tablet (generic for Compazine®) Promethegam® (promethazine) Suppository (12.5 mg and 25 mg) promethazine symp / suppository (12.5 mg and 25 mg) promethazine symp / suppository (12.5 mg and 25 mg)	Akynzeo® Capsule / Vial Antivers "Tabler (Chewable Tablet Anzened" Tablet Aponvie Wull Barbensys® Vial Barbensys® Vial Cinvand® Vull	
prepiant capsule / pack (generic for Ernend") - Clinical criteria apply Dickejis" Tablet Ilimenhydrinate vali (generic for Dramamine") neclizine tablet (generic for Antivern") medizine tablet (generic for Antivern") methochopsmide solution / tablet (generic for Reglam") modasterton ODT 4 may and 8 mg/s olution / tablet (generic for Zofram") rocchloperazine tablet (generic for Compazine") Pomentlegam" (promethazine) Suppository (12.5 mg and 25 mg) romenhazine symp/ suppository (12.5 mg and 25 mg) romenhazine symp/ suppository (12.5 mg and 25 mg)	Akynzon® Capaule / Vial Antwerf Tablet / Chewable Tablet Antwerf Tablet / Chewable Tablet Anzened Tablet Aponvie "Vial Barbemsys® Vial Boijotas Tablet Cinwarf Vial Cinwarf Vial Compro Suppository doxylamine-pyridoxine tablet (generic for Diclegis®) domabinol capaule (generic for Marinof") Emened® Capaule / Powder Packet / Trifold Pack - Clinical criteria apply	
prepiant capsule / pack (generic for Emend") - Clinical criteria apply biclegis. Tablet limenhydrinate val (generic for Dramanine") nectizine tablet (generic for Antivers") nectizine tablet (generic for Antivers") netoclopamide solution / tablet (generic for Reglam") ndansserton ODT 4 mg and 8 mg / solution / tablet (generic for Zofram") rocchloperazine tablet (generic for Compazine") romchloperazine (gromethazine) Suppository (12.5 mg and 25 mg) romendazine symp/ suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergam")	Akynzo [®] Capsule / Vial Antiveri [®] Tablet / Chewable Tablet Anzendi Tablet Aponvie [®] Vial Barlemsya [®] Vial Bojesta Tablet Cimvanti [®] Vial Compro [®] Suppository doxylamine pyridoxine tablet (generic for Diclegis [®]) dronabinol capsule (generic for Marinoii [®]) Emendi [®] Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Emendi [®] Capsule / Powder Packet / Trifold Pack - Clinical criteria apply	
prepiant capsule / pack (generic for Einend®) - Clinical criteria apply Schejnis® Tablet immedydrinate val (generic for Dramamine®) necitarine tablet (generic for Antivera®) necitarine tablet (generic for Antivera®) deteclorpramide solution / tablet (generic for Reglam®) detanserton DOT 4 mg and 8 mg/s solution / tablet (generic for Zofran®) rocchlorperazine tablet (generic for Compazine®) romethezarine (gromethazine) Suppository (12.5 mg and 25 mg) romethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergam®)	Akynzeo® Capsule / Vial Antiver® Tablet (Chewable Tablet Anzene® Tablet Aponve® Vial Barbensys® Vial Barbensys® Vial Bonjess® Tablet Cinvan® Vial Compo® Suppository doxylamine-pyridoxine tublet (generic for Diclegis®) dovaslamine-pyridoxine tublet (generic for Diclegis®) Bennes® Cinyale / Powder Packet / Trifold Pack - Clinical criteria apply Emnes® Vial Forince® Cinyale / Powder Packet / Trifold Pack - Clinical criteria apply Emnes® Vial	
prepiant capsule / pack (generic for Emend") - Clinical criteria apply biclegis. Tablet limenhydrinate val (generic for Dramanine") nectizine tablet (generic for Antivers") nectizine tablet (generic for Antivers") netoclopamide solution / tablet (generic for Reglam") ndansserton ODT 4 mg and 8 mg / solution / tablet (generic for Zofram") rocchloperazine tablet (generic for Compazine") romchloperazine (gromethazine) Suppository (12.5 mg and 25 mg) romendazine symp/ suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergam")	Akynzon® Capaule / Vial Antiver® Tablet / Chewabe Tablet Anzene® Tablet Aponvic® Vial Bartemsys® Vial Bojesas Tablet Cinvant® Vial Cinvant® Vial Compro® Suppository doxylamine-pyridoxine tablet (generic for Diclegis®) domabinol capaule (generic for Marinos®) Emena® Capaule / Powder Packet / Trifold Pack - Clinical criteria apply Emena® Vial Focinvez® (fosuprepitant) Vial Focinvez® (fosuprepitant) Vial	
prepiant capsule / pack (generic for Emend") - Clinical criteria apply biclegis. Tablet limenhydrinate val (generic for Dramanine") nectizine tablet (generic for Antivers") nectizine tablet (generic for Antivers") netoclopamide solution / tablet (generic for Reglam") ndansserton ODT 4 mg and 8 mg / solution / tablet (generic for Zofram") rocchloperazine tablet (generic for Compazine") romchloperazine (gromethazine) Suppository (12.5 mg and 25 mg) romendazine symp/ suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergam")	Akynzon® Capsule / Vial Antiver® Tablet (Chewable Tablet Anzened® Tablet Aponvie® Vial Barbernsys® Vial Barbernsys® Vial Bojesta® Tablet Cinvant® Vial Compro® Suppository doxylamine pyridoxine tablet (generic for Diclegis®) dronabinol capsule (generic for Marinof®) Enned® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply Enned® Cinvant® Vial Goneve® Compromise to the Comprometer of the Comprom	
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

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sesimine Ex quote (generic for Fronts) Clerch	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Associ® HD Tablet Azulfidine® Entab / Tablet budesonide ER nablet (generic for Uceris®) Colazal® Capsule Delzico® Capsule	
Clears Tables Clear Tabl	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi [®] Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol [®] HD Tablet Aruthine [®] Entab / Tablet hudesonide ER labet (generic for Uceris [®]) Colazai [®] Capsule Delzico [®] Capsule Delzico [®] Capsule	
LICERATIVE COLITS Rectal Rectal	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacof® HD Tablet Azulfidine® Entab / Tablet budesonide ER sublet (generic for Uceris®) Colazal® Capsule Delzicos® Capsule Dipentum® Capsule Linda® Tablet mesalamine DR capsule / tablet (generic for Delzicos®, Asacos® HD, Lindaba®)	
Preferred Preferred Seasons Non-Preferred Non-	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Azulfidin® Entab / Tablet Mudesonide ER ablet (generic for Uceris®) Colazai® Capsule Delzico® Capsule Delzico® Capsule Dipentum® Capsule Lialda® Tablet mesalarimie DR capsule (generic for Delzicoi®, Asacoi® HD, Liaida®) mesalarimie DR capsule (generic for Apriso®, Pentasa®)	
Preferred Non-Preferred No	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Azulfidin® Entab / Tablet Mudesonide ER ablet (generic for Uceris®) Colazai® Capsule Delzico® Capsule Delzico® Capsule Dipentum® Capsule Lialda® Tablet mesalarimie DR capsule (generic for Delzicol®, Asacoi® HD, Liaida®) mesalarimie DR capsule (generic for Apriso®, Pentasa®)	
Preferred Succession Subconder retail form Sub	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER ablet (generic for Uceris®) Colazal® Capsule Delzicio® Capsule Dipientum® Capsule Linkla® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Linkla®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS	
Installation suppository (generic for Romean) Installation suppository (ge	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidine® Entab / Tablet badesondie ER tablet (generic for Uceris®) Colazal® Capaule Delzicol® Capaule Dipenum® Capaule Lialda® Tablet mesalamine ER capaule / tablet (generic for Delzicol®, Asacol® HD, Lialda®) mesalamine ER capaule (generic for Apriso®, Pentsas®) ULceris® Tablet ULCERATIVE COLITIS Rectal	
Canada Suppository (generic for Canada Suppository) Canada Suppository (generic for Rowasa Canada Suppository) Canada Suppository (generic for Rowasa Canada Suppository) Canada Suppository (generic for Rowasa Canada Suppository) Canada Suppository) Canada Suppository (generic for Rowasa Canada Can	balsalazide capsule (generic for Colazal [®]) mesalamine DR tablet (generic for Lialda [®]) Pentasa [®] Capsule		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidine® Entab / Tablet badesondie ER tablet (generic for Uceris®) Colazal® Capaule Delzicol® Capaule Dipenum® Capaule Lialda® Tablet mesalamine ER capaule / tablet (generic for Delzicol®, Asacol® HD, Lialda®) mesalamine ER capaule (generic for Apriso®, Pentsas®) ULceris® Tablet ULCERATIVE COLITIS Rectal	Non-Preferred
nesalamine kit (generic for Rowasa*) Rowasa* Etema Leerns* Rectal Foam EENTOLYTE DEPLETERS (KIDNEY DISEASE) BECOME (Roweste Tablet (Perota of Chewalte (Perota of Che	balsalazide capuele (generic for Colazal [®]) mesalamine DR ubble (generic for Lialda [®]) Pentasa [®] (Papuele sulfasalazine IR / DR tablet (generic for Azulfidine [®] / Entab)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidine® Entab / Tablet budsonide Era tablet (generic for Uceris®) Colazal® Capsule Delzicio® Capsule Delzicio® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asscol® HD, J-iaida®) mesalamine ER capsule / generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required	Non-Preferred
SP Rowas Exema Ueris Rectal Foum	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Azulfidine® Entab / Tablet Ducksonide ER habet (generic for Uceris®) Colazal® Capsule Delzicoi® Capsule Delzicoi® Capsule Dippentum® Capsule Lialda® Tablet mesalamine DR capsule (generic for Delzicoi®, Asacoi® HD, Lialda®) mesalamine ER capsule (generic for Apriso®, Pentsas®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal form Cansus® Suppository	Non-Preferred
GENITOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Calcium acetate captule (generic for Pinoslo*) calcium acetate tablet (generic for Fliphos*) Aurysia* Tablet calcium acetate tablet (generic for Fliphos*) Aurysia* Tablet Aurysia* Softgel Aurysia* Softgel Aurysia* Softgel Aurysia* Softgel Aurysia* Softgel Aurysia* Tablet Aurosia* Softgel Aurosia* Softgel Aurosia* Softgel Aurosia* Softgel Aurosia* Softgel Aurosia* Tablet Aurosia* Softgel Aurosia* So	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidin® Entab / Tablet budesonide Era tablet (generic for Uceris®) Colazal® Capsule Delzicio® Capsule Delzicio® Capsule Dipentim® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asscol® HD, Haida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine Ki (generic for Rowasa®)	Non-Preferred
CENTOURINARY / RENAL	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidme® Entab / Tablet Dubecsonide ER Bublet (generic for Uceris®) Colazal® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Lialda® Tablet Direction® Capsule ULialda® Tablet Direction® Capsule (generic for Detzicol®, Asscol® HD,-Lialda®) mesalamine BR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit	Non-Preferred
Preferred Non-Preferred Non-Preferred	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Azulfidine® Entab / Tablet budesonide ER ablet (generic for Uceris®) Colazai® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Dippentum® Capsule Lialda® Tablet mesalamine DR capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema	Non-Preferred
Preferred Aurysis "Tablet calcium acetate capsule (generic for PhosLos") Aurysis "Tablet calcium acetate tablet (generic for Eliphos") Aurysis "Tablet calcium acetate tablet (generic for Eliphos") Aurysis "Tablet Aurysis "	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)		Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidne® Entab / Tablet Mudesonide ER labet (generic for Uceris®). Colsza® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Lialda® Tablet mesalamine DR capsule (generic for Delzico®, Asscol® HD, Lialda®) mesalamine DR capsule (generic for Apriso®, Pentsus®) ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema ULCERS® Enema ULCERS® Enema ULCERS® Enema ULCERS® Enema ULCERS® Enema ULCERS® Rectal Foam	Non-Preferred
calcium acetate capsule (generic for PinoLo*) Aurysia* Tablet calcium acetate tablet (generic for Filiphoa*) Foresof* Chewable Tablet / Powder Pack Lanhamum carbonate chewable tablet (generic for Fostenol*) Augue Bind* 400 Rx Tablet Phrostyn* (calcium acetate) Solution Remela* Powder Pack / Tablet Remela* Powder Pack / Tablet sevelamer Hydrochloride tablet (generic for Renagel*) Velphoro* Chewable Xplozon* Tablet Appeara* Tablet Remela* Powder Pack / Tablet Sevelamer Hydrochloride tablet (generic for Renagel*) Velphoro* Chewable Xplozon* Tablet Appeara* Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodan* Softgel alfitzosin ER tablet (generic for Uroxatan*) Avodan* Softgel dozazosin tablet (generic for Cardon*) (cardon* Tablet / Xarbet dozazosin tablet (generic for Prosca*) (tablet Tablet S generic for Floraca*) (tablet Tablet S generic for Floraca*) (tablet Tablet S generic for Floraca*) (tablet Tablet) (t	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidin® Entab / Tablet Dudesonide ER babet (geneic for Uceris®) Colazal® Capsule Dipictum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Debzico®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasa® kit SF Rowasa® Enema Uceris® Rectal Foam Cansas® Enema Uceris® Rectal Foam Cansas® Senema Uceris® Rectal Foam Cansas® Enema Uceris® Rectal Foam	Non-Preferred
calcium acetate tablet (generic for Eliphon*) Fosrenof* Chewable Tablet / Powder Pack sevelamer carbonate powder pack / tablet (generic for Renvella*) Angue Bland* 400 Rx Tablet Phostyra* (calcium acetate) Solution Renvella* Powder Pack / Tablet evelamer (and tablet (generic for Renagel*) Velphoro* Chewable Velphoro* Chewable Velphoro* Chewable X phozala* Tablet X phoz	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("apsule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*)	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidin® Entab / Tablet Dudesonide ER babet (geneic for Uceris®) Colazal® Capsule Dipictum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Debzico®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasa® kit SF Rowasa® Enema Uceris® Rectal Foam Cansas® Enema Uceris® Rectal Foam Cansas® Senema Uceris® Rectal Foam Cansas® Enema Uceris® Rectal Foam	Non-Preferred Non-Preferred
sevelaner carbonate powder pack / tablet (generic for Renvela") Innhamum carbonate chewable tablet (generic for Fosrenol") Mage Bind® 400 Rx Tablet Phostym® (calcium acetutes Solution Renvela" Powder Pack / Tablet sevelaner hydrochloride tablet (generic for Renagel") Velphoro" Chewable Velphoro" Chewable Sphorath Tablet BENIGIN PROSTATIC HYPERPLASIA TREATMENTS BENIGIN PROSTATIC HYPERPLASIA TREATMENTS Preferred Africania Et tablet (generic for Ucucatal") Avodart "Softgel doxazosia tablet (generic for Ucucatal") Cardum "Tablet / XL Tablet Utusteride capatus (generic Avodart") Ginastricia tablet (generic for Froscar") Utusteride capatus (generic for Froscar") Utusteride (apatus (generic for Fr	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azalfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azalfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*)	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidne® Entab / Tablet Mulesonide ER Bablet (generic for Uceris®) Colaza® Capsule Delzico® Capsule Delzico® Capsule Lialda® Tablet mesalamine DR capsule (generic for Apriso®, Pentasa®) Ulceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Ulceris® Rectal Foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Ulceris® Rectal Foam Canasa® Suppository Musal Rowasa® Lower Musal Rowasa® (Rowasa®) Rowasa® Enema Ulceris® Rectal Foam CERTITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE)	Non-Preferred Non-Preferred
Mage Bind* 400 Rx Tablet Paralyra* (calcium acetarlo Solution Remue* Power Pack, l'Abbet sevelame Hydrochloride tublet (generic for Renagel*) Velphoro* Chewable Xphozaf* Tablet Xphozaf* Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS BENIGN PROSTATIC HYPERPLASIA TREATMENTS **Tablet** *	basalazide caputle (generic for Colazal*) mesalamine DR tablet (generic for Lialda®) Pentasa* Caputle sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab) sulfasalazine in (generic for Azulfidine® / Entab) mesalamine enema (generic for Rowasa®) mesalamine suppository (generic for Canasa®)	Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidin® Entab / Tablet budesonide ER babet (generic for Uceris®) Colazal® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Dippentum® Capsule Liatda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentas®) Uceris® Tablet ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine bit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet	Non-Preferred Non-Preferred
Renvela® Powder Pack / Tablet sevelamer hydrochloride tablet (generic for Renagel®) Velphoro® Chewable Rydozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Preferred Arcdar® Softgel Avodar® Softgel doxazosia tablet (generic for Urouxtral®) Avodar® Softgel Catall® Tablet / ML Tablet (generic for Urouxtral®) Catall® Tablet / ML Tablet (generic for Proscar®) Lablet (generic for Proscar®) Lablet (generic for Proscar®) Lablet (generic for Froscar®) Labl	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidin® Entab / Tablet budesonide ER ublet (generic for Uceris®) Colaza® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Linkl® Tablet Dipentum® Capsule Linkl® Tablet Direction® Capsule Linkl® Tablet ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Cansa® Suppository Rowasa® Kingeneric for Rowasa®) Revall (generic for Rowasa®) Resolution Revalled (generic for Rowasa®) Rectal TF of Only one preferred drug required budesonide rectal foam Cansa® Suppository Rowasa® Enema Ulceris® Rectal Foam Cartax® Tablet FOSTROUYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Fostenod® Chewable Tablet / Powder Pack	Non-Preferred Non-Preferred
sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable Velphoro [®] Chewable Sphotan Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS BENIGN PROSTATIC HYPERPLASIA TREATMENTS Preferred Avodar [®] Softgel doxazosia tablet (generic for Uroxatral [®]) Avodar [®] Softgel doxazosia tablet (generic for Crowabr [®]) Candron [®] Tablet / X. Tablet dutasteride capsule (generic Avodar [®]) dutasteride capsule (generic Avodar [®]) dutasteride (ablet (generic for Flonax [®]) Entasteride (ablet (generic for Flonax [®]) Estadifi [®] Capsule terazosia capsule (generic for Flonax [®]) Flonax [®] Capsule	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidin® Entab / Tablet budesonide ER babt (generic for Uceris®) Colazal® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Dippentum® Capsule Liatda® Tablet mesalamine DR capsule / tablet (generic for Delzico®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentas®) Uceris® Tablet ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine bit (generic for Rowasa®) Rowasa® kit SF Rowasa® Enema Uceris® Rectal Foam CENTTOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Fosteno® Chewable Tablet / Powder Pack Lanthamum carbonate chewable tablet (generic for Fostenof®) MagneBind® 400 Rx Tablet	Non-Preferred Non-Preferred
Vepbzero® Chewable Aphzzafi* Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS BENIGN PROSTATIC HYPERPLASIA TREATMENTS Preferred Avotant Softgel Avotant Softg	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidin® Batab / Tablet budesonide ER Bubt (generic for Uceris®) Colazal® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Linkl® Tablet Dipentum® Capsule Linkl® Tablet Direction® Capsule Linkl® Tablet Direction® Capsule Linkl® Tablet Direction® Capsule Linkl® Tablet Direction® Capsule (generic for Detzicol®, Asscol® HD, i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-	Non-Preferred Non-Preferred
Splozafe Tablet Splozafe T	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidin® Entab / Tablet hudesonide ER balet (generic for Uceris®) Colsza® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Linkla® Tablet mesalamine DR capsule (generic for Delzico®, Asscol® HD, Linkla®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Ulceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Ulceris® Rectal Foam Canasa® Capsule Capsule GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxis® Tablet LECTROLYTE DEPLETERS (KIDNEY DISEASE) Landhamma carbonate chewable tablet (generic for Fosrenof®) Mapsellim® (Calcium actionate chewable tablet (generic for Fosrenof®) Mapsellim® (calcium actionate chewable tablet (generic for Fosrenof®) Mapsellim® (calcium actionate Chewable Solution Remvela® Powder Pack / Tablet Mapsellim® (calcium actions)	Non-Preferred Non-Preferred
BENIGN PROSTATIC HYPERPLASIA TREATMENTS Preferred Avodar® Softgel doxazosin tablet (generic for Uroxatral®) Accutura® Tablet / XI. Tablet dutasteride capsule (generic Avodar®) dutasteride capsule (generic Avodar®) dutasteride ramsulosin capsule (generic for Floraca®) dutasteride ramsulosin capsule (generic for Floraca®) dutasteride ramsulosin capsule (generic for Floraca®) finasteride funsturide tablet (generic for Floraca®) finasteride (amsulosin capsule (generic for Floraca®) ferazosin capsule (generic for Floraca®) ferazosin capsule (generic for Floraca®) Floraca® Capsule	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacol® HD Tablet Azulfidin® Entab / Tablet budesonide ER Babet (generic for Uceris®) Colazal® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Dippentum® Capsule Lialda® Tablet mesalamine DR capsule (tigeneric for Delzicol®, Asacol® HD, Liaida®) mesalamine ER capsule (generic for Apriso®, Pentasa®) ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam Canasa® Suppository To the College of the Colle	Non-Preferred Non-Preferred
alfuzosin ER tablet (generic for Uroxurata*) Avedar* Softgel doxazosin tablet (generic for Uroxurata*) Carusa* Tablet / M. Tablet doxazosin tablet (generic for Uroxurata*) Callas* Tablet / M. Tablet doxazosin tablet (generic Avodar*) finasteride tablet (generic for Proscar*) dutasteride capuale (generic for Floraca*) turneulosin capuale (generic for Floraca*) Ernatifii Capuale Floraca* Capuale	basalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* ("Spaties sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*)	Preferred E Preferred	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Aratifidine® Entab / Tablet hutesonide ER habt (generic for Uceris®) Colaza® Capsule Delzica® Capsule Delzica® Capsule Dippentum® Capsule Lialda® Tablet mesalamine DR capsule (tablet (generic for Delzica®, Asacoi® HD, Lialda®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam GENITOURINARY / RENAL ECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Fosteno® Chewable Tablet / Powder Pack lanthauma carbonate chewable sublet (generic for Fostenos®) MagneBind® 400 Rx Tablet Phoslyna® (calcium acachevable sublet (generic for Fostenos®) MagneBind® 400 Rx Tablet Phoslyna® (calcium acachevable tablet (generic for Renagei®) Velphoza® Tablet velamer hydrochloride tablet (generic for Renagei®) Velphoza® Thewable Velphoza® Thewable Velphoza® Thewable Velphoza® Thewable	Non-Preferred Non-Preferred
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dutasteride capsule (generic Avodan [®]) Cialis® Tablet 5 mg - Clinical criteria apply finasteride tablet (generic for Proscar [®]) dutasteride / tamsulosin capsule (generic for Jalyn [®]) tamsulosin capsule (generic for Flomas [®]) terazosin capsule (generic for Flomas [®]) Flomas [®] Capsule	basalazide capaule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* (Capaule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for PhosLo*) calcium acetate capsule (generic for Eliphos*) sevelamer carbonate powder pack / tablet (generic for Renwela*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidme® Entab / Tablet budesonide ER ubbt (generic for Uceris®) Colaza® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Lialds® Tablet mesalamine DR capsule (generic for Detzicol®, Asscol® HD,-Lialds®) mesalamine DR capsule (generic for Apriso®, Pentasa®) ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema ULceris® Rectal Foam Cansas® Suppository Mesalamine kit (generic for Rowasa®) Rectal Foomsas® Capsule GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Luchamum carbonate chewable tablet (generic for Fosrenol® Maposling® calot una tablet synder for Renagel®) Mposping® calot una tablet synder for Renagel®) Mposping® calot una tablet synder for Renagel®) Velphoro® Chewable Newable Nobrablet Nigon PROSTATIC HYPERPLASIA TREATMENTS	Non-Preferred Non-Preferred Non-Preferred
finastride tablet (generic for Prosca ^{ar}) dutusdisin capsule (generic for Flornas ^a) tamadosin capsule (generic for Flornas ^a) tentadis ^a Capsule Flornas ^a Capsule	basalazide capule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine iR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for Phos.Lo*) calcium acetate capsule (generic for Fliphos*) sevelamer carbonate powder pack / tablet (generic for Renvela* affuzosin ER tablet (generic for Uroxatraf*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacof® HD Tablet Arathdine® Entab / Tablet hudesonide ER habt (generic for Uceris®) Colazaf® Capsule Delzicof® Capsule Delzicof® Capsule Dipientum® Capsule Lialda® Tablet mesalamine DR capsule (generic for Delzicof®, Asacof® HD, Lialda®) mesalamine DR capsule (generic for Apriso®, Pentsas®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Cansas® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectul Foam GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxis® Tablet Phoslym® Cabelet ablet (generic for Fosrenof®) Mapsellina® 400 Rx Tablet Phoslym® (calcium aceta) solution Remevala® Powder Pack / Tablet Phoslym® (calcium aceta) solution Remevala® Powder Pack / Tablet vevelamer hydrochloride tablet (generic for Renagef®) Velphozo® Chewable NJGN PROSTATIC HYPERPLASIA TREATMENTS Avodar® Softgel	Non-Preferred Non-Preferred Non-Preferred
tamsulosin capsule (generic for Flomax [®]) Erazosin capsule (generic for Hyrin [®]) Flomax [®] Capsule	basalazide capuale (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* (Capuale sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) calcium acetate capsule (generic for Phost.o*) calcium acetate tablet (generic for Eliphos*) sevelamer curbonate powder pack / tablet (generic for Remeta* alfitzosin ER tablet (generic for Uroxatral*) doxazosin tablet (generic for Uroxatral*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asacoi® HD Tablet Azulfidin® Entab / Tablet budesonide ER Babet (generic for Uceris®) Colazai® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Dippentum® Capsule Lialda® Tablet messlamine DR capsule / tablet (generic for Delzicoi®, Asacoi® HD, Liaida®) messlamine ER capsule (generic for Apriso®, Pentas®) Uceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository messlamine bit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam Uceris® Rectal Foam GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Fosteno® Chewable Tablet / Powder Pack Inflamma meade and on Krablet (generic for Fostenof®) Magnela® Calcium accele Tablet Revelamer hydrochloride tablet (generic for Renagel®) Velphoro® Chewable Nybozah® Tablet Nybozah® Tablet Nybozah® Tablet Nybozah® Tablet Nybozah® Tablet Nybozah® Tablet (generic for Renagel®) Velphoro® Chewable Nybozah® Tablet / XL Tablet Avodar® Softgel Cardura® Tablet / XL Tablet	Non-Preferred Non-Preferred Non-Preferred
	balsalazide capsule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capsule sulfasalazine IR / DR tablet (generic for Azalfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azalfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) mesalamine suppository (generic for Canasa*) sevelamer carbonate powder pack / tablet (generic for Renwela* sevelamer carbonate powder pack / tablet (generic for Renwela* alfizzosia Et tablet (generic for Caduna*) doxazosia tablet (generic for Caduna*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidm® Entab / Tablet Dudesonide ER Bubet (generic for Uceris®) Colazal® Capsule Delzico® Capsule Delzico® Capsule Delzico® Capsule Liakla® Tablet mesalamine DR capsule (generic for Delzico®, Asscol® HD, Liakla®) mesalamine DR capsule (generic for Apriso®, Pentasa®) Ulceris® Tablet ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam Uceris® Rectal Foam GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Indianama carbonate chewable tablet (generic for Fosrenof®) Mposlping® (adlot na tablet) Mposlping® (adlot na Tablet) Sovelament pydrochloride tablet (generic for Renagel®) Velphoro® Tablet NIGN PROST ATIOLY PERPLASIA TREATMENTS Avodam® Softgel Carduar® Tablet / Devodre Pack Tablet Sevelament pydrochloride tablet (generic for Renagel®) Velphoro® Tablet Tablet of Michael Softgel Carduar® Tablet of Reconstruction of Renagel®) Velphoro® Tablet NIGN PROST ATIOLY Tablet Cialis® Tablet of me Clinical criteria apply	Non-Preferred Non-Preferred Non-Preferred
Proscur [*] Tablet	basalazide capaule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* (Capaule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Canasa*) ealcium acetate capsule (generic for Phost.o*) calcium acetate tablet (generic for Eliphas*) sevelamer carbonate powder pack / tablet (generic for Renwela* affuzosin ER tablet (generic for Uroxatral*) doxazosia tablet (generic for Uroxatral*) dutasteride tablet (generic for Proscar*) tantasteride tablet (generic for Proscar*) tantasteride tablet (generic for Proscar*) tantasteride tablet (generic for Proscar*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscol® HD Tablet Azulfidin® Entab / Tablet Azulfidin® Entab / Tablet Boulesonide ER Bubt (generic for Uceris®) Colaza® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Dipentum® Capsule Linkl® Tablet Dipentum® Capsule Linkl® Tablet Dipentum® Capsule Linkl® Tablet Dipentum® Capsule (generic for Detzicol®, Asscol® HD, include®) mesulamine ER capsule (generic for Apriso®, Pentasa®) ULCERATIVE COLITIS Rectal TF of only one preferred drug required budesonide rectal foam Cansas® Suppository mesulamise kit (generic for Rowasa®) Rowasa® Enema ULceris® Rectal Foam Uceris® Rectal Foam Uceris® Rectal Foam Uceris® Capsule (generic for Rowasa®) Rowasa® Enema Uceris® Capsule Tablet Foscono® Chewable Tablet / Powder Pack lanthamm carbonate chewable tablet (generic for Fosrenof®) MagneBind® (adolt sun actablet) Solution Remellam® Powder Pack lanthamm carbonate chewable tablet (generic for Fosrenof®) MagneBind® (adolt ma actablet) Solution Revelam® Probet Atablet Sevelam® Probet Atablet Sevelam® Probet Atablet (generic for Renagel®) Viploso® Chewable Sylvoza Tablet Spotial Criteria apply dutasteride / Immulsoin capsule (generic for Jaly®)	Non-Preferred Non-Preferred Non-Preferred
	basalazide capule (generic for Colazal*) mesalamine DR tablet (generic for Lialda*) Pentasa* Capule sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) sulfasalazine IR / DR tablet (generic for Azulfidine* / Entab) mesalamine enema (generic for Rowasa*) mesalamine suppository (generic for Cansas*) calcium acetate capule (generic for Phos.Lo*) calcium acetate capule (generic for Bliphos*) sevelamer carbonale powder pack / tablet (generic for Renvela* affuzosin ER tablet (generic for Uroxatraf*) doxazosia tablet (generic for Cardorn*) dutasteriche capule (generic for Uroxatraf*) dutasteriche capule (generic for Uroxatraf*) dutasteriche capule (generic for Uroxatraf*)	Preferred E Preferred E BE	Viberzi® Tablet - TF of preferred agents not required for Irritable Bowel Syndrome ULCERATIVE COLITIS Oral Asscof® HD Tablet Azulfidin® Entab / Tablet Azulfidin® Entab / Tablet Detixoi® Capsule Detixoi® Capsule Detixoi® Capsule Detixoi® Capsule Lialda® Tablet Detixoi® Tablet Detixoi® Tablet Detixoi® Tablet Detixoi® Asscol® HD, Lialda® (peneric for Detixoi®, Asscol® HD, Lialda®) mesulamine BR capsule (generic for Aprixo®, Pentasa®) ULCERATIVE COLITIS Rectal T/F of only one preferred drug required budesonide rectal foam Canasa® Suppository mesulamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema ULeris® Rectal Foam GENITOURINARY / RENAL LECTROLYTE DEPLETERS (KIDNEY DISEASE) Auryxia® Tablet Deplement Chewable Tablet / Powder Pack Ianthanum carbonate chewable tablet (generic for Forsenof®) Mapsellim® (calcium activate) Tablet Sevelament hydrochloride tablet (generic for Renage®) Nephora® Capsule Nephora® Tablet Nigh PROSTATIC HYPERPLASIA TREATMENTS Avodam® Softgel Cardura® Tablet (XL Tablet Calias® Tablet of Supule) United Historic Foamsules (generic for Jalyn®) Uttastif Capsule United Supule United Supu	Non-Preferred Non-Preferred Non-Preferred

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

	Rapaflo [®] Capsule
<u></u>	silodosin capsule (generic for Rapaflo [®])
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply
	URINARY ANTISPASMODICS
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz®)	darifenacin ER tablet (generic for Enablex®)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/ XL)	Detrof® Tablet / LA Capsule
solifenacin tablet (generic for Vesicare®)	flavoxate tablet (generic for Urispas®)
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Gelnique® Gel Sachets
	Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	mirabegron ER Tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	MILES CONTRACTOR OF THE STATE O
	My rbetriq $^{\circ}$ Granukes / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age \geq 65 years
	oxybutynin tablet (2.5 mg)
	Oxytrol [®] Patch
	Toviaz® Tablet
	trospium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare® LS Suspension / Tablet
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)	colchicine cansus (e. generic for Mitigane [®])
probenecid tablet (generic for Benemid®)	coorning capsule (generic for wangare) Colors a Table 1 Colors a Table 1
probenecid tablet (generic for Benemid) probenecid-colchicine tablet (generic for Col-Benemid®)	Corrys Tainet (generic for Uloric® Tablet)
ADDERECKI-COLINCING LADICI (SECRETE IO CONDENSINA)	Reduced insetting to the state of the state
	Goperna Sounon Krystexna® Vial
	Krysiexxa vual Mitgare (branded colchicine 0.6mg) Capsules
	Numper Ontanea Colling Capsures Ulorge Table
	COOR Table Zylopim Tablet
	Zyroprim tausex
	HEMATOLOGIC
	ANTICOAGULANTS ANTICOAGULANTS
	ANTICUAGOLANTS Injectable
D., P., 1	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®) Fraemin® Syringe / Vial	Aristra Syringe
ragmin Syringe / viai	fondaparinux syringe (generic for Arixtra®) Lovenox® Syringe / Vial
	Lovenox Syringe / vital
	Oral
Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa [®] Capsule)
Jantoven® (branded generic for Coumadin®)	General Control of the Control of th
Pradaxa® Capsule	Savaysa Tablet
warfarin tablet (generic for Coumadin [®])	Xarelo Supersion
Xarelto [®] Starter Pack / Tablet	zanceo suspension
MICHO SHIPE FROM FROM	
	COLONY STIMULATING FACTORS
Preferred	Non-Preferred
Fulphila® Syringe	Fylnetra® Syringe
Neupogen® Vial / Syringe	Granix Safe Syringe / Syringe / Vial
	Leukine® Vial
Udenyca® Autoiniector / Syringe	
Udenyca® Autoinjector / Syringe	Neulasta® Syringe / Kit
Udenyca® Autoinjector / Syringe	Neulasa [®] Syringe / Kit Nivestym [™] Syringe / Vial
Udenyca® Autoinjector / Syringe	Nivestym [™] Syringe / Vial
Udenyca® Autoinjector / Syringe	Nivestym [™] Syringe / Vial Nyvepria [™] Syringe
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptia Syringe Rekeko Syringe / Vial
Udenyca® Autoinjector / Syringe	Nivestym ** Syringe / Vial Nyveptia ** Syringe Releuko** Syringe / Vial Robedon ** Syringe
Udenyca® Autoinjector / Syringe	Nivestym [®] Syringe / Vial Nyveptia Syringe Releuks [®] Syringe / Vial Robedon Syringe Simufend [®] Syringe
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptia Syringe Rekeuko Syringe Robedon Syringe Simufend Syringe Simufend Syringe Udanyugu On-Body
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptria Syringe Rekube Syringe / Vial Robedon Syringe Sümufend Syringe Udenyea On-Body Zarxio Syringe
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptia Syringe Rekeuko Syringe Robedon Syringe Simufend Syringe Simufend Syringe Udanyugu On-Body
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptria Syringe Rekube Syringe / Vial Robedon Syringe Sümufend Syringe Udenyea On-Body Zarxio Syringe
Udenyca® Autoinjector / Syringe	Nivestym Syringe / Vial Nyveptia Syringe Rekeuko Syringe Robedon Syringe Simufend Syringe Udenyeu On-Body Zarxio Syringe Zextenzo Syringe
Udenyca [®] Autoinjector / Syringe Preferred	Nivestym Syringe / Vial Nyveptria Syringe Releuko Syringe Rolvedon Syringe Simufend Syringe Simufend Syringe Simufend Syringe Lidenyea On-Body Zarxio Syringe Lidenyea
Arnnesp® Syringe / Vial	Nivestym Syringe / Vial Nyveptria "Syringe Rekuko" Syringe, Vial Robedon "Syringe Sümmfend "Syringe Udenyva" On-Body Zarxio "Syringe Zextenzo" Syringe Zextenzo "Syringe The MATOPOIETIC AGENTS Clinical criteria apply to all drugs in this class Non-Preferred Jesdavvag "Tablet
Preferred	Nivestym" Syringe / Vial Nyveptia" Syringe Releuko" Syringe y Vial Robedon" Syringe Stimufend" Syringe Udenyca" On-Body Zarxio" Syringe Zextenzo "Syringe Liedenyca" On-Body Clinical criteria apply to all drugs in this class Non-Preferred
Arnnesp® Syringe / Vial	Nivestym Syringe / Vial Nyveptria "Syringe Rekuko" Syringe, Vial Robedon "Syringe Sümmfend "Syringe Udenyva" On-Body Zarxio "Syringe Zextenzo" Syringe Zextenzo "Syringe The MATOPOIETIC AGENTS Clinical criteria apply to all drugs in this class Non-Preferred Jesdavvag "Tablet
Preferred Anneop® Syringe / Vial Epogen® Vial	Nivestym Syringe / Vial Nyvepria "Syringe Releuko "Syringe Vial Robedon "Syringe Stimutend" Syringe Udenyea "On-Body Zario" Syringe Zarxio" Syringe Zarxio" Syringe THEMATOPOLETIC AGENTS Clinical criteria apply to all drugs in this class Non-Preferred Jesduvuq "Tablet Mircena" Syringe
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

OPHTHALMIC	
	ALLERGIC CONJUNCTIVITIS AGENTS
Preferred	Non-Preferred
cromolyn sodium drops (generic for Crolom®)	Aloctil® Drops
olopatadine drops (generic for Pataday®, Patanol®)	Alomide® Drops
	Alrex® Drops
	azelastine drops (generic for Optivar®)
	bepotastine drops (gneric for Bepreve®)
	Bepreve® Drops
	epinastine drops (generic for Elestat®)
	loteprednol drops (generic for Alrex®)
	Zerviate ™ Drops
	ANTIBIOTICS
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite [®] Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin [®])	Besivance® Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid [®])
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
Polycin® Ointment (branded generic for Polysporin®)	Natacyn [®] Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	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® Drops
	1
	ANTIBIOTICS-STEROID COMBINATIONS
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitro® Drops / Ointment
Tobradex Drops / Ointment	Neo-Polymer HC (branded generic for Cortisporin)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
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	ANTI-INFLAMMATORY
Preferred	Non-Preferred
	Acular® Drops / LS Solution
dexamethasone drops (generic for Decadron®)	Acutar® Drops / LS Solution
dexamethasone drops (generic for Decadron [®]) diclofenac drops (generic for Voltaren [®])	Acuvail [®] Solution
dexamethasone drops (generic for Decadron [®]) diclofenac drops (generic for Voltaren [®]) difluprednate drops (generic for Durezol [®])	Acuvaif® Solution bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorization may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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.

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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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

BETA BLOCKER AGENTS / COMBINATIONS		
Preferred	Non-Preferred	
Combigan® Drops	betaxolol drops (generic for Betoptic®)	
timolol drops / GFS gel-solution (generic for Timoptic * / Timoptic XE*)	Betimol [®] Drops Betoptic [®] S Drops	
	brimonidine tartrate / timolol drops (generic for Combigan®)	
	carteolol drops (generic for Ocupress®)	
	Istaloi® Drops levobunolol drops (generic for Betagan®)	
	timolol drop (generic for Istalof® Drops)	
	timolol maleast drop (generic for Timoptie "Ocudose" Drops)	
	Timoptic® Drops / Ocudose® Drops / XE® Solution	
	CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred Azopt® Drops	
dorzolamide drops (generic for Trusopt®) dorzolamide-timolol drops (generic for Cosopt®)	Azopt Drops brinzolamide drops (generic for Azopt [®] Drops)	
Simbrinza® Drops	Cosopt® Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
	PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred	
latanoprost drops (generic for Xalatan [®]) Travatan [®] Z Drops	bimatoprost drops (generic for Lumigan Drops) Durysa Implant	
Travatan Z Drops	Durysta impinati	
	Iyuzeh™ Drops	
	Lumigan® Drops tafluprost drops (generic for Zioptan®)	
	tatluprost drops (generic for Zioptan) travoprost drops (generic for Travatan® Z)	
	Vyzulta® Drops	
	Xalatan [®] Drops Xelpros [®] Drops	
	Xcipros Drops Zioptan® Drops	
Preferred	RHO KINASE MODIFIERS / COMBINATIONS Non-Preferred	
Rhopressa® Drops	CONSTRUCTOR	
Rocklatan® Drops		
	OSTEOPOROSIS	
BO	IONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred	
alendronate tablet (generic for Fosamax®)	Actored Tablet	
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution) Atelvia® Tablet	
	Binosto Effervescent Tablet	
	calcitonin salmon nasal spray (generic for Miacalcin [®])	
	Evenity Syringe	
	Evista Tablet Forteo Pen	
	Fosamax® Tablet / Plus D Tablet	
	ibandronate tablet (generic for Boniva®)	
	Prolia® Syringe	
	risedronate tablet (generic for Actonel *) risedronate DR tablet (generic for Atelvia*)	
	teriparatide pen (generic for Forteo®)	
	Tymlos [®] Pen	
	OTIC	
	ANTIBIOTICS	
Preferred	Non-Preferred	
Ciprodex® Suspension	Cipro® HC Suspension	
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal [®]) ciprofloxacin-fluocinolone drops (generic for Otovel [®])	
ofloxacin drops (generic for Floxin®)	Cortisporin-TC® Suspension	
	Otovel® Drops	
	ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred	
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)	
	ANTI-INFLAMMATORY	
Preferred	Non-Preferred	
Dermotic® Oil	Flac® Otic Oil fluocinolone 0.01% oil (generic for Dermotic®)	
	RESPIRATORY	
	BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred	
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray	
	BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred	
Ventolin [®] HFA Inhaler Xopenex [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) levalbuterol HFA inhaler (generic for Xopenx [®] HFA Inhaler)	
Appendix LLCC Himself	Pront [®] Digitaler	
	Proair® RespiClick®	
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| | More information on the PDL can be found at: <a)="" href="mailto:multist/medicaid.neuins.gov/providers/programs-services/prescription-urugs/outpatient-pnarmacy-services/prescript</th></tr><tr><th colspan=3>BETA-ADRENERGIC, NEBULIZERS ARE THE STATE OF THE STATE O</th></tr><tr><th></th><th>T/F of only one preferred drug required</th></tr><tr><td>Preferred</td><td>Non-Preferred arformoterol solution (generic for Brovana®)</td></tr><tr><td>albuterol 0.63mg / 3ml solution (generic for Accuneb<sup>®</sup>) albuterol 1.25mg / 3ml solution (generic for Accuneb<sup>®</sup>)</td><td>artormore's solution (generic for strovana) Browning Solution</td></tr><tr><td>albuterol sulfate 2.5mg / 0.5ml solution</td><td>MOVAMILE SOLUTION (generic for Performist*)</td></tr><tr><td>albuterol sulfate 2.5mg / 3ml solution</td><td>levallature of solution / concentrate solution (generic for Xopenex * / Concentrate)</td></tr><tr><td>•</td><td>Performist<sup>®</sup> Solution</td></tr><tr><td></td><td></td></tr><tr><td></td><td>BETA-ADRENERGIC, ORAL</td></tr><tr><td>Preferred</td><td>Non-Preferred</td></tr><tr><td>albuterol tablets (generic for Proventif® Repetabs)</td><td>albuterol ER tablets (generic for VoSpire® ER)</td></tr><tr><td>albuterol syrup (generic for Ventolin® Syrup)</td><td></td></tr><tr><td>terbutaline tablet (generic for Brethine®)</td><td></td></tr><tr><td>OF</td><td>RALLY INHALED ANTICHOLINERGICS / COPD AGENTS</td></tr><tr><td>Preferred</td><td>Non-Preferred</td></tr><tr><td>Anoro® Ellipta® Inhaler</td><td>Bevespi Aerosphere</td></tr><tr><td>Atrovent® HFA Inhaler</td><td>Daliresp® Tablet</td></tr><tr><td>Combivent® Respirat® Inhalation Spray</td><td>Duaklir® Pressair®</td></tr><tr><td>Incruse® Ellipta® Inhaler</td><td>tiotropium inhaler (generic for Spiriva® Handihaler®)</td></tr><tr><td>ipratropium nebulizer solution (generic for Atrovent®)</td><td>Tudorza® Pressair® Inhaler</td></tr><tr><td>ipratropium / albuterol solution (generic for Duoneb®)</td><td>Yupelri<sup>™</sup> Solution</td></tr><tr><td>roflumilast tablet (generic for Daliresp®)</td><td></td></tr><tr><td>Spiriva® Handihaler® / Respirata® Inhalation Spray</td><td></td></tr><tr><td>Stiolto® Respimat® Inhalation Spray</td><td>+</td></tr><tr><td></td><td>INHALED CORTICOSTEROIDS</td></tr><tr><td>Preferred</td><td>Non-Preferred</td></tr><tr><td>Alvesco® Inhaler</td><td>ArmonAir <sup>™</sup> Digihaler <sup>™</sup></td></tr><tr><td>Amuity® Ellipta® Inhaler</td><td>fluticasone propionate diskus (generic for Flovent<sup>®</sup> Diskus)</td></tr><tr><td>Asmanex® HFA Inhaler / Twisthaler®</td><td>Pulmicor® Flexhaler</td></tr><tr><td>budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Resputes)</td><td>Pulmicort® Respules 0.25mg, 0.5mg, 1mg</td></tr><tr><td>Flovent® Diskus / HFA Inhaler</td><td></td></tr><tr><td>fluticasone propionate HFA (generic for Flovent® HFA)</td><td></td></tr><tr><td>QVAR® RediHaler™</td><td></td></tr><tr><td></td><td>INHALED CORTICOSTEROID COMBINATIONS</td></tr><tr><td>Preferred</td><td>Non-Preferred</td></tr><tr><td>Advair® Diskus®</td><td>AirDuo® Digihaler / RespiClick®</td></tr><tr><td>Advair® HFA Inhaler</td><td>AirLuo Yoginhale Aespiciak</td></tr><tr><td>Dulera® Inhaler</td><td>Antolyse sliphers</td></tr><tr><td>Symbicort<sup>®</sup> Inhaler</td><td>Breyn Inhaler</td></tr><tr><td></td><td>Brezti<sup>TM</sup> Aerosphere<sup>TM</sup></td></tr><tr><td></td><td>budesonide / formoterol inhalation (generic for Symbicort®)</td></tr><tr><td></td><td>fluticasone / salmeterol HFA inhaler (generic for Advair<sup>®</sup> HFA)</td></tr><tr><td></td><td></td></tr><tr><td></td><td>fluticasone / salmeterol inhalation (generic for Advair® Diskus®)</td></tr><tr><td></td><td>fluticasone / salmeterol inhalation (generic for AirDuo<sup>®</sup>)</td></tr><tr><td></td><td>fluticasone / salmeterol inhalation (generic for AirDuo<sup>®</sup>) fluticasone / vilanterol 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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

	W SEDATING ANTIHISTAMINE COMBINATIONS
	t of 102 days supply per 12 months apply to all drugs in this class
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)
	Clarinex-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour)
	FIRST GENERATION ANTIHISTAMINES
D., C., 1	
Preferred carbinoxamine solution	Non-Preferred carbinoxamine tablet
cyproheptadine syrup / tablet	Caronicamini, triox
nydroxyzine capsule / solution / tablet	Karbinal ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
AA	RyClora Solution
	RyVent™ Tablet
	Vistarii [®] Capsule
	TOPICALS
	ACNE AGENTS
Preferred	Non-Preferred
dapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya [®] Gel Pump
dapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
dapalene cream / gel (generic for Differin [®])	Altren® Lotion (Topical)
nzelaic acid gel (generic for Finacea®)	Arazlo [™] Lotion
tlindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Araline Gel
elindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	Avar® Cleanser / LS Cleanser Avar E® Emulliant Coom / Green Emulliant Coom / LS Croom
clindamycin-benzoyl peroxide gel (generic for Duac [®]) erythromycin gel (generic for Emcin [®] , Erycette [®] , EryGel [®] , et. al.)	Avar L [®] Emollient Cream / Green Emollient Cream / LS Cream Benzamycin® Gel
erythromycin get (generic for Emcin , Erycette , Erycett , et. al.) erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , et. al.)	Berüamyen Gel Berü III Wah Cleansing Wash
erythromycin-benzoyl peroxide gel (generic for Benzamycin [®])	DF 10-1 Wash/ Censuig wash
Finacea® Gel	Cleocin® T Lotion
Retin-A® Cream / Gel	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Retin-A [®] Micro Gel	Clindagel Gel
	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin [®])
	elindamycin-benzoyl peroxide gel (generic for Neuac [®])
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®])
	clindamycin-benzoyl peroxide pump (generic for Acanya®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	dapsone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads Erygel® Gel
	Evoclin® Foam
	Event Com Fabre Foam
	1 anox 1 vani
	Klaron® Lotion
	Neusc® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A® Micro Pump Gel
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®]) SSS [®] 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia [™])
	Surfacetamios-surfur 2-wc cieanser (genera for zeroa) surfacetamios surfacetamios (general for zeroa) surfacetamios
	ISumadan [®] Kit / XLT Kit / Wash
	Sumadan® Kit / XLT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	Sumadam 'Ktr' XLT 'Ktr' Wash Sumaxin'' Cleansing Pads / CP Kir' / TS Topical Suspension / Wash Inzarotene cream / foam / gel (generic for Tazonae'', Fabior'')
	Sumaxin [®] Cleansing Pads (PK iii / TS Topical Suspension / Wash lazarotene cream [†] foam / gel (generic for Tayaron [®] , [†] Fablor [®]) retionion tream [†] gel (generic for Retin-A [®])
	Sumaxin [®] Cleansing Pads (PK ii / TS Topical Suspension / Wash lazarotene cream / foam / get [generic for Taxoras, [®] , Falsor [®]) retionion tream / get [generic for Retin-A [®])
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazorac®, Fabior®) tretinoin cream / get (generic for Retin-A®) tretinoin incrosphere get / microsphere get pump (generic for Retin-A® Micro) Winlevi® Cream
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazorone, "Falsor") trationi cream / get (generic for Retin-A") tretinoin microsphere get / microsphere get pump (generic for Retin-A" Micro) Winlevi® Cream Zatan® Get
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazorac®, Fabior®) tretinoin cream / get (generic for Retin-A®) tretinoin incrosphere get / microsphere get pump (generic for Retin-A® Micro) Winlevi® Cream
	Sumaxin [®] Cleansing Pads (* PK Kir /TS Topical Suspension / Wash Iazanstene cream / foam / get (generic for Taxoras, [®] Fablor [®]) tertinoin recural / get (generic for Retin-A [®]) tertinoin microsphere get / microsphere get pump (generic for Retin-A [®] Micro) Winlessi [®] Cream Zama [®] Cleanser
Defe 1	Sumaxin® Cleansing Pads / CP Kirl TS Topical Suspension / Wash tazarotea cream / foam / get (generic for Tazoron®, Falstor®) trationi cream / get (generic for Retin-A®) tretinoin microsphere get / microsphere get pump (generic for Retin-A® Micro) Winley® Cream Zana® Get Zana Clear® Cleanser
Preferred	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorote.* Falstor.*) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) Winlev® Cream Zalan® Gel Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred
Androgel® Pump	Sumaria" Cleansing Pads (* PK Kir /TS Topical Suspension / Wash Izazantene cream / foam / get (generic for Tarona", "Fablor") tretinoin microsphere get / microsphere get pump (generic for Retin-A" Micro) Winlens" Cream Ziana" Cet ANDROGENIC AGENTS Non-Preferred Androge® Packet
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kir / TS Topical Suspension / Wash tazarotea cream / foam / get (generic for Tazoron®, Falstor®) trationi cream / get (generic for Tazoron®, Falstor®) tretinoin microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlevi® Cream Zana® Get Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesto® Nasal Get
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorone", Falstor") tretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winlevs" Cream Zana® Gel Zana Gear ANDROGENIC AGENTS Non-Preferred Androge® Packet Nasat Gel Testim® Assat Gel Testim® Gel Testim® Gel
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kir/ TS Topical Suspension / Wash tarantone cream / foam / get (generic for Taxoras, "Fablor") tretioni return / get (generic for Retin-A") tretioni microsphere get / microsphere get pump (generic for Retin-A" Micro) Winlevs" Cream Zanas Get Zana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androgef Packet Natesto "Nasal Get Testin" Get testoterone get / packet (generic for Testins", Vogelso")
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazorose, "Fabtor") tretinoin cream / get (generic for Retin-A") tretinoin microsphere get / microsphere get pump (generic for Retin-A" Micro) Winleys" Cream Zanan® Get Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androgef® Packet Nasal Get Testin® Get testosterone get / packet (generic for Testin®, Vogelso®) testosterone get / packet (generic for Testin®, Vogelso®) testosterone get / packet (generic for Testin®, Vogelso®)
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kir/ TS Topical Suspension / Wash tarantone cream / foam / get (generic for Taxoras, "Fablor") tretioni return / get (generic for Retin-A") tretioni microsphere get / microsphere get pump (generic for Retin-A" Micro) Winlevs" Cream Zanas Get Zana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androgef Packet Natesto "Nasal Get Testin" Get testoterone get / packet (generic for Testins", Vogelso")
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazone", * Falsor®) tretinoin microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlev® Cream Ziana® Get
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazone", * Falsor®) tretinoin microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlev® Cream Ziana® Get
Androgel® Pump	Sumaxin® Cleansing Pads / CP Kirl /TS Topical Suspension / Wash tazarotea cream / foam / get (generic for Tazoron®, Falstor®) trationi cream / get (generic for Tazoron®, Falstor®) tretioni microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlev® Cream Zana® Get Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesto® Nasai Get Testin® Get testosterone get / packet (generic for Testin®, Vogelxo®) testosterone get / packet (generic for Testin®, Vogelxo®) testosterone packet (generic for Testin®, Vogelxo®) testosterone packet (generic for Tottesta®, Axiron®) testosterone packet (generic for Androge®) Vogelxo® Get / Packet / Pump
Androged Pump Stosterone gel pump (generic for Androged ")	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / get (generic for Tazoros.®, Falsor.®) tretinoin cream / get (generic for Tazoros.®, Falsor.®) tretinoin microsphere get / microsphere get pump (generic for Retin-A® Micro) Winleys* Cream Zanan® Get Zma Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androget® Packet Nalasto® Nasal Get Testim® Get testosterone get / packet (generic for Testim®, Vogelso®) testosterone get / packet (generic for Testim®, Vogelso®) testosterone packet (generic for Tostim®, Vogelso®) testosterone packet (generic for Androget®) Vogelso® Get / Packet / Pump NSAIDS
Androged Pump stosterone gel pump (generic for Androged) Preferred	Sumaxine Cleansing Pads i CP Kiri /TS Topical Suspension / Wash tazanstene cream i foam / gel (generic for Taxarone, "Fablor") tretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winleva" Cream Ziana" Cel Zma Clear" Cleanser ANDROGENIC AGENTS Non-Preferred Androgel" Packet Natesto" Nusal Gel Testim Gel testionsterone gel / pump (generic for Testim", Vogelso") testoosterone gel / pump (generic for Testim", Vogelso") testoosterone gel / pump (generic for Testim", Vogelso") testoosterone gel / pump (generic for Testim", Vogelso") Vogelso" Gel / Packet / Pump NSAIDS Non-Preferred
Androgel® Pump (setosterone gel pump (generic for Androgel®) Preferred	Sumaxin® Cleansing Pads / CP Kir/ TS Topical Suspension / Wash tazarotea cream / foam / get (generic for Tazaron®, Falsion®) trationia cream / get (generic for Tazaron®, Falsion®) tretionia microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlev® Cream Zana® Get Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesto® Nasal Get Testin® Get testosterone get / racket (generic for Testin®, Vogeko®) testosterone get / packet (generic for Testin®, Vogeko®) testosterone get / packet (generic for Testin®, Vogeko®) testosterone packet (generic for Fortesta®, Axiron®) testosterone packet (generic for Androge®) Non-Preferred NSAIDS Non-Preferred Non-Preferred diclofenac epolamine patch (generic for Flector®)
Androgel® Pump (setosterone gel pump (generic for Androgel®) Preferred	Sumaria" Cleansing Pads (* CP Kir / TS Topical Suspension / Wash Izazustene cream / foam / gel (generic for Tastina") tretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winlens" Cream Zhana" Cel Zhana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesfor Nasal Gel Testina" Gel testosterone gel / packet (generic for Testina", Vogekoo") testosterone gel / packet / Pump NSAIDS Non-Preferred dickofenac epolamine patch (generic for Flectora")
Androgel® Pump (setosterone gel pump (generic for Androgel®) Preferred	Sumaxin® Cleansing Pads / CP Kir/ TS Topical Suspension / Wash tazarotea cream / foam / get (generic for Tazorae, "Falsior") tretionia retam / get (generic for Tazorae, "Falsior") tretionia microsphere get / microsphere get pump (generic for Retin-A® Micro) Winlevi® Cream Zana® Get Zana Clear® Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesto® Nasal Get Testin® Get testosterone get / racket (generic for Testin®, Vogeko®) testosterone get / pump (generic for Testin®, Vogeko®) testosterone get / packet (generic for Testin®, Vogeko®) testosterone packet (generic for Fortesta®, Axiron®) testosterone packet (generic for Androge®) Nogeko® Gel / Packet / Pump NSAIDS Non-Preferred diclofenac epolamine patch (generic for Flector®)
Androgel® Pump (setosterone gel pump (generic for Androgel®) Preferred	Sumaria" Cleansing Pads (* PK Kir / TS Topical Suspension / Wash Izazustene cream / foam / gel (generic for Tastina") Iretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winlens" Cream Zhana" Cel Zhana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesfor Nasal Gel Testim" Gel testosterone gel / packet (generic for Testim", Vogekos®) Nogekos® Gel / Packet / Pump NSAIDS Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®)
Androgel® Pump testosterine gel pump (generic for Androgel®)	Sumaria" Cleansing Pads (* PK Kir / TS Topical Suspension / Wash Izazustene cream / foam / gel (generic for Tastina") Iretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winlens" Cream Zhana" Cel Zhana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesfor Nasal Gel Testim" Gel testosterone gel / packet (generic for Testim", Vogekos®) Nogekos® Gel / Packet / Pump NSAIDS Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®)
Androgel® Pump estosierone gel pump (generic for Androgel®) Preferred	Sumaria" Cleansing Pads (* PK Kir / TS Topical Suspension / Wash Izazustene cream / foam / gel (generic for Tastina") Iretinoin microsphere gel / microsphere gel pump (generic for Retin-A" Micro) Winlens" Cream Zhana" Cel Zhana Clear "Cleanser ANDROGENIC AGENTS Non-Preferred Androge® Packet Natesfor Nasal Gel Testim" Gel testosterone gel / packet (generic for Testim", Vogekos®) Nogekos® Gel / Packet / Pump NSAIDS Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®) Non-Preferred dickofense cepolamine patch (generic for Flectos®)

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More information on the PDL can be found at: https://medicaid.ncdnns.gov/providers/programs-services/prescription-drugs/outpatient-pnarmacy-services Antipiotics		
Preferred	ANTIBIOTICS Non-Preferred	
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment	
mupirocin ointment (generic for Bactroban [®])	mupirocin cream (generic for Bactroban®)	
	Xepi [™] Cream	
	ANTIDIOTICS VACINAL	
Preferred	ANTIBIOTICS - VAGINAL Non-Preferred	
Cleocin® Vaginal Ovules	INDIFITEETIEU Cleocin® Vaginal Cream	
Clindesse® Vaginal Cream	clindamy-tagnal cream (generic for Cleocin® Vaginal Cream)	
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	metronidazole vaginal gel (generic for Nuvessa [®] Vaginal Gel)	
Nuvessa® Vaginal Gel	Vandazole® Vaginal Gel	
	Xaciato [®] Vaginal Gel	
	ANTIFUNGALS	
Preferred	Non-Preferred	
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ontment	
clotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution	
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)	
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)	
Klayesta® Powder (branded generic for Nystop®) Nyamyc® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)	
Nyamyc Powder (branded generic for Nystop) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone [®]) econazole cream (generic for Spectazole [®])	
Nystop® Powder	Conacon Cram (general to speciation)	
	Extina® Foam	
	Jublia® Topical Solution	
	ketoconazole foam (generic for Extina®)	
	Ketodan® Foam / Foam Kit	
	Loprox® Suspension / Cream / Kit luliconazole cream (generic for Luzu®)	
	Iuliconazole cream (generic for Luzu") Luzu® Cream	
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply	
	natifine cream / get (generic for Naftin)	
	Naftin® Gel	
	nystatin-triamcinolone cream / ointment (generic for Mycolog Π^0)	
	oxiconazole cream (generic for Oxistat [®])	
	Oxistat [®] Lotion	
	salicylic acid ointment (generic for Bensal HP®) tavaborole topical solution (generic for Kerydin®)	
	Vusion® wipman - Clinical criteria apply Vusion® Wipman - Clinical criteria apply	
	ANTIPARASITICS	
	T/F of only one preferred drug required	
Preferred	Non-Preferred	
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	Crotan Lotion Eura® Cream / Lotion	
permeanin cream (generic for eximite)	Eurax Cleany Louis III and Euray Louis III and	
	malathio (generic for Ovide*)	
	Ovide® Lotion	
	Sklice® Lotion	
	spinosad topical suspension (generic for Natroba®)	
7.4.1	ANTIVIRAL	
Preferred	Non-Preferred acyclovir cream (generic for Zovirax ⁰)	
acyclovir ointment (generic for Zovirax®) Zovirax® Cream	acytown cream (general not zownax) Denavie (Cream	
Editus Civilii	penciclovic ream (generic for Denavi [®])	
	Xerese® Cream	
	Zovirax® Ointment	
	Imidazoquinolinamines	
Preferred	imigazoquinoimamines Non-Preferred	
imiquimod cream packet (generic for Aldara®)	Condylox [®] Gel	
pienes (genera to rusum)	Condytox Get Hythor Gel	
	iniquimo tode in	
	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, Sorilux,	
	calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®)	
	Duobri Lotion	
	Eustia Foam	
	Sorilux® Foam	
	Taclonex® Ointment / Suspension	
	Viama® Cream	
	Zoryve [®] 0.3% Cream	
	ROSACEA AGENTS	
Preferred	Non-Preferred	
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso [®])	
Finacea® Gel	Financia pamp pendent to the transport of the transport o	
metronidazole cream (generic for MetroCream®)	ivermectin cream (generic for Soolantra®)	
metronidazole gel / pump (generic for MetroGel®)	metronidazole lotion (generic for MetroLotion®)	
Rosadan® Cream / Gel	Noritate® Cream	
	Rbfode Cream	
	Rhofade® Cream Rosadan® Kit	

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Low Potency Preferred Non-Preferred DermaSmoothe® FS Scalp and Body Oil alclometasone dipropionate cream / ointment (generic for Aclovate®) fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Hydroxym[™] Gel one cream / lotion / ointment (generic for Hytone®) Texacort® Solution Medium Potency Preferred Non-Preferred uticasone cream / ointment (generic for Cutivate®) e cream / ointment / solution (generic for Elocon®) clocortolone cream (generic for Cloderm®) Cloderm® Cream / Pump fluocinolone cream / ointment / solution (generic for Synalar®) luticasone lotion (generic for Cutivate® Lotion) hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) nydrocortisone valerate cream / ointment (generic for Westcor .ocoid® Lipocream / Lotion andel® Cream rednicarbate cream / ointment (generic for Dermatop®) Synalar® Cream / Ointment / Kit / Solution / TS Kit High Potency Non-Preferred Preferred methasone valerate cream / ointment (generic for Valisone®) mcinonide cream (generic for Cyclocort®) petamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) ocinonide cream / gel / ointment / solution (generic for Lidex®) betamethasone dipropionate cream / lotion / ointment (generic for Diproson betamethasone valerate foam / lotion (generic for Valisone®) mcinolone acetonide cream / lotion / ointment (generic for Kenalog® desoximetasone cream / gel / ointment / spray (generic for Topicort®) diflorasone cream / ointment (generic for Florone®) fluocinonide emollient cream (generic for Lidex® E) halcinonide cream (generic for Halog®) Halog[®] Cream / Ointment / Solution Copicort Cream / Gel / Ointment / Spray iamcinolone spray (generic for Kenalog®) Very High Potency Preferred Non-Preferred sol cream / emollient cream / gel / ointment (generic for Ter ApexiCon® E Cream clobetasol solution (generic for Cormax[®]) Bryhali[™] Lotion lobetasol propionate cream / ointment (generic for Ultravate clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E® lobetasol shampoo (generic for Clobex®) clobetasol lotion / spray (generic for Clobex®) halobetasol propionate foam (generic for Lexette®) Impeklo[™] Lotion Lexette® Foam Olux® Foam emovate® Ointment Tovet Foam / Foam Kit Ultravate® Lotion MISCELLANEOUS WEIGHT MANAGEMENT AGENTS GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimemetics) Preferred Non-Preferred Vegovy® Pen Saxenda® (liraglutide) Pen Weight Management Other (Non-Incretin Mimetics) Preferred Non-Preferred ethylpropion tablet / ER tablet benzphetamine tablet orlistat capsule (generic for Xenical®) rmine tablet / capsule Xenical® (orlistat) Capsule IMMUNOMODULATORS, Asthma Preferred Non-Preferred cala® Syringe / Vial / Autoinjector Tezspire® Pen / Syringe - T/F of preferred agents not required for dia Xolair® Vial
IMMUNOMODULATORS, Atopic Dermatitis Preferred Non-Preferred Adbry® (tralokinumab-ldrm) Autoinjector Dupixent[®] Pen / Syringe Ebglyss Pen Opzelura [™] Cream ucrisa® 2% Ointment ecrolimus cream (generic for Elidel®) Zoryve® (roflumilast) 0.15% Cream tacrolimus ointment (generic for Protopic®)

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	ANTIPSORIATICS, ORAL
Dec. 6 3	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)
	EPINEPHRINE, SELF INJECTED
	Quantity limits apply to all drugs in this class
Preferred	Non-Preferred
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	Auvi-Q [®] Auto Injector
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.)	epinephrine auto injector (generic for Adrenaclick®)
epinepinnie auto injector (generic tot Epi-ren 7 Epi-ren 31.)	epinepianie auto injector (generic for Autenacieck)
	TOTAL OFFICE CONTROL OF THE CONTROL
	ESTROGEN AGENTS, COMBINATIONS
Preferred	Non-Preferred
Activella® Tablet	Bijuva® Capsule
	Bijuva Capsule
Amabelz [™] Tablet	
estradiol/norethindrone tablet (generic for Activella®)	
Fyavolv [™] Tablet	
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase® Tablet	
Prempro® Tablet	<u> </u>
riempio rainei	
	ESTROGEN AGENTS, ORAL/TRANSDERMAL
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divige® Gel Packet
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Dott [™] Patch
estradiol tablet (generic for Estrace [®])	Duave® Tablet
Evamist® Spray	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	estradiol gel packet (generic for Divigel®)
Fremain Tablet	
	Lyllana Patch
	Menostar® Patch
	Minivelle [®] Patch
	Osphena® Tablet
	Veozah [™] Tablet
	Vivelle-Dot® Patch
	ESTROGEN AGENTS, VAGINAL PREPARATIONS
	·
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace® Cream
Premarin [®] Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace®)
Vagifem [®] Vaginal Tablet	
	Femring Vaginal Ring
I and the second se	Femring® Vaginal Ring
	Imvexxy® Vaginal Inserts
	Imvexxy® Vaginal Inserts
	Imvexvy® Vaginal Inserts Yuvafem® Vaginal Tablet
	Imvexxy® Vaginal Inserts Yuvafem® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL
Preferred	Invexxy® Vaginal Inserts Yuvafem® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred
	Invexxy® Vaginal Inserts Yuvafem® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL
budesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkind® Sprinkle Capsule Conte® Tablet
budesonide EC capsule (generic for Entocort [®] EC)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL
badesondth EC capsule (generic for Entocon® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedon®)	Imvexxy® Vaginal Inserts Yuvafem® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkind1® Sprinkle Capsule Conted® Tablet contisone tablet (generic for Patisone®)
budesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkindi® Sprinkle Capsule Corte® Tablet cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Fatisone®)
budesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / talbet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply	Invexty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medno®)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkindi® Sprinkle Capsule Corte® Tablet cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Fatisone®)
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medno®)	Invexty® Vaginal Insers
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Mednol®) prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Invexty® Vaginal Inserts Yuvalen® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkindi® Sprinkle Capsule Conte® Tablet continuous tablet (generic for Patisone®) deflaracort tablet (generic for Patisone®) deflaracort tablet (generic for Emflaza®) - Clinical criteria apply deflaracort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age. Emflaza® Suspension - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
badesonide EC capsule (generic for Entocor® EC) dexamethasone solution (generic for Decadon®) dexamethasone solution (generic for Concedix®) Emflaza®Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tublet (generic for Medrof®) neednisolone solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for PediaPred®, OraPred®, Veripred®)	Invexty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Mednol®) prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Invexty® Vaginal Inserts
badesonide EC capsule (generic for Entocord* EC) dexamethasone clair/ rlablet (generic for Decadons*) dexamethasone solution (generic for Conceits*) Emflaza* Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Mednof*) prednisolone sodum phosphate solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisolone solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisone solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisone dose pack (generic for Peda/Pred*)	Invexty® Vaginal Insers
budesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedir®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medron®) prednisolone sodium phosophus solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone sodium (generic for Prelon®, Millipred®)	Invexty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Invexty® Vaginal Insers
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Invexty® Vaginal Tablet GLUCOCORTICOID STEROIDS, ORAL Non-Preferred Alkinds® Sprinkle Capsule Corte® Tablet cortisone tablet (generic for Patisone®) deflazacort tablet (generic for Fatisone®) deflazacort suspension (generic for Emiliza®) - Clinical criteria apply deflazacort suspension (generic for Emiliza®) - Clinical criteria apply. T/F of preferred agents not required for children <12 years of age. dexamethas one tablet dosepack / Intenso® Torops Emilizas® Suspension - Clinical criteria apply. T/F of preferred agents not required for children <12 years of age. Eobilia® Suspension - T/F of preferred agents not required for children <12 years of age. Eobilia® Suspension T/F af preferred agents not required for diagnosis of eosinophilic esophagitis Hematy "Tablet Medroid® Dose Pack / Tablet methylprednisolone Sing / 1 fong / 32mg tablet (generic for Medroi®)
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Invexty® Vaginal Insers Yovafem® Vaginal Tablet
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Invexty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Innexaty * Vaginal Inderts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Innexay® Vaginal Inserts
badesonide EC capsule (generic for Entocord* EC) dexamethasone clair/ rlablet (generic for Decadons*) dexamethasone solution (generic for Conceits*) Emflaza* Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Mednof*) prednisolone sodum phosphate solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisolone solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisone solution (generic for Peda/Pred*, Ora/Pred*, Veripred*) prednisone dose pack (generic for Peda/Pred*)	Inwexty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Invexty® Vaginal Tablet
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadron®) dexamethasone solution (generic for Concedaro®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predne®, Millipred®) prednisone solution (generic for Predne®, Millipred®)	Invexty® Vaginal Inserts
tudesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medrof®) prednisolone solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predne®, Millipred®) prednisone solution (generic for Predne®, Millipred®) prednisone dose pack (generic for Stempred®)	Imvexy® Vaginal Insers
tudesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medrof®) prednisolone solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predne®, Millipred®) prednisone solution (generic for Predne®, Millipred®) prednisone dose pack (generic for Stempred®)	Invexty® Vaginal Inserts
tudesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack / tablet (generic for Medrof®) prednisolone solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predne®, Millipred®) prednisone solution (generic for Predne®, Millipred®) prednisone dose pack (generic for Stempred®)	Imvesty® Vaginal Inserts
badesonide EC capsule (generic for Entocort® EC) dexamethasone elixir I tablet (generic for Decadon®) dexamethasone solution (generic for Concedus®) Emflaza® Tablet - Clinical criteria apply methylprednisolone 4mg dosepack I tablet (generic for Mednof®) prednisolone sodulum phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Predon®, Millipred®) prednisone oso pack (generic for Sterapred®)	Imvexy® Vaginal Insers

Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

CYTOKINE AND CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic)		
CHOKINE AND	CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic) Clinical criteria apply to all drugs in this class	
	T/F of only one Preferred drug required	
Preferred	Non-Preferred	
adalimumab-adaz Pen / Syringe	Abrilada [™] Pen / Syringe	
adalimumab-fkjp Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial	
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aacf Pen	
Hadlima™ Syringe / PushTouch	adalimumab-aaty Autoinjector / Syringe adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adaimuman-anom ren / sonass- uv ren / Cronns ren / Syringe adalimuman-ryvk Autoinjector	
infliximab vial (generic for Remicade®)	Amjevita Syringe / Autoinjector	
Otezla® Starter Pack / Tablet	Arcalyst SQ Syringe	
	Avsola® Vial	
	Bimzelx® Autoinjector / Syringe	
	Cibingo™ Tablet	
	Cimzia® Starter Kit / Syringe Kit / Vial Kit	
	Cosentyx® Vial	
	Cyltezo [™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen ™	
	Cyltezo™ (dadaimumab-adbm) Psoriasis-UV Pen	
	Enspryng Syringe Entyvio Pen / Vial	
	Hyrimoz Nep Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen	
	Hulio Pen, Syringe	
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe	
	Haris® Vial	
	llumya® Syringe	
	Inflectra Vial	
	Kevzan® Syringe / Pen	
	Kinerei® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease	
	Olumian [®] Tablet	
	Omvoh ⁵⁰ Pen / Vial	
	Omvoh ^N (mirikizumah-mtkz) Syringe	
	Orencia Clickjet Syringe / Vial Remicade Vial	
	Renflexis Nil	
	Rinvoq® ER Tablet	
	Kinrog Lik Tanke Rinvog (updachimib) LQ Solution	
	Siliq [®] Syringe	
	Simlandi [®] Autoinjector	
	Simponi® Pen / Syringe / Aria® Vial	
	Skyrizi® On-Body / Vial / Pen / Syringe	
	Sotyktu® Tablet	
	a di Santa di	
	Spevigo® Vial / Syringe Stelara® Syringe / Vial	
	Taltz [®] Auto-injector / Syringe	
	Tofidence Tofide	
	Tremfya® Syringe / Injector/ Vial	
	Tyenne® Vial	
	Tyenne® (tocilizumab-aazg) Autoinjector / Syringe	
	Uplizna® Vial	
	Uplizma Vial Velsipity® Tablet	
	Uplizan [®] Vial Velsipity [®] Tablet Xeljanz [®] Tablet / Solution / XR Tablet	
	Uplizma Vial Velsipit)* Tablet Xeljama* Tablet / Solution / XR Tablet Yullyma* Syringe / Autoinjector / Crobn/s-UC-HS Autoinjector	
	Uplizza [®] Vial Velsipity [®] Tablet Xeljanz [®] Tablet-Solution / XR Tablet Yuflyna [®] Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy [®] Pen	
	Uplizma Vial Velsipit)* Tablet Xeljama* Tablet / Solution / XR Tablet Yullyma* Syringe / Autoinjector / Crobn/s-UC-HS Autoinjector	
	Uplizma Vial Velsipiy Tablet Velsipiy Tablet Xeljume Tablet / Solution / XR Tablet Yullyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfentra Pen / Syringe	
Preferred	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
	Uplizma Vial Velsipiy Tablet Velsipiy Tablet Xeljume Tablet / Solution / XR Tablet Yullyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfentra Pen / Syringe	
Astagraf [®] XL Capsule Azasm [®] Tablet	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraff M. Capsule Azasan Tablet zanthoprine tablet (generic for Imuran)	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf [®] XL Capsule Azasan [®] Tablet azathioprine tablet (generic for Imuran [®]) Cellecpt [®] Capsule / Suspension / Tablet	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf* XL Capsule Azasan* Tablet azathioprine tablet (generic for Imuran*) Celleep* Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune*)	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagna® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®) Cellecp® Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimunue®) cyclosporine modified capsule / Solution (generic for Gengra®, Neoral®)	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf* XL Capsule Azasan* Tablet zantioprine tablet (generic for Imuran*) Cellecpt* Capsule / Suspension / Tablet cyclosportic appule (generic for Santimunus*) cyclosportic appule (generic for Santimunus*) cyclosportine modified capsule / solution (generic for Gengraf*, Neoral*) Envarsus* XR Tablet eventimum stablet (generic for Zortress* Tablet)	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astgaraf* XI. Capsule Arasun* Tablet zanthiopine tablet (generic for Imuran*) Cell-cept* Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimunue*) cyclosporine capsule (generic for Sandimunue*) cyclosporine modified capsule / solution (generic for Gengraf*, Neoraf*) Envarsun* XR Tablet eventimus tablet (generic for Zortress* Tablet) Gengraf* Capsule / Solution	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf® XI. Capsule Arasan® Tablet azathioprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimmune®) cyclosporine addied capsule / solution (generic for Gengraf®, Neoral®) Enwarsun® XR Tablet everolimus tablet (generic for Zortress® Tablet) Gengraf® Capsule / Solution Imuran® Tablet	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf* XI. Capsule Azasan* Tablet azathioprine tablet (generic for Imuran*) Cellespe* Capsule / Suspension / Tablet cyclosportine eapsule (generic for Sandimmune*) cyclosportine modified capsule / Solution (generic for Gengraf*, Neoral*) Envasus* XR Tablet eventilmus tablet (generic for Zortress* Tablet) Gengraf* Capsule / Solution Imuran* Tablet Imuran* Table	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf* XL Capsule Azasan* Tablet zantioprine tablet (generic for Imuran*) Cellcept* Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimunus*) Envarsun* XR Tablet everolimus tablet (generic for Zortress* Tablet) Gengraf* Capsule / Solution Imuran* Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept*) mycophenolate capsule / suspension / tablet (generic for Cellcept*)	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf® XL Capsule Azasam® Tablet zantinoprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet yyclosporine capsule (generic for Sandimmune®) yyclosporine capsule (generic for Sandimmune®) yyclosporine capsule (generic for Sandimmune®) gyclosporine capsule (generic for Sandimmune®) Enwarsus® XR Tablet everolimus tablet (generic for Zortess® Tablet) Gengraf® Capsule / Solution Imuran® Tablet mycophenolate capsule/ suspension / tablet (generic for Cellcept®) mycophenolate capsule/ suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf® XL Capsule Azasan® Tablet zantinoprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimunure®) cyclosporine capsule (generic for Sandimunure®) cyclosporine capsule (generic for Sandimunure®) cyclosporine modifical capsule / solution (generic for Gengraf®, Neoral®) Envarsus® XR Tablet everolimus tablet (generic for Zortress® Tablet) Gengraf® Capsule / Solution Imuran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolate capsule / suspension / tablet (generic for Myfortic®) Myfortic® Tablet Myfathsin® (mycophenolate mofetil) Suspension Noran® Capsule / Solution	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagna® XL Capsule Azasan® Tablet zantinoprine tablet (generic for Imuran®) Cellcep® Capsule / Suspension / Tablet cyclosporics appule (generic for Sandimunus®) cyclosporics appule (generic for Sandimunus®) cyclosporine modified capsule / solution (generic for Gengra®, Neoral®) Envarsus® XR Tablet exvolimus tablet (generic for Zortress® Tablet) Gengra® Capsule / Solution Imuran® Tablet mycophenolia capsule / suspension / tablet (generic for Cellcept®) mycophenolia capsule / suspension / tablet (generic for Cellcept®) mycophenolia capsule / suspension / tablet Myhibbin® (mycophenolia mofetil) Suspension Neora® Capsule / Solution Neora® Capsule / Solution	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagna® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®) Cellecpa® Capsule / Suspension / Tablet cyclosporine modified capsule / solution (generic for Gengra®, Neoral®) Envarsus® XR Tablet eventilmus tablet (generic for Sortiess® Tablet) Gengra® Capsule / Solution Imuran® Tablet mycopherolate capsule / suspension / tablet (generic for Cellecpt®) mycopherolate capsule / suspension / tablet (generic for Cellecpt®) mycopherolate capsule / suspension / tablet Myforic® Tablet mycopherolate capsule / Solution Propura® Capsule / Solution Noran® Capsule / Solution Propura® Capsule / Solution	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
Astagraf* XL Capsule Azasan* Tablet zantinoprine tablet (generic for Imuran*) Cellcept* Capsule / Suspension / Tablet cyclosporine capsule (generic for Sandimunue*) cyclosporine modifica capsule / Sultion (generic for Gengraf*, Neoral*) Envarsus* XR Tablet ceverolimus tablet (generic for Zotress* Tablet) Gengraf* Capsule / Solution Imuran* Tablet mycophenolate capsule / suspension / tablet (generic for Celicept*) mycophenolate cacid tablet (generic for Myfortic*) Myfortic* Tablet Myfortic* Tablet Myfortic* Capsule / Solution Prograf* Capsule / Granule Packet Rapanume* Solution / Tablet	Uplizma Vial Velsipiya Tablet Xeljama Tablet / Solution / XR Tablet Yeljama Tablet / Solution / XR Tablet Yuflyma Syringe / Autoinjector / Crohn's-UC-HS Autoinjector Yusimy Pen Zymfertra Pen / Syringe IMMUNOSUPPRESSANTS	
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

HERED	ITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Haegarda [®] Vial	Cinryze® Vial
Orladeyo [®] Capsule	Takhzyro® Vial / Syringe
HEREI	DITARY ANGIOEDEMA (HAE) TREATMENT AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Berinert® Vial / Kit	Firazyr® Syringe
icatibant syringe (generic for Firazyr®)	Ruconest [®] Vial
Kalbitor® Vial	
Sajazir™ Syringe (branded generic for icatibant)	
	OPIOID ANTAGONISTS
Preferred	Non-Preferred
Kloxxado™ Nasal Spray	
LifEMS™ naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy (naloxone) Nasal Spray	
Vivitrol® Vial / Diluent	
Zimhi [™] Syringe	
Zamin Oyimge	
	OPIOID DEPENDENCE
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	Clinical Criteria Apply to Non-Preferred Agents
Brixadi™ Weekly Syringe / Monthly Syringe	huprenorphine-naloxone SL film (generic for Suboxone®)
Brixadi ^{Te} Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone®) Lofexidine Tablet T/F of preferred agents not required for diagnosis of onioid withdrawal
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) Suboxone® SL tablet (generic for Suboxone®) Suboxone® SL Film Suboxone® SL Film	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) Suboxone® SL tablet (generic for Suboxone®) Suboxone® SL Film Suboxone® SL Film	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemym [®] Tablet -T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv [®] Tablet SL
Suprenorphine-naloxone SL tablet (generic for Subaxone®) Suprenorphine SL tablet (generic for Subaxone®) Subcone® SL tablet (generic for Subaxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemya Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL SKELETAL MUSCLE RELAXANTS
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL film Sublocade® Syringe Preferred	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemyma Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe Preferred backofen tablet (generic for Lioresal®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemym* Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv* Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Amrix* ER Capsule
Suprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxex®) Subxone® SL Film Sublocade® Syringe Preferred backofen tablet (generic for Lioresaf®) cyclobenzaprine tablet (generic for Plexeni®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemya Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SI. SKELETAL MUSCLE RELAXANTS Non-Preferred Annix® ER Capsule backofen onal solution
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone® SL tablet (seneric for Suboxone® SL film Subboxane® SL film Subboxade® Syringe Preferred backofen tablet (generic for Lioresal®) cycloberuzoprine tablet (generic for Flexeril®) methocarbamond tablet (generic for Robaxin®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemya "Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SI. SKELETAL MUSCLE RELAXANTS Non-Preferred Annra® ER Capsule Baclofen oral solution baclofen suspension (generic for Flequuty)")
Suprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxex®) Subxone® SL Film Sublocade® Syringe Preferred backofen tablet (generic for Lioresaf®) cyclobenzaprine tablet (generic for Plexeni®)	Locenyn" Tablet - TF of preferred agents not required for diagnosis of opioid withdrawal Lucenyn" Tablet - TF of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SI. SKELETAL MUSCLE RELAXANTS Non-Preferred Annix® ER Capsule backefor noral solution backefor noral solution backefor superspision (generic for Flequyy") chlorzoxazzone tablet (generic for Parafon Forte®)
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone® SL tablet (seneric for Suboxone® SL film Subboxane® SL film Subboxade® Syringe Preferred backofen tablet (generic for Lioresal®) cycloberuzoprine tablet (generic for Flexeril®) methocarbamond tablet (generic for Robaxin®)	Locexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucemya Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule backeten onal solution backeten suspension (generic for Flequovy®) Colterzostazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Parafon Forte®)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxon®) buprenorphine SL tablet (generic for Subuxex®) Suboxone® SL tablet (generic for Subuxex®) Sublocade® Syringe Preferred buckofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Flexeril®)	Locenya Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal Lucenya Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SI. SKELETAL MUSCLE RELAXANTS Non-Preferred Amrx® ER Capsule baclofen on sloution baclofen on sloution baclofen suspension (generic for Flequuy®) chlorzoxazone tablet (generic for Parafon Fort®) cytobenezapine ER capsule (generic for Amrx® ER) Dantrium® Capsule / Vial
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone® SL tablet (seneric for Suboxone® SL film Subboxane® SL film Subboxade® Syringe Preferred backofen tablet (generic for Lioresal®) cycloberuzoprine tablet (generic for Flexeril®) methocarbamond tablet (generic for Robaxin®)	Lofexulus Tablet TF of preferred agents not required for diagnosis of opioid withdrawal Lucemyna® Tablet - Th* of preferred agents not required for diagnosis of opioid withdrawal Zuboolv® Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Annxa® ER Capsule backofen oral solution backofen suspension (generic for Flequuty ") cytobouraprine ER capsule (generic for Parafon Forte®) cytobouraprine ER capsule (generic for Annxa® ER) Dantrium® Capsule (generic for Parafon Forte®) cytobouraprine ER capsule (generic for Dantrium® ER)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxon®) buprenorphine SL tablet (generic for Subuxex®) Suboxone® SL tablet (generic for Subuxex®) Sublocade® Syringe Preferred buckofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Flexeril®)	Locexidine Tablet TF of preferred agents not required for diagnosis of opioid withdrawal Lucennya Tablet - TF of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Annix® ER Capsule backofen oral solution backofen suspension (generic for Flequstry ") cyclobenzaprine ER capsule (generic for Parafon Force") cyclobenzaprine ER capsule (generic for Dantrium") ER Capsule (generic for Parafon Force ") cyclobenzaprine agent (generic for Dantrium") Fexmid® Tablet (generic for Dantrium") Fexmid® Tablet agent (generic for Dantrium")
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxon®) buprenorphine SL tablet (generic for Subuxex®) Suboxone® SL tablet (generic for Subuxex®) Sublocade® Syringe Preferred buckofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Flexeril®)	Locenya" Tablet - TP of preferred agents not required for diagnosis of opioid withdrawal Lucenya" Tablet - TP of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Amarix® ER Capsule bacofen on solution bacofen on solution bacofen on suspension (generic for Flequary") chlorozoazone tablet (generic for Parqion Forte®) cyclobenzapine ER capsule (generic for Amarix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flequary® Suspension
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxon®) buprenorphine SL tablet (generic for Subuxex®) Suboxone® SL tablet (generic for Subuxex®) Sublocade® Syringe Preferred buckofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Flexeril®)	Locentria Tablet TF of preferred agents not required for diagnosis of opioid withdrawal Lacentra Tablet - TF of preferred agents not required for diagnosis of opioid withdrawal Zaboolv* Tablet SL SKELETAL MUSCLE RELAXANTS Non-Preferred Annix* ER Capsule backofen oral solution backofen suspension (generic for Flequury*) Cycloberzaprine ER capsule (generic for Flequury*) Cycloberzaprine ER capsule (generic for Parafon Forte*) Cycloberzaprine ER capsule (generic for Dantrium*) Fexmid* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*) Fexmid* Tablet Flequury* Suspension Lozone* Tablet
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Effective Date April 1 2025

Revised 3.18.25 added red writing on insulins: Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)

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: $\underline{https://www.nctracks.nc.gov/content/public/providers/pharmacy.html}$

DI	SPOSABLE INSULIN DELIVERY DEVICES
Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Omnipod 5 [®] G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH® Pods (5-Pack) / Intro Kit	
Omnipod GO [™] Pods	
DIABETI	C CONTINUOUS GLUCOSE MONITOR SUPPLIES
	Clinical criteria apply to all items in this class
	ontinuous Glucose Monitor Transmitters / Receivers / Readers
Preferred	Non-Preferred
Dexcom G6® Transmitter / Receiver	Freestyle Libre ^{3M} 14 day Reader
Dexcom G7® Receiver	
Freestyle Libre [™] 2 Reader	
Freestyle Libre [™] 3 Reader	
	Continuous Glucose Monitor Sensors
Preferred	Non-Preferred
Freestyle Libre™ 2 Sensor	Freestyle Libre M 14 day Sensor
Freestyle Libre™ 3 Sensor	
Freestyle LibreTM 3 Plus Sensor	
Dexcom G6® Sensor	
Dexcom G7 ⁸⁰ Sensor	
	DIABETIC SUPPLIES
	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
	rescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed I
	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® Softelix lancing device kit (Black)
ACCU-CHEK® Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Fastelix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHER® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips	ACCU-CHER® SmartView glucose control solution (1 level)
ACCU-CHEK [®] Guide 50 ct test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK [®] Guide 100 ct test strips	<u> </u>
Lancets	
ACCU-CHEK® Softelix 100 et Lancets	
ACCU-CHEK [®] Fastclix 102 ct Lancets	
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