

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

Effective Date July 2026

Revised 02.19.2026 Off-Cycle Change: Added Elquis® Sprinkle and Suspension in preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.
Revised 03.18.2026 Off-Cycle Change: Moved Novolog® U-100 Penfill/ FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026
Revised 03.31.2026 Off-Cycle Change: Moved Dabgys® (dabigatran-etexilate) Syringe / Pen to preferred in the Immunomodulators, Atopic Dermatitis category; and moved Varnam® Cream to preferred in the Psoriasis category due to fiscal impact, effective 04.01.2026.

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Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

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

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

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

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

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

ALZHEIMER'S AGENTS

Preferred		Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch	
Exelon® Patch	Aduhelm® Vial - Clinical criteria apply	
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet	
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)	
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)	
	Kisunla™ (donanemab-azbt) Vial	
	Leqembi® Vial / Autoinjector - Clinical criteria apply	
	memantine ER capsule / solution (generic for Namenda® XR / Solution)	
	Memantine HCL-Donepezil HDL ER capsule (generic for NAMZARIC®)	
	Namenda® Titration Pack / XR Capsule / XR Titration Pack	
	Namzaric® Capsule / Titration Pack	
	rivastigmine patch (generic for Exelon®)	
	Zumveyl® tablet	

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred		Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film	
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)	
methadone concentrate / diskets / interso® / tablets / solution	Conzip® Capsule	
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®)	
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)	
	hydrocodone ER tablet (generic for Hysingla® ER)	
	hydromorphone ER tablet (generic for Exalgo®)	
	Hysingla® ER Tablet	
	Methadose™ Oral Concentrate / Tablet	
	morphine sulfate ER capsule (generic for Aviza®, Kadian®)	
	MS Contin® Tablet	
	oxycodone ER tablet (generic for OxyContin®)	
	oxymorphone ER tablet	
	tramadol ER capsule (generic for Conzip®)	
	tramadol ER tablet (Ultram ER®, Ryzolt®)	
	Short Acting Schedule II Opioids	

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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	
hydromorphone tablet (generic for Dilaudid®)	hydrocodone-acetaminophen Solution (generic for Zolvit)	
MSIR® solution / tablet (generic for MSIR®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)	
oxycodone-acetaminophen capsules (generic for Tylox®)	levorphanol tablet (generic for Levo-Dromoran®)	
oxycodone-acetaminophen tablets (generic for Percocet®)	mepredine solution / tablet (generic for Demerol®)	
	morphine oral syringe	
	morphine suppositories (generic for Roxanol®)	
	Nalocet® Tablet	
	oxycodone capsule (generic for OxyIR®)	
	oxycodone concentrated solution (generic for Roxicodone® Intenso)	
	oxycodone-acetaminophen solution	
	oxymorphone tablet (generic for Opana®)	
	Percocet® Tablet	
	Prolate® Tablet / Solution	
	Roxicodone® Tablet	
	Roxycodone® Tablet	
	Short Acting Schedule III - IV Opioids / Analgesic Combinations	

Plans may not apply additional utilization management or prior authorization criteria to this category

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 50 mg (generic for Ultram®)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)	
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)	
	butorphanol spray (generic for Stadol®)	
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)	
	Fioricet with Codeine® Capsule	
	pentazocine-naloxone tablet (generic for Talwin NX®)	
	tramadol solution (generic for Qdolo®)	
	tramadol tablet (25 mg, 75 mg, 100 mg)	

NON-OPIOID ANALGESICS

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred		Non-Preferred
Journavx™ Tablet Quantity limit of a 14 day supply		

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthrotec® Tablet
diclofenac sodium tablet (generic for Voltaren®)	Celebrex™ Capsule
ibuprofen suspension / tablet (generic for Motrin®)	Coxanto™ Capsule
indomethacin capsule (generic for Indocin®)	Daypro® Caplet
ketorolac tablet (generic for Toradol®)	diclofenac potassium capsule (generic for Zipsor®)
meloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam®)
naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium ER tablet (generic for Voltaren® XR)
naproxen sodium tablet (generic for Anaprox®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
naproxen tablet (generic for Naprosyn®)	diflunisal tablet (generic for Dolobid®)
sulindac tablet (generic for Clinoril®)	Dolobid tablet
	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 suppository
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvail®)
	Ketoprofen™ (ketoprofen) Capsule (branded generic for Orudis®)
	Lofena™ Tablet
	Luribiro™ 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
	Viscova™ Suspension
NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	Drizalma™ Sprinkle
pregabalin capsule / solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gabapentin ER tablet (generic for Gralise™)
	Gabarone™ Tablet
	Gralise® Tablet
	Horizant™ Tablet
	Lidocan™ Patch - Clinical criteria apply
	Lidoderm™ Patch - Clinical criteria apply
	Lyrica® Capsule / Solution / CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica® CR)
	Qutenza® Kit
	Savella® Tablet / Titration Pack
	Tridacine™ Patch
	ZTLidic™ Patch - Clinical criteria apply
ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Aptiom® Tablet
Equetro® Capsule	carbamazepine ER capsule (generic for Carbatrol®)
eslicarbazepine acetate Tablet (generic for Aptiom®)	Carbatrol® Capsule
oxcarbazepine suspension / tablet (generic for Trileptal®)	Epilet® Tablet
Oxtellar® XR Tablet	Oxcarbazepine ER (generic for Oxtellar® XR)
Tegretol® Suspension / Tablet / XR Tablet	Trileptal® Tablet
Trileptal® Suspension	
FIRST GENERATION	
Preferred	Non-Preferred
Celontin® Kapskal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension	Depakote™ Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Sezaby® Vial
Felbatol® Suspension / Tablet	Zarontin® Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	

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SECOND GENERATION

Plans may not apply additional utilization management or prior authorization criteria to this category
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.

Preferred	Non-Preferred
Brivact® Tablet / Solution	Banzel® Suspension
clobazam suspension / tablet (generic for Onfi®)	Banzel® Tablet
clonazepam tablet (generic for Klonopin®)	Brivaracetam Tablet (generic for Briviact®)
Diacomit® Capsule / Powder Pack	clonazepam ODT (generic for Klonopin® Wafer)
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Elepsi® XR Tablet
Eprontia® Solution	Epidiolex® Solution - Clinical criteria apply
Fintepla® Solution	Gabarone™ Tablet
Fycompa® Tablet / Suspension	Keppra® Tablet / Solution / XR Tablet
gabapentin capsule / solution / tablet (generic for Neurontin®)	Klonopin® Tablet
lacosamide tablet (generic for Vimpat®)	lacosamide solution (generic for Vimpat®)
lamotrigine chewable / tablet / ODT (generic for Lamictal®)	Lamictal® Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine ER tablet (generic for Lamictal® XR)	lamotrigine ODT dose pack / tablet dose pack (generic for Lamictal®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Levetiracetam tablet (generic for Spritam®)
Nayzilam® Nasal Spray	Libervant™ (diazepam) Buccal Film
Qudexy® XR Capsule	Lyrica® Capsule / Solution
Rowcepra® Tablet	Motopoly XR™ (lacosamide extended release) Capsule
rufinamide suspension (generic for Banzel®)	Neurontin® Capsule / Solution / Tablet
rufinamide tablet (generic for Banzel®)	Onfi® Suspension / Tablet
Sabril® Tablet / Powder Packet	perampamel Tablet / Suspension (generic for Fycompa®)
Subventic® Tablet / Tab Start Kit	Spritam® Tablet
tiagabine tablet (generic for Gabitril®)	Sympazan® Film
topiramate sprinkle capsule / tablet (generic for Topamax®)	topamax® Sprinkle Capsule / Tablet
Valtoco® Nasal Spray	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
vigabatrin Powder Packet (generic for Sabril®)	topiramate ER sprinkle capsule (generic for Qudexy®)
Xcopri® Tablet / Titration Pack	Topiramate Solution
zonisamide capsule (generic for Zonisgran®)	Trokendi® XR Capsule
	vigabatrin tablet (generic for Sabril®)
	Vigadrone® Powder Packet / Tablet
	Vigafyte™ Solution
	Vigpoder® Powder Packet
	Vimpat® Solution / Starter Kit / Tablet
	Zonisade™ Oral Suspension
	Ztalm® Oral Suspension

ANTI-INFECTIVES - SYSTEMIC

ANTHIBIOTICS

Penicillins, Cephalosporins and Related

Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	amoxicillin-clavulanate chewable tablet (generic for Augmentin®)
amoxicillin-clavulanate suspension / tablet (generic for Augmentin®)	amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR)
ampicillin capsule / injection / vial	Augmentin® Suspension / ES-600 / XR Tablet
ampicillin-sulbactam injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
Bicillin® C-R injection	cefadroxil tablet (generic for Duricef®)
cefadroxil capsule / suspension (generic for Duricef®)	cefixime Tablet (generic for Suprax®)
cefdinir capsule / suspension (generic for Omnicef®)	cefixime suspension (generic for Suprax®) T/F of preferred agents not required for children < 12 years of age
cefixime capsule (generic for Suprax®)	cefpodoxime suspension / tablet (generic for Vanin®)
cefprozil suspension / tablet (generic for Cefzil®)	cephalexin tablet (generic for Keflex®)
ceftiofloxime tablet (generic for Cefin®)	piperacillin - tazobactam IV piggy back
cephalexin capsule / suspension (generic for Keflex®)	
dicloxacillin capsule	
dicloxacillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Pfizerpen® injection / vial	
piperacillin - tazobactam injection / vial	
Unasyn® injection / vial	
Zosyn® injection / vial	

Lincosamides and Oxazolidinones

Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin Pediatric Solution
linezolid suspension (oral) / tablet (generic for Zovox®)	Cleocin® Capsules / Vial
	clindamycin injection (generic for Cleocin®)
	Lincocin® Vial
	lincomycin vial (generic for Lincocin®)
	linezolid IV solution (generic for Zovox®)
	Sivextro® Tablet / Vial
	Zyvox® Tablet / IV Solution / Suspension

Macrolides and Ketolides

Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL®)
clarithromycin suspension / tablet (generic for Biaxin®)	Eryped® 200/400 Suspension
E.E.S.® Filmtab / Suspension	Ery-Tab® Tablet
Erythrocin® Filmtab	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®)	
erythromycin EC capsule (generic for Eryc®)	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S.® Filmtab)	

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Aemcolo® DR Tablet
vancomycin capsule (generic for Vanocin®)	Difidac® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq®)	fidaxomicin Tablet (generic for Difidac®) - T/F of only vancomycin is required for treatment of Clostridium difficile
	Firvanq® Solution
	Flagyl® Capsule
	Likmez® Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	neomycin tablet (generic for Mycifradin®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	Solosec™ Gramules
	tinidazole tablet (generic for Tindamax®)
	Vanocin® Capsule
	Vowst™ Capsule - Clinical criteria apply

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Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension ciprofloxacin tablet (generic for Cipro [®]) levofloxacin tablet (generic for Levaquin [®]) moxifloxacin tablet (generic for Avelox [®])	Baxdela [™] Tablet Cipro [™] Tablet ciprofloxacin suspension (generic for Cipro [®]) levofloxacin solution (generic for Levaquin [®]) ofloxacin tablet (generic for Floxin [®])
Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®]) doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®]) minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	demeclocycline tablet (generic for Declomycin [®]) Doryx [®] DR / MPC Tablet doxycycline hyclate DR tablet (generic for Doryx [®] DR) doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [™]) doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®]) doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients < 12 years of age Lymepak [™] Tablet minocycline 50mg, 75mg, 100mg tablet minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply. Morgidox [®] Capsule / Kit Nuzra [™] Tablet Oracea [®] capsule tetracycline capsule (generic for Sumycin [®]) tetracycline tablet (generic for Sumycin [®] / Pammycin [®])
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex [®] Troche) fluconazole suspension / tablet (generic for Diflucan [®]) griseofulvin suspension (generic for Grifulvin V [®]) griseofulvin ultra tablet (generic for Gris-Peg [®]) mycostatin suspension (generic for Nilstat [®]) mycostatin tablet (generic for Mycostatin [®]) terbinafine tablet (generic for Lamisil [®])	Brexafemme [®] Tablet Cresamba [®] Capsule Diflucan [®] Suspension / Tablet flucytosine capsule (generic for Ancobon [®]) griseofulvin micro tablets (generic for Grifulvin V [®]) itraconazole capsule / solution (generic for Sporanox [®]) ketoconazole tablet (generic for Nizoral [®]) Noxafil [®] Suspension / Tablet / DR Suspension Packet Oravig [®] Buccal Tablet posaconazole tablet / suspension (generic for Noxafil [®]) Sporanox [®] Capsule / Solution Tolsura [™] Capsule Vfend [®] Suspension / Tablet Vivjoa [®] Capsule - Clinical criteria apply voriconazole suspension / tablet (generic for Vfend [®])
Antivirals (General)	
Preferred	Non-Preferred
Paxlovid [™] Tablet dose Pack Lagevrio [™] Capsule	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for EpiVir [®] HBV) tenofovir disoproxil fumarate tablet (generic for Viread [®]) Viread [®] Powder / Tablet	adefovir tablet (generic for Hensera [®]) Baraclude [®] Solution / Tablet Vemlidy [®] Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasss [®] Syringe / Vial ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®])	
All genotypes without cirrhosis	Epclusa [®] Pellet Pack/ Tablet Harvoni [®] Pellet Pack / Tablet ledipasvir-sofosbuvir tablet (generic for Harvoni [®]) Sovaldi [®] Pellet Pack / Tablet Zepatier [®] Tablet
Mavyret [®] Tablet (8 weeks of therapy) Mavyret [®] Pellet Pack sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
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 NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™] Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax [®]) famciclovir tablet (generic for Famvir [®]) valacyclovir tablet (generic for Valtrex [®])	Valtrex [®] Caplet
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu [®]) rimantadine tablet (generic for Flumadine [®])	amantadine tablet (generic for Symmetrel [®]) Flumadine [®] Tablet Relenza [®] Diskhaler Tamiflu [®] Capsule / Suspension Xofluza [™] Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
Preferred	Non-Preferred
Kitabis [™] Pak Bethkis [®] Ampule tobramycin inhalation solution (generic for Tobin [™])	Arikayce [™] Vial Cayston [®] Solution tobramycin inhalation pak (generic for Kitabis [™]) Tobi [™] Podhale [™] / Solution tobramycin Ampule (generic for Bethkis)

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

Effective Date July 2026

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Revised 03.18.2026 Off-Cycle Change: Moved Novolog® U-100 Penfill/ FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable; Rapid acting Insulin category, due to patient access, effective 03.20.2026.
Revised 03.31.2026 Off-Cycle Change: Moved Flagyl® (ibekizumab-ibiz) Syringe / Pen to preferred in the immunomodulators, Atopic Dermatitis category; and moved Varnoc® Cream to preferred in the Psoriasis category due to fiscal impact, effective 04.01.2026.

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**BEHAVIORAL HEALTH
ANTIDEPRESSANTS**

Preferred	Other	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Auweility® Tablet	
desvenlafaxine ER tablet (generic for Pristiq®)	Bupropion XL tablet (generic for Forfivo® XL)	
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule	
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Kheleza®)	
mirtazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)	
trazodone tablet (generic for Desvrel®)	Emsam® Patch	
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Exxua® ER Tablet / ER Titration Pack	
vilazodone tablet (generic for Viibryd®)	Fetzima® Capsule / Titration Pak	
	Forfivo® XL Tablet	
	Marpilan® Tablet	
	Nardil® Tablet	
	nefazodone tablet (generic for Serzone®)	
	phenelzine tablet (generic for Nardil®)	
	Pristiq® ER Tablet	
	Raldesyl® Solution	
	Remeron® Soltab® / Tablet	
	tranylcypromine tablet (generic for Parrate®)	
	Trintellix® Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd® Tablet	
	Wellbutrin® SR	
	Zurzuvac® Capsule T/F of preferred agents not required for diagnosis of post-partum depression	

Selective Serotonin Reuptake Inhibitor (SSRI)

Preferred	Other	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet	
escitalopram tablet (generic for Lexapro®)	citalopram capsule	
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution / Capsule (generic for Lexapro®)	
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)	
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age	
sertraline concentrated solution / tablet (generic for Zoloft®)	fluvoxamine ER capsule (generic for Luvox CR®)	
	Lexapro® Tablet	
	paroxetine capsule (generic for Brisdelle®)	
	paroxetine suspension / CR tablet (generic for Paxil® / CR)	
	Paxil® Tablet / CR Tablet	
	Prozac® Pulvule	
	sertraline capsule	
	Zoloft® Solution / Tablet	

ANTIHYPERTENSIVES / ADHD

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred	Other	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT	
Adderall® XR Capsule	Amphetamine ER ODT (generic for Adzenys® XR ODT) - T/F of preferred agents not required for children < 12 years of age	
amphetamine salt combo tablet (generic for Adderall®)	amphetamine salt combo ER capsule (generic for Mydavis®)	
amphetamine salt combo XR capsule (generic for Adderall® XR)	amphetamine sulfate tablet (generic for Evekeo®)	
atomoxetine capsule (generic for Strattera®)	Aptensio® XR Capsule	
clonidine ER tablet (generic for Kapvay®)	Azstarys® Capsule	
Concerta® Tablet	Cotempla® XR-ODT	
Daytrana® Patch	Dexedrine® Spansule®	
dexamethylphenidate tablet / ER capsule (generic for Focalin® / XR)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)	
dextroamphetamine tablet (generic for Dexedrine®)	dextroamphetamine solution (generic for ProCentra®)	
guanfacine ER tablet (generic for Intuniv®)	Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age	
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Dyanavel® XR Tablet	
Methylin® Solution	Evekeo® Tablet / Evekeo® ODT Tablet	
methylphenidate CD capsule (generic for Metadate® CD)	Focalin® Tablet	
methylphenidate ER tablet (generic for Concerta®)	Focalin® XR Capsule	
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Intuniv® Tablet	
Vyvanse® Capsule	Jornay PM™ Capsule	
Vyvanse® Chewable Tablet	lisdexamfetamine capsule (generic for Vyvanse®)	
	methamphetamine tablet (generic for Desoxyn®)	
	methylphenidate chewable (generic for Methylin®)	
	methylphenidate ER capsule (generic for Aptensio® XR)	
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)	
	methylphenidate LA capsule (generic for Ritalin® LA)	
	methylphenidate patch (generic for Daytrana®)	
	Mydavis® ER Capsule	
	Onda 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	

INJECTABLE ANTIPSYCHOTICS

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred	Other	Non-Preferred
Abilify Asimtufl® Syringe Kit	Injectable Long Acting	
Abilify Maintena® Syringe / Vial		
Aristada® / Intivo® Syringe		
Erzofri® (paliperidone palmitate) extended-release injectable suspension		
fluphenazine decanoate vial (generic for Prolixin decanoate®)		
halidol® decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)		
Invega® Hafyera Prefilled Syringe Kit		
Invega® Sustenna Prefilled Syringe		
Invega® Trinra Syringe		
Penicris® Syringe		
Risperdal® Consta Vial		
risperidone ER vial (generic for Risperdal® Consta)		
Rykindo® Vial / Vial Kit		
Uzedy® Syringe Kit		
Zyprexa® Relprevv® Vial Kit		

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Revised 03.31.2026 Off-Cycle Change: Moved Dabigss® (dabigatran-hexyl) Syringe / Pen to preferred in the immunomodulators, Atopic Dermatitis category, and moved Vamree® Cream to preferred in the Psoriasis category due to fiscal impact, effective 04.01.2026.

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ATYPICAL ANTIPSYCHOTICS

Oral / Transdermal

Plans may not apply additional utilization management or prior authorization criteria to this category

T/F of only one preferred drug required

Preferred		Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify®)	Abilify® Tablet / Abilify® MyCite® Tablet	
asenapine SL tablet (generic for Saphris® SL)	aripiprazole ODT (generic for Abilify® Disemelt®)	
clozapine tablet (generic for Clozaril®)	Caplyta™ Capsule	
lurasidone tablet (generic for Latuda®)	clozapine ODT (generic for FazaClo®)	
olanzapine ODT / tablet (generic for Zyprexa®)	Clozaril® Tablet	
paliperidone ER tablet (generic for Invega®)	Cobenly	
quetiapine tablet / ER tablet (generic for Serouel® / XR)	Cobenly Starter Pack	
risperidone ODT / solution / tablet (generic for Risperdal®)	Famapri™ Tablet / Titration Pack	
Vraylar® Capsule	Geodon® Capsule	
ziprasidone capsule (generic for Geodon®)	Invega® Tablet	
	Latuda™ Tablet	
	Lybalvi™ Tablet	
	Nuplazid® Tablet / Capsule	
	olanzapine-fluoxetine capsule (generic for Symbax®)	
	Onipiza™ (Aripiprazole) Oral Film	
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack	
	Risperdal® Solution / Tablet	
	Saphris® SL Tablet	
	Secundo® Patch	
	Seroquel® Tablet / XR Tablet / XR Sample Kit	
	Versacloz® Suspension	
	Zyprexa® Tablet / Zydys® Tablet	

CARDIOVASCULAR

ACE INHIBITORS

Preferred		Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet	
enalapril tablet (generic for Vasotec®)	Altace® Capsule	
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)	
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned®) - T/F of preferred agents not required for children < 12 years of age	
	Epaned® Solution - T/F of preferred agents not required for children < 12 years of age	
	fosinopril tablet (generic for Monopril®)	
	Lotensin® Tablet	
	moexipril tablet (generic for Univas®)	
	perindopril tablet (generic for Accon®)	
	Qbrelis® Solution - T/F of preferred agents not required for children < 12 years of age	
	quinapril tablet (generic for Accupril®)	
	trandolapril tablet (generic for Mavik®)	
	Zestril® Tablet	

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule	
	trandolapril-verapamil ER tablet (generic for Tarka®)	

ACE INHIBITOR / DIURETIC COMBINATIONS

Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vasercet®)	Accuretic® Tablet	
lisinopril-HCTZ tablet (generic for Prinizide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)	
	captopril-HCTZ tablet (generic for Capozide®)	
	fosinopril-HCTZ tablet (generic for Monopril® HCT)	
	Lotensin® HCT Tablet	
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)	
	Vasercet® Tablet	
	Zestoretic® Tablet	

ANGIOTENSIN II RECEPTOR BLOCKERS

Preferred		Non-Preferred
irbesartan tablet (generic for Avapro®)	Arbli™ Suspension	
losartan tablet (generic for Cozaar®)	Atacand® Tablet	
olmesartan tablet (generic for Benicar®)	Avapro® Tablet	
valsartan tablet (generic for Diovan®)	Benicar® Tablet	
	candesartan tablet (generic for Atacand®)	
	Cozaar® Tablet	
	Diovan® Tablet	
	Edarbi® Tablet	
	eprosartan tablet (generic for Teveten®)	
	Micardis® Tablet	
	telmisartan tablet (generic for Micardis®)	
	valsartan oral solution	

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

Preferred		Non-Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet	
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet / HCT Tablet	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	telmisartan-amlodipine tablet (generic for Twynsta®)	
	Tribenzor® Tablet	
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Preferred		Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet	
losartan-HCTZ tablet (generic for Hyzaar®)	Avalide® Tablet	
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)	
	Diovan® HCT Tablet	
	Edarbyclor® Tablet	
	Hyzaar® Tablet	
	Micardis® HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis® HCT)	

ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS

Preferred		Non-Preferred
sacubitril and valsartan tablet (generic for Entresto®)	Entresto® (sacubitril / valsartan) Sprinkle Pellet - T/F of preferred agents not required for children < 12 years of age	
	Entresto® Tablet	

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ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	
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
flcainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Tikosyn® Capsule
propafenone tablet (generic for Rythmol®)	
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	
BETA BLOCKERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
bisoprolol tablet (generic for Zebeta®)	Betapace® Tablet / AF Tablet
carvedilol tablet (generic for Coreg®)	betaxolol tablet (generic for Kerlone®)
Hemangcol® Solution	Bystolic® Tablet
labetalol tablet (generic for Trandate®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
metoprolol succinate XL tablet (generic for Toprol XL®)	Inderal® LA Capsule / XL Capsule
metoprolol tartrate tablet (generic for Lopressor®)	Imopran® XL Capsule
nadolol tablet (generic for Corgard®)	Kaspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age
nebivolol tablet (generic for Bystolic®)	Lopressor® Tablet / Solution
propranolol solution / tablet / ER capsule (generic for Inderal®)	pindolol tablet (generic for Visken®)
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorinic®)	Sotylize® Solution
	Tenormin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
bisoprolol-HCTZ tablet (generic for Ziac®)	propranolol-HCTZ tablet (generic for Inderide®)
	Tenoretic® Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light powder / light powder (generic for Questran® / Questran® Light)	cholesevelam packet / tablet (generic for Welchol®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid®)
	Prevailite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Canzvos® Capsule - Clinical criteria apply	Lodoco®
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor®
simvastatin tablet (generic for Zocor®)	Ezallor™ Capsule
	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Limitor® Tablet
	Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nexletol® Tablet - Clinical criteria apply
	Nexlizet® 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® Tablet
	Zypitamag™ Tablet
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Nitro-Bid® Ointment
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et al.)	Nitro-Dur® Patch
Nitrostat® SL Tablet	nitroglycerin ointment (generic for Nitro-Bid®)
	Nitrolingual® Spray
	Verquvo® Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - T/F of preferred agents not required for children < 12 years of age
Norliava® Solution	levamlodipine tablet (generic for Conipri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nimodipine solution
	nisoldipine ER tablet (generic for Sular®)
	Norvasc® Tablet
	Nymalize® Solution / oral syringe
	Procardia® XL Tablet
	Sular® Tablet

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DIRECT RENIN INHIBITOR		
Preferred		Non-Preferred
Tektura® Tablet	alsikiren tablet (generic for Tektura® Tablet)	
ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet) Tracleer® Tablet	bosentan tablet / tablet for suspension (generic for Tracleer®) Letairis® Tablet Opsumit® Tablet Opsumit® Tablet Tracleer® Suspension	
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	Tyvaso® DPI Yutrepia® DPI	
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan®)		
NITRATE COMBINATION		
Preferred		Non-Preferred
isosorbide dinitr/hydralazine tablet (generic for Bidil®)	Bidil® Tablet	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred		Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®) Dilt XR® Capsule (branded generic for Dilacor XR®) diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR) Taztia XT® Capsule (branded generic for Tiazac®) Tiadyt® ER Capsule verapamil tablet / ER tablet (generic for Calan® / SR)	diltiazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Verapamil Capsule SR (generic for Verelan®) verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM) Verelan® PM Capsule	
ORAL PULMONARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only		
Preferred		Non-Preferred
Alyq® Tablet (branded generic for tadalafil) sildenafil tablet (generic for Revatio®) tadalafil tablet (generic for Adcirca®)	Adcirca® Tablet Adempas® Tablet Orenitram® ER Tablet / Titration Kit Revatio® Suspension / Tablet - T/F 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	
PCSK9		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Repatha® Syringe / Pushtronix / Sureclick Praluent® Pen	Leqvio® Injection	
PLATELET INHIBITORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) prasugrel tablet (generic for Effient® Tablet) Ticagrelor Tablet (generic for Brilinta®)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Brilinta® Tablet Effient® Tablet Plavix® Tablet	
SYMPATHOLYTICS AND COMBINATIONS		
Preferred		Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®)	clonidine ER tablet (generic for Nexiclon™ XR) Javadin™ Solution methyldopa vial (generic for Aldomet®) methyldopa-HCTZ tablet (generic for Aldoril®) Nexiclon™ XR Tablet	
TRIGLYCERIDE LOWERING AGENTS		
Preferred		Non-Preferred
fenofibrate tablet (generic for Tricor®) gemfibrozil tablet (generic for Lopid®) icosapent ethyl capsule (generic for Vascepa®) omega-3 acid ethyl esters capsule (generic for Lovaza®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Fenoglide®, et. al) fenofibric acid tablet (generic for Fibricor®, Trilipix®) Fibricor® Tablet Lipofen® Capsule Lopid® Tablet Tricor® Tablet 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®)
	Elyxib® Solution - 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 Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow® Tablet
	sumatriptan / naroxen tablet (generic for Tressimet®)
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	Symbava® Tablet
	Tosvma® Nasal Spray
	Zembrace® Svm Touch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators PREVENTATIVE

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Aimovig® Autoinjector	Emgality® Syringe 100 MG
Ajovy® Autoinjector / Syringe	Vyepti® Vial
Emgality® Pen / Syringe	
Nurtec® ODT	
Qulipta® Tablet	

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators ACUTE TREATMENT

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Nurtec® ODT	Zavzpret® Nasal Spray
Ubrelvy® Tablet	

ANTI-NARCOLEPSY

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Provigil® Tablet	armodafinil tablet (generic for Nuvigil®)
	modafinil tablet (generic for Provigil®)
	Nuvigil® Tablet
	Sunosi® Tablet
	Wakix® Tablet

ANTI-PARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred **Non-Preferred**

amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodoxyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa ER (generic for Ryтары®)
pramipexole tablet (generic for Mirapex®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
ropinirole tablet (generic for Requip®)	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam®)	Dhivy Tablet™
trihexphenidyl elixir / tablet (generic for Artane®)	Daopa® Suspension
	entacapone tablet (generic for Comtan®)
	Goceovri® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbrija® Inhalation - Clinical criteria apply
	Neupro® Patch
	Nourianz® Tablet
	Onapgo™ Cartridge
	Ongentys® Capsule - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Ryтары® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	tokicapone tablet (generic for Tasmar®)
	Vyaley Vial
	Xadago® Tablet

MULTIPLE SCLEROSIS

Injectable

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred **Non-Preferred**

Avonex® Pack / Pen / Syringe	Briumvi® Vial
Betaseron® Kit / Vial	Copaxone® 40 MG/ML Syringe
Copaxone® Syringe 20 MG/ML	elafamer syringe 20 MG/ML (generic for Copaxone® Syringe)
elafamer syringe 40 MG/ML (generic for Copaxone® Syringe)	Glatopa® Syringe
Kesimpta® Pen	Lemtrada® Vial
Rebif® Rebidose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zomovo 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

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Oral	
Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
fingolimod capsule (generic for Gilenya®)	Bafiertam® Capsule
teriflunomide tablet (generic for Aubagio®)	Cladrinebribe Tablet (generic for Mavenclad®)
	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory® Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Starter Pack / Capsule
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS	
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)
	edaravone Vial (generic for Radicava®)
	Qalsody™ Vial T/F of preferred agents not required for SOD1 gene mutation
	Radicava® ORS™ Suspension / ORS® Starter Kit Suspension / Infusion Bag
	Tialutik® Suspension
SEDATIVE HYPNOTICS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Quantity limits apply to all sedative hypnotics	
Preferred	Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo® Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - Clinical criteria apply
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quvivra™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimlecon capsule (generic for Hetlioz®) - Clinical criteria apply, T/F of Hetlioz® Capsule required for coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zolpidem capsule
	zolpidem 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	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	
ENDOCRINOLOGY	
GROWTH HORMONE	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome	
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Naenla® Pen
Skytrofa® Cartridge	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Sogrova® Pen
	Zomacton® Vial
HYPOGLYCEMICS - INJECTABLE	
Rapid 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.	
Preferred	Non-Preferred
insulin aspart U-100 Penfill/ FlexPen® / vial (generic for Novolog®) (generic for Novolog®)	Admelog® SoloStar® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Afrezza® Inhalation Powder
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Apidra® SoloStar® / Vial
Novolog® U-100 Penfill/ FlexPen® / Vial	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
Relion Novolog® U-100 FlexPen® / Vial	Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial
	Humalog® U-100 Tempo Pen™
	Humalog® U-200 KwikPen®
	Kirsty Vial / Pen (biosimilar to Novolog®)
	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
	Merilog SoloStar® Pen
	Merilog™ 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.	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen® / ReliOn® R FlexPen
Intermediate Acting Insulin	
Preferred	Non-Preferred
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.	
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial

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Long Acting Insulin

Plans may not apply additional utilization management or prior authorization criteria to this category

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.

Preferred	Non-Preferred
insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Basaglar® U-100 KwikPen®
Lantus® SoloStar® / Vial	Basaglar® U-100 Tempo Pen™
	insulin degludec pen / vial (generic for Tresiba®)
	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfjn pen / vial (generic for Semglee® yfjn)
	Levemir® / FlexPen® / FlexTouch® / Vial
	Rezvoglar® Kwikpen®
	Semglee® yfjn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial

Premixed Rapid Combination 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.

Preferred	Non-Preferred
insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	Humalog® 75/25 Mix KwikPen®
	Humalog® 50/50 Mix KwikPen®
	Humalog® 75/25 Vial

Premixed 70/30 Combination 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.

Preferred	Non-Preferred
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Novolin® 70/30 FlexPen® / Vial
Humulin® 70/30 KwikPen® / Vial	Novolog® Mix 70/30 Vial / FlexPen®
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Relion Novolin® 70/30 Vial
	Relion Novolog® 70/30 Vial / FlexPen®

Amylin Analogs

Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

Preferred	Non-Preferred
Symlin® Pen Injector	

GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Byetta® Pen	Bydureon® BCise™
Trulicity® Pen	exenatide Pen (generic for Byetta®)
Victoza® Pen	liraglutide pen (generic for Victoza®)
Ozempic® Pen	Mounjaro® Pen
	Rybelsus® Tablet
	Soliqva® Pen
	Xultophy® Pen

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®)	

Alpha-Glucosidase Inhibitors

Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
	Precose® Tablet

Biguanides and Combinations

Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglin®)	metformin ER tablet (generic for Fortamet®)
gluburide-metformin tablet (generic for Glucovance®)	metformin ER tablet (generic for Glumetza®)
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age
	metformin tablet (625 mg)
	Riomet® Solution

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	alogliptin tablet (generic for Nesina®)
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osem®)
Onglyza® Tablet	Brynovin™ Solution
Tradenta® Tablet	Givxambi® Tablet
	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Osem® Tablet
	Qtern® Tablet
	saxagliptin tablet (generic for Onglyza®)
	saxagliptin-metformin ER tablet (generic for Kombialtze® XR)
	sitagliptin / metformin ER Tablet (generic for Zituvimet® XR)
	sitagliptin tablet (generic for Januvia®)
	sitagliptin-metformin tablet (generic for Zituvimet™)
	Steghuan® Tablet
	Triardy® XR Tablet
	Zituvimet
	Zituvimet XR
	Zituvio™ Tablet
	Meglitinides

Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide tablet (generic for Prandin®)	

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SGLT-2 Inhibitors and Combinations

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Farsiga® Tablet	dapagliflozin tablet (generic for Farsiga®)
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xielduo® XR)
Synjardy® Tablet	Inpefa® Tablet
Synjardy® XR Tablet	Invokamet® Tablet / XR Tablet
Xielduo® XR Tablet	Invokana® Tablet
	Segluromet® Tablet
	Steglatro® Tablet

Thiazolidinediones and Combinations

Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet
	Actos® Tablet
	Duetact® Tablet
	pioglitazone-zilimepride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred	Non-Preferred
aprepitant capsule (generic for Emend®) - Clinical criteria apply	Akynzeo® Capsule / Vial
Diclegis® Tablet	Antivert® Tablet / Chewable Tablet
meclizine tablet (generic for Antivert®)	Anzemet® Tablet
metoclopramide solution / tablet (generic for Reglan®)	Aponvic® Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)	aprepitant pack (generic for Emend®) - Clinical criteria apply
prochlorperazine tablet (generic for Compazine®)	Barberisys® Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Bonjesta® Tablet
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Cinvant® Vial
scopolamine patch (generic for Transderm-Scop®)	Compro® Suppository
Transderm-Scop® Patch	dimerhydrinate vial (generic for Dramamine®)
	doxylamine-pyridoxine tablet (generic for Diclegis®)
	dronabinol capsule (generic for Marinol®)
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend® Vial
	Focinvez® (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti® Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	Posfree™ Ψ Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	Reglan® Tablet
	Sancuso® Patch
	Sustol® Syringe
	Tigan® Vial
	trimethobenzamide capsule (generic for Tigan®)

BILE ACID SALTS

T/F of only one preferred drug required

Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylvy® Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso®)	Chenodal® Tablet
	Cholbam® Capsule
	Cxexil® Tablet
	liquvo® (elafibranor) Tablet
	Livdeli® Capsule
	Livmarli® Oral Solution/ Tablet
	Ocaliva® Tablet
	Reltone® Capsule
	Urso Forte® Tablet

H. PYLORI COMBINATIONS

Preferred	Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
	Voquezna® Tablet / Dual Pak / Triple Pak

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)
	cimetidine solution (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)

PANCREATIC ENZYMES

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred	Non-Preferred
Creon® Capsule	Pertze® Capsule
Viokase® Tablet	
Zenpep® Capsule	

PROGESTINS USED FOR CACHEXIA

Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)

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

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PROTON PUMP INHIBITORS		
Preferred		Non-Preferred
T/F of preferred agents not required for children < 12 years of age		
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dexilam® Capsule	
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilam®)	
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)	
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)	
pantoprazole tablet (generic for Protonix®)	Komvomep® Suspension	
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)	
	lansoprazole ODT (generic for Prevacid® SoloTab™)	
	Nexium® Rx Capsule	
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)	
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)	
	pantoprazole suspension (generic for Protonix®)	
	Prevacid® Rx / OTC Capsule / Solutab	
	Prilosec® Rx Suspension	
	Protonix® Tablet	
	rabeprazole tablet (generic for Aciphex®)	
SELECTIVE CONSTIPATION AGENTS		
Preferred		Non-Preferred
Linzess® Capsule	alosetron tablet (generic for Lotronex®)	
lubiprostone capsule (generic for Amitiza®)	Amitiza® Capsule	
	Ibsrela® Tablet	
	Lotronex® Tablet	
	Motegrity® Tablet	
	Movantik® Tablet	
	prucalopride tablet (generic for Motegrity®)	
	Symproic® Tablet	
	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)	
ULCERATIVE COLITIS		
Oral		
Preferred		Non-Preferred
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet	
Pentasa® Capsule	budesonide ER tablet (generic for Uceris®)	
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Dipentem® Capsule	
	Lialda® Tablet	
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)	
	mesalamine ER capsule (generic for Apriso®, Pentasa®)	
ULCERATIVE COLITIS		
Rectal		
Preferred		Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam	
mesalamine suppository (generic for Canasa®)	Canasa® Suppository	
SF Rowasa® Enema	mesalamine enema (generic for SF Rowasa®)	
	mesalamine kit (generic for Rowasa®)	
	Rowasa® Kit	
GENITOURINARY / RENAL		
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)		
Preferred		Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet	
calcium acetate tablet (generic for Eliphos®)	ferrous citrate Tablet (generic for Auryxia®)	
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Fosrenol® Chewable Tablet / Powder Pack	
	lanthanum carbonate chewable tablet (generic for Fosrenol®)	
	MagneBind® 400 Rx Tablet	
	Renvela® Powder Pack / Tablet	
	sevelamer hydrochloride tablet (generic for Renvela®)	
	Velphoro® Chewable	
	Xphozah® Tablet	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS		
Preferred		Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®)	Cardura® Tablet / XL Tablet	
doxazosin tablet (generic for Cardura®)	Cialis® Tablet 5 mg - Clinical criteria apply	
dutasteride capsule (generic for Avodart®)	dutasteride / tamsulosin capsule (generic for Jalyn®)	
finasteride tablet (generic for Proscar®)	Flomax® Capsule	
tamsulosin capsule (generic for Flomax®)	Proscar® Tablet	
terazosin capsule (generic for Hytrin®)	Rapaflo® Capsule	
	silodosin capsule (generic for Rapaflo®)	
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply	
	Tenzryl™ Oral Solution	
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)	Detrol® Tablet / LA Capsule	
solifenacin tablet (generic for Vesicare®)	flvoxate tablet (generic for Urispas®)	
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Gentesse® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years	
Myrbetriq® ER Tablet	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	
	Myrbetriq® Gramules - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years	
	oxybutynin tablet (2.5 mg)	
	Oxytrol® Patch	
	Toviaz® Tablet	
	trospium tablet / ER capsule (generic for Sanctura® / XR)	
	Vesicare® LS Suspension / Tablet	

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GOUT		
Preferred		Non-Preferred
allopurinol tablet (generic for Zyloprim®)		allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrvs™)		colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)		Colcrvs™ Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)		febuxostat tablet (generic for Uloric® Tablet)
		Gloperba® Solution
		Krystexxa® Vial
		Mitigare® (branded colchicine 0.6mg) Capsules
		Uloric® Tablet
		Zyloprim® Tablet
HEMATOLOGIC		
ANTICOAGULANTS		
Injectable		
Preferred		Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)		Arixtra® Syringe
Fragmin® Vial		fondaparinux syringe (generic for Arixtra®)
		Fragmin® Syringe
		Lovenox® Syringe / Vial
		Oral
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
dabigatran capsule (generic for Pradaxa® Capsule)		Pradaxa® Capsule
Elquis® Sprinkle / Suspension		Pradaxa® Pellet Pack
Elquis® Tablet / Starter Dose Pack		Rivaroxaban tablet / Suspension (generic for Xarelto®)
Jantoven® (branded generic for Coumadin®)		Savaysa® Tablet
warfarin tablet (generic for Coumadin®)		Xarelto® Suspension
Xarelto® Starter Pack / Tablet		
COLONY STIMULATING FACTORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Fulphila® Syringe		Granix® Safe Syringe / Syringe / Vial
Fvlnetra® Syringe		Leukine® Vial
Neupogen® Vial / Syringe		Neulasta® Syringe / Kit
		Nivestym® Syringe / Vial
		Nypozit™ Syringe
		Nyvepria® Syringe
		Releuko® Syringe / Vial
		Rolvedon® Syringe
		Ryzncuta® Syringe
		Stimufend® Syringe
		Udenyca® On-Body / Autoinjector / Syringe
		Zarxio® Syringe
		Ziextenzo® Syringe
HEMATOPOIETIC AGENTS		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Atanesp® Syringe / Vial		Mircera® Syringe
Epogen® Vial		Procrit® Vial
Retacrit® Vial		Rebzozyl® Vial
		Vafseo® (vadadastat) Tablet
THROMBOPOIESIS STIMULATING AGENTS		
Preferred		Non-Preferred
Nplate® Vial		Alvaiz™ Tablet
Promacta® Suspension / Tablet		Doptelet Tablet / Sprinkle
		eltrombopag olamine Suspension / Tablet (generic for Promacta®)
		Mulpleta
		Tavalisse™ Tablet
		Wayriz™ Tablet
OPHTHALMIC		
ALLERGIC CONJUNCTIVITIS AGENTS		
Preferred		Non-Preferred
azelastine drops (generic for Optivar®)		Alomid® Drops
cromolyn sodium drops (generic for Crolo™)		Alrex® Drops
olopatadine drops (generic for Pataday®, Patanol®)		benotastine drops (generic for Bepreve®)
olopatadine drops (generic for Pataday®, Patanol®) (OTC)		Bepreve® Drops
		epinastine drops (generic for Elestat®)
		loteprednol drops (generic for Alrex®)
		Zerviate® Drops
ANTIBIOTICS		
Preferred		Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)		Azastite® Drops
ciprofloxacin solution drops (generic for Cipro™)		bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)		besifloxacin Suspension (generic for Besivance®)
gentamicin drops (generic for Garamycin®)		Besivance® Suspension
moxifloxacin ophthalmic solution (generic for Vigamox®)		Ciloxan® Ointment
ofloxacin drops (generic for Ocuflox®)		gatifloxacin drops (generic for Zymarid®)
Polycin® Ointment (branded generic for Polysporin®)		Levofloxacin Drops (Generic for Levaquin®)
polymyxin-trimethoprim drops (generic for Poltrim®)		moxifloxacin ophthalmic solution (generic for Moxeza®)
sulfacetamide drops (generic for Blenb-10®)		Natacyn® Drops
tobramycin drops (generic for Tobrex®)		neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
		neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
		Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
		Ocuflox® Drops
		sulfacetamide ointment (generic for Cetamide®)
		Tobrex® Ointment
		Vigamox® Drops
ANTIBIOTICS-STEROID COMBINATIONS		
Preferred		Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)		Maxitrol® Drops / Ointment
Tobradex® Ointment		Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)		neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
		neomycin-polymyxin-HC drops (generic for Oculticin®)
		sulfacetamide-prednisolone drops (generic for Vasocidin®)
		Tobradex® ST Drops
		Zylet® Drops
		loteprednol-tobramycin Drops (generic for Zylet®)

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ANTI-INFLAMMATORY		
Preferred		Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution	
diclofenac drops (generic for Voltaren®)	Acurvial® Solution	
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)	
Flarex® Drops	BromSite® Solution	
fluorometholone drops (generic for FML®)	Dextenza® Insert	
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops	
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops	
Nevanac® Droptainer	Ilevro® Drops	
Pred Mild® Drops	Iluvien® Implant	
prednisolone acetate drops (generic for Pred Forte®)	Inveltya® Drops	
	ketorolac solution (generic for Acular® / LS)	
	Lotemax® Gel / SM Gel / Ointment	
	loteprednol drops / gel (generic for Lotemax®)	
	Maxidex® Drops	
	Ozurdex® Implant	
	Pred Forte® Drops	
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)	
	Prolensa® Drops	
	Retisert® Implant	
	Triesence® Vial	
	Xipere® (Intraocular)	
	Yutiq® Implant	
ANTI-INFLAMMATORY / IMMUNOMODULATOR		
	Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred		Non-Preferred
Restasis® Drops	Cequa™ Drops	
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)	
	Eysuvis® Drops	
	Miebo™ Drops	
	Restasis® Multidose™ Drops	
	Tryptyr® Drops	
	Tyrvaya® Nasal Spray	
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)	
	Vevye® Drops	
ALPHA 2 ADRENERGIC AGENTS		
Preferred		Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)	
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)	
	Iopidine® Drops	
BETA BLOCKER AGENTS / COMBINATIONS		
Preferred		Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)	
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops	
	Betoptic® S Drops	
	brimonidine tartrate / timolol drops (generic for Combigan®)	
	carteolol drops (generic for Ocupress®)	
	Istalol® Drops	
	levobunolol drops (generic for Betagan®)	
	timolol hemihydrate (generic for Betimol® drops)	
	timolol drop (generic for Istalol® Drops)	
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)	
	Ocudose® Drops	
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred		Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops	
dorzolamide-timolol drops (generic for Coson®)	brinzolamide drops (generic for Azopt® Drops)	
Simbrinza® Drops	Cosopt® Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
PROSTAGLANDIN AGONISTS		
Preferred		Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)	
Travatan® Z Drops	Durysta® Implant	
	iDose® TR Implant	
	Iyuzeh™ Drops	
	Lumigan® Drops	
	tafluprost drops (generic for Zioptan®)	
	travoprost drops (generic for Travatan® Z)	
	Vyzulta® Drops	
	Xalatan® Drops	
	Xelpros® Drops	
	Zioptan® Drops	
RHO KINASE MODIFIERS / COMBINATIONS		
	Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred		Non-Preferred
Rhopressa® Drops		
Rocklatan® Drops		
OSTEOPOROSIS		
BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred		Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet	
Bildyos® Syringe (Prolia® Biosimilar)	alendronate solution (generic for Fosamax® Solution)	
Forteo® Pen	Atelvia® Tablet	
raloxifene tablet (generic for Evista®)	Binosto® Effervescent Tablet	
	Bonsity Pen Injector	
	calcitonin salmon nasal spray (generic for Miacalcin®)	
	Conexence® Syringe (Prolia® Biosimilar)	
	Enovy Syringe (biosimilar to Prolia®)	
	Eventy® Syringe	
	Evista® Tablet	
	Fosamax® Tablet / Plus D Tablet	
	ibandronate tablet (generic for Boniva®)	
	Jubbont® Syringe (Prolia® Biosimilar)	
	Ospomyv® Syringe (Prolia® Biosimilar)	
	Prolia® Syringe	
	risedronate DR tablet (generic for Atelvia®)	
	risedronate tablet (generic for Actonel®)	
	Stoboclo® Syringe (Prolia® Biosimilar)	
	teriparatide pen (generic for Forteo®)	
	Tymlos® Pen	

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OTC	
ANTIBIOTICS	
Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®) ofloxacin drops (generic for Floxim®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) ciprofloxacin-fluocinolone drops (generic for Otovel®) Ciprofloxacin-Hydrocortisone Suspension (generic for Cipro® HC) 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
fluocinolone 0.01% oil (generic for Dermotic®)	Flac® Otic Oil Dermotic® Oil
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) Ventolin® HFA Inhaler Xopenex® HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) Proair® Digihaler™ Proair® RespiClick®
BETA-ADRENERGIC, NEBULIZERS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution albuterol sulfate 2.5mg / 3ml solution	arformoterol solution (generic for Brovana®) Brovana® Solution formoterol solution (generic for Perforomist®) levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs) albuterol syrup (generic for Ventolin® Syrup) terbutaline tablet (generic for Brethine®)	albuterol ER tablets (generic for VoSpire® ER)
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Anoro® Ellipta® Inhaler Atrovent® HFA Inhaler Combivent® Respimat® Inhalation Spray Incruse® Ellipta® Inhaler ipratropium nebulizer solution (generic for Atrovent®) ipratropium / albuterol solution (generic for Duoneb®) roflumilast tablet (generic for Daliresp®) Spiriva® Handihaler® / RespiMAT® Inhalation Spray Sioflo® Respimat® Inhalation Spray	Bevespi® Aerosphere® Daliresp® Tablet Duaklir® Pressair® Ohtuvavre™ Inhalation suspension tiotropium inhaler (generic for Spiriva® Handihaler®) Tudorza® Pressair® Inhaler Umeclidinium-Vilanterol Inhaler (generic for Anoro®) Yupelri™ Solution
INHALED CORTICOSTEROIDS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Alvesco® Inhaler Arnuity® Ellipta® Inhaler Asmanex® HFA Inhaler / Twisthaler® budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules) fluticasone propionate HFA (generic for Flovent® HFA) Pulmicort® Flexhaler QVAR® Redihaler™	ArmonAir™ Diczhaler™ fluticasone furoate DPI (generic for Arnuity Ellipta™) fluticasone propionate diskus (generic for Flovent® Diskus) Pulmicort® Respules 0.25mg, 0.5mg, 1mg
INHALED CORTICOSTEROID COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Advair® Diskus® Advair® HFA Inhaler Dulera® Inhaler Symbicort® Inhaler	AirDuo® Diczhaler™ / RespiClick® AirSupra™ Inhaler Breo® Ellipta® Brevna™ Inhaler Breztri™ Aerosphere™ budesonide / formoterol inhalation (generic for Symbicort®) fluticasone / salmeterol HFA inhaler (generic for Advair® HFA) fluticasone / salmeterol inhalation (generic for Advair® Diskus®) fluticasone / salmeterol inhalation (generic for AirDuo®) fluticasone / vilanterol inhalation (generic for Breo® Ellipta®) Trekevy® Ellipta® Wixela™ Inhub™
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
T/F of preferred agents not required in children < 4 years of age for steroid-containing products	
azelastine spray (generic for Astelin®) Dymista® Nasal Spray fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) olopatadine nasal spray (generic for Patanase®)	azelastine nasal spray (generic for Astepro®) azelastine-fluticasone nasal spray (generic for Dymista®) flumisolide nasal spray (generic for Nasalide®) mometasone nasal spray (generic for Nasonex®) Omnaris® Nasal Spray Patanase® Nasal Spray QNasi® Nasal Spray / Children's Spray Ryaltris® Nasal Spray Sinuva™ Implant Xhance™ Nasal Spray Zetonna® Nasal Spray

North Carolina Division of Health Benefits
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Effective Date July 2026

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LEUKOTRIENE MODIFIERS		
Preferred		Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet montelukast granules (generic for Singulair®) Singulair® Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate®) zileuton tablet (generic for Zylflo®) Zyflo® Filmtab	
LOW SEDATING ANTIHISTAMINES		
Preferred		Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup) cetirizine Rx syrup (generic for Zyrtec® Syrup) cetirizine tablets OTC (generic for Zyrtec® OTC Tablet) levocetirizine OTC tablet (generic for Xyzal® OTC Tablet) levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) loratadine tablet OTC (generic for Claritin® OTC)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet) cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup) cetirizine OTC softgel Clarinet® Tablet - T/F of preferred agents not required for children < 2 years of age desloratadine ODT / Tablet / Solution (generic for Clarinet®) - T/F of preferred agents not required for children < 2 years of age fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution (generic for Claritin® OTC)	
LOW SEDATING ANTIHISTAMINE COMBINATIONS		
Plans may not apply additional utilization management or prior authorization criteria to this category Quantity limit of 102 days supply per 12 months apply to all drugs in this class		
Preferred		Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC) Clarinet-D® Tablet fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)	
FIRST GENERATION ANTIHISTAMINES		
Preferred		Non-Preferred
carbinoxamine solution Carbah Solution cypheptadine syrup / tablet hydroxyzine capsule / solution / tablet	carbinoxamine ER Suspension (generic for Karbiml™) - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage carbinoxamine tablet clemastine tablet (generic for Clemenza™) Clemsza™ Tablet Karbiml™ ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora™ Solution RyVent™ Tablet Vistaril® Capsule	
TOPICALS		
ACNE AGENTS		
Preferred		Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte) adapalene / benzoyl peroxide (generic for Epiduo® Gel) adapalene gel (generic for Differin®) azelaic acid gel (generic for Finacea®) clindamycin lotion (generic for Cleocin-T™) clindamycin phosphate pledgets / solution (generic for Cleocin-T™) clindamycin-benzoyl peroxide gel (generic for Benzaclyn®, Neac®) Differin® gel pump Differin® lotion/cream Epiduo® gel pump erythromycin gel (generic for Emein®, Erycette®, EryGel®, et. al.) erythromycin solution (generic for Emein®, EryDerm®, EryMax®, et. al.) erythromycin-benzoyl peroxide gel (generic for Benzamycin®) Finacea® Gel	adapalene cream / gel pump generic for Differin®) Aklief® Avar® Cleanser / LS Cleanser Avar-E® Emollient Cream / Green Emollient Cream / LS Cream BP® 10-1 Wash / Cleansing Wash ClearAcylic / ClearAcylic Pro Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Velin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel (Clindagel®) clindamycin-benzoyl peroxide pump (generic for Acaiva®) clindamycin-benzoyl peroxide pump (generic for Benzaclyn®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsons gel / gel pump (generic for Aczone® Gel) Epiduo® Forte gel pump Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Neuac® Gel / Kit Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Rosani Cleanser lotion Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®) sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5) Sumadin® Kit / XLT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorac®, Fabior®) tretinoin cream / gel (generic for Retin-A®) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) Twynco® Cream Winlevi® Cream Zma Clear™ Cleanser	
ANDROGENIC AGENTS		
Preferred		Non-Preferred
AndroGel® Pump testosterone gel pump (generic for AndroGel®)	Natesto® Nasal Gel Testim® Gel testosterone gel pump (generic for Fortesta®, Axiron®) testosterone packet (generic for AndroGel®) Vogelxo® Gel / Packet / Pump	

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NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel) diclofenac solution (generic for Pennsaid®)	diclofenac epolamine patch (generic for Flector®) diclofenac pump (generic for Pennsaid®) Pennsaid® Solution Packet / Pump
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®) mupirocin ointment (generic for Bactroban®)	Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban®) Xepi® Cream
ANTIBIOTICS - VAGINAL	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) Clindesse® Vaginal Cream metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Nuvessa® Vaginal Gel	Cleocin® Vaginal Cream metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel) Vardazole® Vaginal Gel Xaciato® Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrimin® Rx) clotrimazole-betamethasone cream (generic for Lotrisone®) ketoconazole cream / shampoo (generic for Nizoral®) Klayesta® Powder (branded generic for Nystop®) Nvamye® Powder (branded generic for Nystop®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) Nystop® Powder nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	Cicloclan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Cicloclan®) clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) econazole foam (generic for Ecoza®) Ertaczo® Cream Extina® Foam ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit luliconazole cream (generic for Luza®) miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin®) Naftin® Gel oxiconazole cream (generic for Oxista®) Oxista® Lotion salicylic acid ointment (generic for Bensal HP®) tavaborole topical solution (generic for Kerydin®) Vusion® Ointment - Clinical criteria apply
ANTIPARASITICS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	Crotan™ Lotion Elimite™ Cream Eurax® Cream / Lotion malathion lotion (generic for Ovide®) Ovide® Lotion Priradik™ Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®)
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax®) Denavir® Cream	penciclovir cream (generic for Denavir®)
Imidazoquinolamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condylax® Gel Hyfor™ Gel imiquimod cream / cream pump (generic for Zyclara®) podofilox gel / solution (generic for Condylax®) Veregen® Ointment
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) Vtama® Cream	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcitriol ointment (generic for Vectical®) Enstilar® Foam Sorilux® Foam Taclonex® Suspension Vectical Ointment Zoryve® 0.3% Cream / Foam
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®) Finacea® Gel metronidazole cream (generic for MetroCream®) metronidazole gel / pump (generic for MetroGel®) Rosadan® Cream / Gel	brimonidine gel pump (generic for Mirvaso®) Epsolay® (benzoyl peroxide) Finacea® Foam ivermectin cream (generic for Soolantra®) MetroCream® MetroGel® metronidazole lotion (generic for MetroLotion®) Mirvaso® (brimonidine) Rhofade® Cream Rosadan® Kit Soolantra™ Cream

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Revised 03.31.2026 Off-Cycle Change: Moved Dabgss™ (dabigatran-ibx) Syringe / Pen to preferred in the immunomodulators, Atopic Dermatitis category, and moved Varnol® Cream to preferred in the Psoriasis category due to fiscal impact, effective 04.01.2026.

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STEROIDS

Low Potency

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred **Non-Preferred**

desonide cream / ointment (generic for DesOwen®)	alclometasone dipropionate cream / ointment (generic for Aclovaite®)
DermaSmooth® FS Scalp and Body Oil	Capex®
hydrocortisone cream / lotion / ointment (generic for Hytone®)	desonide lotion (generic for DesOwen® Lotion)
	fluocinolone body / scalp oil (generic for DermaSmooth® FS Scalp / Body Oil)
	Hydrocortisone Solution
	Hydroxym™ Gel
	Texacort® Solution

Medium Potency

Preferred **Non-Preferred**

fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandernolide Lotion / Ointment
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

High Potency

Preferred **Non-Preferred**

betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocoort®)
fluocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam / lotion (generic for Valisone®)
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone®)
	Diprolene® Ointment
	fluocinonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Halog®)
	halcinonide solution (generic for Halog®)
	Halog® Cream / Solution
	Kenalog® Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog®)

Very High Potency

Preferred **Non-Preferred**

clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	ApexiCon® E Cream
clobetasol shampoo (generic for Clobex®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)
clobetasol solution (generic for Cormax®)	clobetasol lotion / spray (generic for Clobex®)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clobex® Shampoo / Spray
	Clodan® Kit / Shampoo
	halobetasol propionate foam (generic for Lexette®)
	Lexette® Foam
	Olux® Foam
	Tovet® Foam / Foam Kit
	Ultravate® Lotion

MISCELLANEOUS

Uterine Disorder Treatments

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred **Non-Preferred**

Oriahm® Capsule	
Orilissa® Tablet	
Myfembree® Tablet	

Urea Cycle Disorder Treatments, Oral

Plans may not apply additional utilization management or prior authorization criteria to this category

T/F of only one Preferred drug required

Preferred **Non-Preferred**

Biphenyl® Tablet/Powder	carzeglumic acid Tablet for oral suspension (generic for Carbaglu®)
Carbaglu® Tablet for oral suspension	gliceryl phenylbutyrate oral liquid (generic for Ravicti®) T/F of preferred drug is not required for Urea cycle disorder
	Olpruva™ Suspension
	Pheburane® Oral Pellets
	Ravicti® Liquid T/F of preferred drug is not required for Urea cycle disorder
	sodium phenylbutyrate Tablet/Powder (generic for Buphenyl®)

WEIGHT MANAGEMENT AGENTS

GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Wegovy® Pen/Tablet	Saxenda® (liraglutide) Pen
	liraglutide Pen/5-pak (generic Saxenda®)
	Zenbound® (tirzepatide) Pen/Vial

Weight Management (Non-Incretin Mimetics)

Preferred **Non-Preferred**

diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phenfermine tablet / capsule	phenentermine/Topiramate Capsule (generic for Qsymia®)

IMMUNOMODULATORS, ASTHMA

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Fasena® Pen / Syringe	Cinqair® Vial
Xolair® (omalizumab) Autoinjector/Syringe	Exdensus Syringe
	Nucala® Syringe / Vial / Autoinjector
	Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair® Vial

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IMMUNOMODULATORS, Atopic Dermatitis

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Adbry® Syringe / Autoinjector	Anzupgo® Cream
Dupixent® Pen / Syringe	Cibinqo™ Tablet
Ebgliss™ (bebekizumab-ibkz) Syringe/Pen	Nemlubio™ Pen
Eucrisa® 2% Ointment	Opzelura™ Cream
pimecrolimus cream (generic for Elidel®)	Zoryve® (roflumilast) 0.05% Cream
tacrolimus ointment (generic for Protopic®)	Zoryve® (roflumilast) 0.15% Cream

ANTIPSORIATICS, ORAL

Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoalens-Ultra®)

EPINEPHRINE, SELF ADMINISTERED

Plans may not apply additional utilization management or prior authorization criteria to this category

Quantity limits apply to all drugs in this class

Preferred	Non-Preferred
Auvi-Q® Auto Injector	
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr/ Adrenaclick®)	
Epi-Pen® Auto Injector / 2-Pak / Jr, Auto Injector / Jr, 2-Pak	
neffy™ nasal spray	

ESTROGEN AGENTS, COMBINATIONS

Preferred	Non-Preferred
Activella® Tablet	Abigale™ / Abigale™ Lo Tablet
Amabelz™ Tablet	Bjuva™ Capsule
estradiol/norethindrone tablet (generic for Activella®)	
Fyavov™ Tablet	
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase® Tablet	
Prempro® Tablet	

ORAL / TRANSDERMAL ESTROGEN AGENTS AND OTHER

Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Conjugated estrogen tablet (generic for Premarin®)
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)	Divigel® Gel Packet
estradiol tablet (generic for Estrace®)	Dotti™ Patch
Evamist® Spray	Duavee® Tablet
Mencis® Tablet	Elestrin™ Gel
Premarin® Tablet	Estrace™ Tablet
	estradiol gel packet (generic for Divigel®)
	Estradiol Gel Pump
	Lyllana™ Patch
	Lynkuet® Capsule
	Menostar® Patch
	Minivelle® Patch
	Osphem™ Tablet
	Vcozali™ Tablet
	Vivelle-Dot® Patch

ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace®)	Estrace® Cream
Estring™ Vaginal Ring	estradiol tablet (generic for Vagifem®)
Premarin® Vaginal Cream	Femring® Vaginal Ring
Vagifem® Vaginal Tablet	Imvexys® Vaginal Inserts
	Yuvafem® Vaginal Tablet

GLUCOCORTICOID STEROIDS, ORAL

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Aqamec® Suspension
dexamethasone solution (generic for Condecix®)	Cortel® Tablet
Emflaza® Tablet / Suspension - Clinical criteria apply	cortisone tablet (generic for Patison®)
hydrocortisone tablet	deflazacort suspension (generic for Emflaza®) - Clinical criteria apply.
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	deflazacort tablet (generic for Emflaza®) - Clinical criteria apply
prednisolone sodium phosphate solution (generic for PrediaPred®, OraPred®, Veripred®)	dexamethasone tablet dosepack / Intensol® Drops
prednisolone solution (generic for Prelone®, Millipred®)	Eohilia® Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred®)	Hemady™ Tablet
prednisone solution / tablet (generic for Deltazone®)	Jaythari Tablet / Suspension (generic for Emflaza®) - Clinical criteria apply
	Khindivi™ Solution
	Kymbee™ Tablet
	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for OraPred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Prednisone Tablet DR (generic for Ravos®)
	Pvauvi™ Suspension (generic for Emflaza®) - Clinical criteria apply
	Ravos® Tablet
	Taperdex™ Tablet
	Tarpevo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

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Revised 03.31.2026 Off-Cycle Change: Moved Dabgryn® (debrizumab-ibkz) Syringe / Pen to preferred in the immunomodulators, Atopic Dermatitis category, and moved Vimar® Cream to preferred in the Psoriasis category due to fiscal impact, effective 04.01.2026.

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CYTOKINE AND CAM ANTAGONISTS

Plans may not apply additional utilization management or prior authorization criteria to this category
Clinical criteria apply to all drugs in this class
T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adbm Pen/Psoriasis-UV Pen/Crohn's Pen/Syringe (Manufacturer: Boehringer-Ingelheim)	Abrilada™ Pen / Syringe (biosimilar to Humira®)
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	Actemra® ACTPen™ / Syringe / Vial
Hadlima™ Syringe / PushTouch (biosimilar to Humira®)	adalimumab-aaty Autoinjector / Syringe
infliximab vial (generic for Remicade®)	adalimumab-adaz Pen / Syringe
Otezla® Starter Pack / Tablet	adalimumab-aaef Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Pyzchiva® (ustekinumab-twe) Syringe/Vial	adalimumab-adbm Pen/Syringe (Manufacturer: Quallent)
Starjema Vial / Syringe (biosimilar to Stelara®)	adalimumab-ikjp Pen / Syringe
Taltz® Auto-injector / Syringe	adalimumab-rvkv Autoinjector / Syringe
Yevnec® (tocilizumab-aazg) Autoinjector / Syringe/ Vial	Amjevita™ Syringe / Autoinjector (biosimilar to Humira®)
Xeljanz® Tablet	Arcalyst™ SQ Syringe
	Avsola® Vial
	Avtozma® Vial
	Bimzelx® Autoinjector / Syringe
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® SensorReady® Pen / UnoReady® Pen / Syringe/ Vial
	Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen (biosimilar to Humira®)
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen (biosimilar to Humira®)
	Enspryng™ Syringe
	Entyvio® Pen / Vial
	Hulio™ Pen / Syringe (biosimilar to Humira®)
	Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe T/F of preferred adalimumab product is required
	Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen (biosimilar to Humira®)
	Idacio™ Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe (biosimilar to Humira®)
	Illaris® Vial
	Ilumya® Syringe
	Imuldosa™ Syringe/Vial
	Infectra™ Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omvoh™ (mirikizumab-mrkz) Syringe /Pen/ Vial
	Orencia® ClickJet® / Syringe / Vial
	Otezla® XR Initiation Pack / Tablet
	Otullif™ Syringe/Vial
	Remicade® Vial
	Renflexis™ Vial
	Rinvog™ (upadacitinib) LQ Solution
	Rinvog™ ER Tablet
	Selarsdi™ Vial / Syringe
	Simlandi® Autoinjector/kit (biosimilar to Humira®)
	Simpson® Pen / Syringe / Aria® Vial
	Skyrizi® On-Body / Vial / Pen / Syringe
	Sotyktu® Tablet
	Spevigo® Vial / Syringe
	Stelara™ Syringe / Vial T/F of preferred ustekinumab product is required
	Steqevma™ (ustekinumab-stba) Vial /Syringe
	Tofidence™ (tocilizumab-bavi) Vial
	Tremfya™ Syringe / Injector/ Vial / Pen Induction PK-Crohn
	Uplizna™ Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	ustekinumab-saaz syringe (biosimilar for Stelara®)
	ustekinumab-sekn syringe (generic for Stelara®/Selarsdi B™)
	Ustekinumab-twe Vial / Syringe (generic for Pyzchiva®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe/Vial
	Yuflyna™ Syringe / Autoinjector / Crohn's-UC-HS Autoinjector (biosimilar to Humira®)
	Yusimry™ Pen (biosimilar to Humira®)
	Zymfentra™ Pen / Syringe

IMMUNOSUPPRESSANTS

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

MOVEMENT DISORDERS

Plans may not apply additional utilization management or prior authorization criteria to this category
Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Atustedo® Tablet	Xenazine® Tablet
Atustedo® XR Tablet / Titration Kit	
Inrezza® (valbenazine) Sprinkle Capsules	
Inrezza® Capsule / Initiation Pack	
tetrabenazine tablet	

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HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred Non-Preferred

Haegarda® Vial	Cinryze® Vial
Orladeyo® Capsule	Dawzene™ Auto syringe
	Takhzyro® Vial / Syringe

HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all drugs in this class

Preferred Non-Preferred

Beriner® Vial / Kit	Ekterly® Tablet
icatibant syringe (generic for Firazyr®)	Andemby® Auto Injector
Kalbitor® Vial	Firazyr® Syringe
Saiazir™ Syringe (branded generic for icatibant)	Ruconest™ Vial

OPIOID ANTAGONISTS

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred Non-Preferred

Kloxxado™ Nasal Spray	
LilEMS™ 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	
Zurnai™ Injection	

OPIOID DEPENDENCE

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred Non-Preferred

Prior Approval Not Required for Coverage of Preferred Agents

Clinical Criteria Apply to Non-Preferred Agents

Brixadi™ Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone®)
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex®)	Lucemyra™ Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone® SL Film	Zubsolv® Tablet SL
Sublocade® Syringe	

SKELETAL MUSCLE RELAXANTS

Preferred Non-Preferred

baclofen tablet (generic for Lioresal®)	Amrix® ER Capsule
cyclobenzaprine tablet (generic for Flexeril®)	baclofen oral solution
methocarbamol tablet (generic for Robaxin®)	baclofen suspension (generic for Fleqsuvy™)
tizanidine tablet (generic for Zanaflex®)	chlorzoxazone tablet (generic for Parafon Forte®)
	cyclobenzaprine ER capsule (generic for Amrix® ER)
	Dantrium® Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium®)
	Fexmid™ Tablet
	Fleqsuvy™ Suspension
	Lorzone® Tablet
	Lyvispah® Granule Packet
	metaxalone tablet (generic for Skelaxin®)
	Norgesic™ Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)
	orphenadrine citrate tablet / vial (generic for Norflex®)
	Orphenesic® Forte Tablet
	Ozobax DS® Solution
	Ozobax® Solution
	Robaxin® Vial
	Tanlor® Tablet
	tizanidine capsules (generic for Zanaflex®)
	Tommya™ Sublingual Tablet
	Zanaflex® Capsule / Vial

DISPOSABLE INSULIN DELIVERY DEVICES

Plans may not apply additional utilization management or prior authorization criteria to this category

Preferred Non-Preferred

CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Ilet Infusion Kit	
Ilet Starter Kit	
Omnipod 5® DexG7/G6 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods	
Omnipod DASH® Pods (5-Pack) / Intro Kit	
Omnipod GO™ Pods	

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Continuous Glucose Monitor Transmitters / Receivers / Readers

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all items in this class

Preferred Non-Preferred

Dexcom G6™ Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G7™ Receiver	
Freestyle Libre™ 2 Reader	
Freestyle Libre™ 3 Reader	

Continuous Glucose Monitor Sensors

Plans may not apply additional utilization management or prior authorization criteria to this category

Clinical criteria apply to all items in this class

Preferred Non-Preferred

Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 2 Plus Sensor	
Freestyle Libre™ 3 Sensor	
Freestyle Libre™ 3 Plus Sensor	
Dexcom G6™ Sensor	
Dexcom G7™ Sensor (10 day sensor and 15 day sensor)	

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DIABETIC SUPPLIES

Plans may not apply additional utilization management or prior authorization criteria to this category

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the Prime Therapeutics call center at 1-844-620-6116. ***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® Sofelixa lancing device kit (Black)	
ACCU-CHEK® Guide Me Retail care kit * (see above for billing)		ACCU-CHEK® Fastelixa lancing device kit	
Test Strips		Control Solutions	
ACCU-CHEK® AVIVA PLUS 50 ct test strips		ACCU-CHEK® Aviva glucose control solution (2 levels)	
ACCU-CHEK® SMARTVIEW 50 ct test strips		ACCU-CHEK® SmartView glucose control solution (1 level)	
ACCU-CHEK® Guide 50 ct test strips		ACCU-CHEK® Guide 2-Level control solution (2-levels)	
ACCU-CHEK® Guide 100 ct test strips			
Lancets			
ACCU-CHEK® Sofelixa 100 ct Lancets			
ACCU-CHEK® Fastelixa 102 ct Lancets			