

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

Effective Date October 1, 2026

Revised 07.24.2026 Off-Cycle Change: Moved Basaglar® U-100 KwikPen® to preferred in the Insulin Long Acting category effective 07.24.2026

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ALZHEIMER'S AGENTS	
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adalirity® 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-aab) Vial
	Legemso® Vial / Autoinjector - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Memantine HCl- Donepezil HDL ER capsule (generic for NAMZARIC®)
	Namenda® XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	Zincave® 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 / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
	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 Avinza®, Kadian®)
	MS Contin® Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tupenadol ER Tablet (generic for Nucynta® ER)
	tramadol ER capsule (generic for Conzip®)
	tramadol ER tablet (Ultram ER®, Ryzoil®)
	Schedule II Opioid
Short Acting	
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
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)
morphine 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®)	meperidine 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® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	Roxicodone® Tablet
	Roxycodone® Tablet
	Roxycodone® Tablet
	tupenadol Tablet (generic for Nucynta®)
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® Tab	
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®)	diffunisal 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®)	
	Kiaprofen™ (ketoprofen) Capsule (branded generic for Orudis®)	
	Lafena™ Tablet	
	Lurbio™ Tablet	
	meclofenamate capsule (generic for Meclomen®)	
	mefenamic acid capsule (generic for Ponetel®)	
	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 DayDene®)	
	Relafen® DS Tablet	
	Tolectin® (tolmetin) Tablet	
	tolmetin tablet / capsule (generic for Tolectin® / DS)	
	Vimovo® Tablet - T/F of only celecoxib required	
	Vyscose™ Suspension	
	Zybic® Solution	
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®)	
	Gabaronet™ Tablet	
	Gralise® Tablet	
	Horizant™ Tablet	
	Lidocan™ Patch - Clinical criteria apply	
	Lidoderm™ Patch - Clinical criteria apply	
	Lyrica® Capsule / Solution / CR Tablet	
	milnacipran Tablet / DS Tablet Pack (generic for Savella®)	
	Neurontin® Capsule / Solution / Tablet	
	pregabalin ER tablet (generic for Lyrica® CR)	
	Quenza® Kit	
	Ralgash Capsule	
	Savella® Tablet / Titration Pack	
	Taavaya™ Sublingual Tablet	
	Tridacaine™ Patch	
	ZT Lido™ 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®)	Epitol® Tablet	
Oxtellar® XR Tablet	Oxcarbazepine ER (generic for Oxtellar® XR)	
Tegretol® Suspension / Tablet / XR Tablet	Trileptal® Tablet/ Suspension	
FIRST GENERATION		
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.		
Preferred		Non-Preferred
Celontin® Kapsal	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® 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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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 [®] , Adona [®]) doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients < 12 years of age 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 Nuzyra [™] Tablet Oracea [®] capsule tetracycline capsule (generic for Sumycin [®]) tetracycline tablet (generic for Sumycin [®] / Panmycin [®])
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 [®]) mycstatin suspension (generic for Nilstat [®]) mycstatin tablet (generic for Mycostatin [®]) terbinafine tablet (generic for Lamisil [®])	Brexafemme [®] Tablet Cresemba [®] 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 Oravia [®] Buccal Tablet posaconazole tablet / suspension (generic for Noxafil [®]) Sporanox [®] Capsule Tolsura [™] Capsule Vfend [®] Suspension / Tablet Viviois [®] Capsule - Clinical criteria apply voriconazole suspension / tablet (generic for Vfend [®])
Antivirals (General)	
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category
Paxlovid [™] Tablet dose Pack Lagevrio [™] Capsule	
Antivirals (Hepatitis B Agents and Related)	
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 Hepsera [®]) Baraclude [®] Solution / Tablet Vemlidy [®] Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category
Pegasis [®] Syringe / Vial ribavirin capsule / tablet (generic for Copegus [®] , Rebeta [®])	
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	
Mavyret [®] Tablet (8 weeks of therapy) Mavyret [®] Pellet Pack sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	Epclusa [®] Pellet Pack/ Tablet Harvoni [®] Pellet Pack / Tablet ledipasvir-sofosbuvir tablet (generic for Harvoni [®]) Sovaldi [®] Pellet Pack / Tablet Zepatier [®] Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret [®] Tablet (Up to 12 weeks of therapy) Mavyret [®] Pellet Pack sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
All genotypes previously treated with an HCV regimen containing an 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 [®])	amantadine tablet (generic for Symmetrel [®]) Flumadine [®] Tablet Relenza [®] Diskhaler rimantadine tablet (generic for Flumadine [®]) Tamiflu [®] Capsule / Suspension Xofluza [™] Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	T/F of only one preferred drug required
Kitabis [™] Pak Bethkis [®] Ampule tobramycin inhalation solution (generic for Tobl [™])	Arikavee [®] Vial Cayston [®] Solution tobramycin inhalation pak (generic for Kitabis [™]) Tobi [™] Podhaler [™] / Solution tobramycin Ampule (generic for Bethkis)

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Oral / Transdermal

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

aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
asenapine SL tablet (generic for Saphris [®] SL)	aripiprazole ODT (generic for Abilify [®] Discolm [®])
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 Seroquel [®] / XR)	Cobenly Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal [®])	Fanapt [®] 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 Symbyax [®])
	Opipza [™] (Aripiprazole) Oral Film
	Rexulti [™] Tablet / 7-Day Pack / 14-Day Pack
	Risperdal [®] Solution / Tablet
	Saphris [®] SL Tablet
	Secuado [®] Patch
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Zyprexa [®] Tablet / Zeldis [®] Tablet

ACE INHIBITOR

Preferred	Non-Preferred
tenipipril tablet (generic for Lotensin [®])	Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule
lisinopril tablet (generic for Privilin [®] and Zestril [®])	captopril tablet (generic for Capoten [®])
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned [®]) - <i>U/F of preferred agents not required for children < 12 years of age</i>
	Epaned [®] Solution - <i>U/F of preferred agents not required for children < 12 years of age</i>
	fosinopril tablet (generic for Monopril [®])
	Lotensin [®] Tablet
	moxipril tablet (generic for Univasc [®])
	perindopril tablet (generic for Accon [®])
	Qbrelis [®] Solution - <i>U/F of preferred agents not required for children < 12 years of age</i>
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Zestril [®] Tablet

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

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enalapril-HCTZ tablet (generic for Vasertec [®])	Accuretic [®] Tablet
lisinopril-HCTZ tablet (generic for Prinzipide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)
	fosinopril-HCTZ tablet (generic for Capozide [®])
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
	Lotensin [®] HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
	Vasertec [®] Tablet
	Zestoretic [®] Tablet

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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
	grosartan tablet (generic for Teveten [®])
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®])
	valsartan oral solution

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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)

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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
	Edurbydo [®] Tablet
	Hyzaar [®] Tablet
	Micardis [®] HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)

management or pro

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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ranolazine ER tablet (generic for Ranexa [®] Tablet)	

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

Effective Date October 1, 2026

Revised 07.24.2026 Off-Cycle Change: Moved Basaglar® U-100 KwikPen® to preferred in the Insulin Long Acting category effective 07.24.2026

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Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

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ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq® Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglut DuraTabs®)
mexiletine capsule (generic for Mexilit®)	Tikosyn® Capsule
propafenone tablet (generic for Rhythmol®)	
propafenone SR capsule (generic for Rhythmol SR®)	
quinidine sulfate tablet (generic for Quinides® Tablet)	
BETA BLOCKERS	
Preferred	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®)
labetalol tablet (generic for Trandate®)	Bystolic® Tablet
metoprolol succinate XL tablet (generic for Toprol XL®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
metoprolol tartrate tablet (generic for Lopressor®)	Hemangeol® Solution
nadolol tablet (generic for Congard®)	Inderal® LA Capsule / XL Capsule
nebivolol tablet (generic for Bystolic®)	Innopran® XL Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)	Kaspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Lopressor® Tablet / Solution
	pindolol tablet (generic for Viacen®)
	Sotylze® 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 packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid®)
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Camzyo® Capsule - Clinical criteria apply	Lodoo®
	Mvqoro® Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor®
simvastatin tablet (generic for Zocor®)	ezetimibe-simvastatin (generic for Vvitorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	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
	Vvitorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamasa® 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®, Indur®)	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	
Preferred	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 Dymicare®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia® Suspension - T/F of preferred agents not required for children < 12 years of age
Norliva® Solution	levamlodipine tablet (generic for Conijer®)
	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
	Sulamlo® Solution
	Sular® Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)

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

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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 Opsumi® 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®)	niacin tablet (generic for Niacor®)	
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)	Cardamyst® Nasal Spray 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
Adva® 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 Tadalia® 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	Evkeeza® IV Leqvio® Injection Redemplo® Syringe Trygolza® Autoinjector	
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 Aldon®) 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 Fibrocor®, Trilipix®) Fibrocor® Tablet Lipoten® Capsule Lopid® Tablet Tricor® Tablet	
CENTRAL NERVOUS SYSTEM		
ANTIMIGRAINE AGENTS		
Quantity limits apply to all triptans		
Preferred		Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt®) sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	almotriptan tablet (generic for Axert®) 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®) Elyzyb® 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 / naproxen tablet (generic for Treximet®) sumatriptan injection kit / refill / syringe (generic for Imitrex®) Symbravo® Tablet Tosymra® Nasal Spray Zembrace® SymTouch® zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) Zomig® Nasal Spray / Tablet	

Effective Date October 1, 2026

Revised 09.14.2026 Off-Cycle Change: Moved Baqsimi® Nasal spray to preferred in the Glucagon Agents category effective 10.01.2026

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

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

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

Non-Preferred

[illegible]

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

Non-Preferred

Zavzpret™ Nasal Spray

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

Non-Preferred

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

Non-Preferred

[illegible]

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

Non-Preferred

Brimov [®] Vial
Coraxone [®] 40 MG/ML Syringe
glatiramer syringe 20 MG/ML (generic for Copaxone [®] Syringe)
Glatopa [®] Syringe
Leontada [®] Vial
Ocrevus [®] Vial - 1 of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
Ocrevus [®] Zovmo Vial 1 of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
Pegaspir [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
Tysko [®] IV

Non-Preferred

Anipyr® Tablet
Aubagio® Tablet
Baifertam™ Capsule
Cladribine Tablet (generic for MAVENCLAD®)
Gilenva® Capsule
Mavenclad® Tablet
Mavzent® Starter Pack / Tablet
Pomory™ Starter Pack / Tablet
Tascenso ODT™
Tecfidura® Capsule / Starter Pack
Vumerity™ Capsule
Zenosis® Starter Pack / Capsule

Non-Preferred

edaravone infusion bag (generic for Radicava [®])
edaravone Vial (generic for Radicava [®])
Qahsoy [®] Vial T/F of preferred agents not required for SOD1 gene mutation
Radicava [®] ORS [®] Suspension / ORS [®] Starter Kit Suspension / Infusion Bag
Tiglutik [®] Suspension

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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®)
flurazepam capsule (generic for Dalmane®)
ramelteon tablet (generic for Rozerem® Tablet)
temazepam 15mg, 30mg capsule (generic for Restoril®)
zaleplon capsule (generic for Sonata®)
zolpidem tablet (generic for Ambien®)
zolpidem ER tablet (generic for Ambien® CR)

Ambien® Tablet / CR Tablet
Belsonra® Tablet
Dayvigo™ Tablet
Doral® Tablet
doxepin tablet (generic for Silenor®)
Edluar® SL Tablet
eszazolam tablet (generic for Prosom®)
Halcion® Tablet
Hettioz® Capsule / LQ Suspension - Clinical criteria apply
Igalmi® SL tablet
Lunesta® Tablet
quazepam tablet (generic for Doral®)
Quviviq™ Tablet
Restoril® Capsule
Rozerem® Tablet
tasimelteon capsule (generic for Hettioz®) - Clinical criteria apply, T/F of Hettioz® 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®)
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®)

Nicotrol® NS Nasal Spray

ENDOCRINOLOGY

Glucagon Agents

Preferred

Non-Preferred

Baqsimi® Nasal spray
Glucagon Emergency Kit
Gvoke® Pen / Syringe / Vial
Proglycem® Oral Suspension

Diazoxide Oral Suspension (generic for Proglycem®)
Glucagon emergency kit (Manufacturer: Amphastar)
Glucagon Injection
Zegalogue® Syringe / Autoinjector

Growth Hormones

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®
Norditropin® Flexpro®
Skytrofa® Cartridge

Humatrope® Cartridge
Nascella® Pen
Nutropin® AQ NuSpin®
Omnitrope® Cartridge / Vial
Serostim® Vial
Sugrovra® Pen
Zomacton® Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Preferred

Non-Preferred

insulin aspart U-100 Penfill, FlexPen® / vial (generic for Novolog®) (generic for Novolog®)
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)
Novolog® U-100 Penfill, FlexPen® / Vial
Relion Novolog® U-100 FlexPen® / Vial

Admelog® SoloStar® / Vial
Afrezza® Inhalation Powder
Apidra® SoloStar® / Vial
Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
Humalog® U-100 Cartridge, Junior KwikPen®, KwikPen® / Vial
Humalog® U-100 Tempo Pen™
Humalog® U-200 KwikPen®
Kiersiv Vial / Pen (biosimilar to Novolog®)
Lumicor® 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 insulin. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred

Non-Preferred

Humulin® R Vial
Humulin® R U-500 KwikPen® / U500 Vial

Mvxtredlin™ Injection
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 insulin. 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

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 insulin. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred

Non-Preferred

insulin glargine vial(authorized biologic for Lantus)
Basaglar® U-100 KwikPen®
insulin glargine SoloStar®
Lantus® SoloStar® / Vial

Basaglar® U-100 Tempo Pen™
insulin degludec pen / vial (generic for Tresiba®)
insulin glargine Max SoloStar® (generic for Toujeo®)
insulin glargine-yfin pen / vial (generic for Semglee™ yfin)
Levemir® / FlexPen® / Vial
Rezvoglar® Kwikpen
Semglee™ yfin Pen / Vial
Toujeo® SoloStar® / Max SoloStar®
Tresiba® FlexTouch® / Vial

Premixed Rapid Combination Insulin

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

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Premixed 70/30 Combination 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® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial	
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Relion Novolin® human insulin NPH / human insulin) 70/30 FlexPen®	
Novolog® Mix 70/30 Vial / 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™	
Mounjaro® Pen	exenatide Pen (generic for Byetta®)	
Ozempic® Pen	linagliptide pen (generic for Victoza®)	
Trulicity® Pen	Ozempic® Tablet	
Victoza® Pen	Rybelsus® Tablet	
	Soliqua® Pen	
	Xulaphy® Pen	
HYPOGLYCEMICS - ORAL		
2nd Generation Sulfonureas		
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®, Glymax®)		
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 Metaglip®)	metformin ER tablet (generic for Fortamet®)	
glyburide-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®)	
Jentaducto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osem®)	
Onglyza® Tablet	Brynovin™ Solution	
Tradjenta® Tablet	Glyxambi® Tablet	
	Kazano® Tablet	
	Nesina® Tablet	
	Osem® Tablet	
	Qtern® Tablet	
	saxagliptin tablet (generic for Onglyza®)	
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)	
	sitagliptin-metformin ER Tablet (generic for Zituvimet®XR)	
	sitagliptin tablet (generic for Januvia®)	
	sitagliptin-metformin tablet (generic for Zituvimet™)	
	Steglujan® Tablet	
	Trijardy® XR Tablet	
	Zituvimet	
	Zituvimet XR	
	Zituvia™ Tablet	
Meglitinides		
Preferred		Non-Preferred
nateglinide tablet (generic for Starfix®)		
repaglinide tablet (generic for Prandin®)		
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
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)	
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)	
Synjardy® Tablet	Ipofel™ Tablet	
Synjardy® XR Tablet	Invokamet® Tablet / XR Tablet	
Xigduo® XR Tablet	Invokana® Tablet	
	Segluramet™ Tablet	
	Steglatro™ Tablet	
Thiazolidinediones and Combinations		
Preferred		Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet	
	Actos® Tablet	
	Duetact® Tablet	
	pioglitazone-glimepiride tablet (generic for Duetact®)	
	pioglitazone-metformin tablet (generic for ActoPlus Met®)	
Ocretines and Related		
Preferred		Non-Preferred
Ocreotide acetate™ Ampule/ Syringe	Laureotide acetate syringe™	
Sandostatin LAR depot™ vial	Mycapssa™ Capsule	
	Ocretotide acetate™ Vial	
	Palsonify™ tablet	
	Signifor LAR™ Injection	
	Signifor™ Injection	
	Somatuline depot™ Injection	

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ANTIEMETIC-ANTIVERTIGO AGENTS

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

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ULCERATIVE COLITIS		
Oral		
Preferred		Non-Preferred
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet	
mesalamine ER capsule (generic for Apriso®, Pentasa®)	budesonide ER tablet (generic for Uceris®)	
Pentasa® Capsule	Dipentum® Capsule	
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Lialda® Tablet	
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)	
ULCERATIVE COLITIS		
Rectal		
T/F of only one preferred drug required		
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	
GENTOURINARY/RENAL		
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)		
Preferred		Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Aurixia® Tablet	
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Aurixia®)	
sevelamer carbonate powder puck / tablet (generic for Renvela®)	Calphron® Tablet	
	Fosrenol® Chewable Tablet / Powder Pack	
	lanthanum carbonate chewable tablet (generic for Fosrenol®)	
	MagneBind® 400 R3 Tablet	
	Renvela® Powder Pack / Tablet	
	sevelamer hydrochloride tablet (generic for Renagel®)	
	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	
	sildenafil capsule (generic for Rapaflo®)	
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply	
	Tezuly™ Oral Solution	
URINARY ANTISPASMODICS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
darifenacin ER tablet (generic for Enablex®)	Detrol® Tablet / LA Capsule	
fesoterodine ER tablet (generic for Toviaz®)	flavoxate tablet (generic for Urispas®)	
Myrbetriq® ER Tablet	Gemteso® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years	
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan® / XL)	mirabegron ER Tablet (generic for Myrbetriq®)	
sildenafil tablet (generic for Vesicare®)	Myrbetriq® Granules- T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years	
tolterodine tablet / ER capsule (generic for Detrol® / LA)	oxybutynin tablet (2.5 mg)	
tropium tablet / ER capsule (generic for Sanctura® / XR)	Oxytrol® Patch	
	Toviaz® Tablet	
	Vesicare® LS Suspension / Tablet	
GOUT		
Preferred		Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)	
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)	
probenecid tablet (generic for Benemid®)	Colcrys® 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®)	Savaya® Tablet	
warfarin tablet (generic for Coumadin®)	Xarelto® Suspension	
Xarelto® Starter Pack / Tablet		

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COLONY STIMULATING FACTORS

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

Preferred

Fulphila® Syringe
Fvlnetra® Syringe
Neupogen® Vial / Syringe

Non-Preferred

Granix® Safe Syringe / Syringe / Vial
Leukine® Vial
Neulasta® 4mg/0.4 ML Vial
Neulasta® Syringe / Kit
Nivestym® Syringe / Vial
Nypozl™ Syringe
Nivepria™ Syringe
Raleuko® Syringe
Raleuko® Syringe
Rolvekon® Syringe
Ryzmeta® Syringe
Stimufend® Syringe
Udenvea® On-Body / Autoinjector / Syringe
Zarvox® Syringe
Zivexto® Syringe

HEMATOPOIETIC 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

Aranesp® Syringe / Vial
Epogen® Vial
Retacrit® Vial

Non-Preferred

Mircera® Syringe
Procrit® Vial
Reblozyl® Vial
Vafseo® (vadadustat) Tablet

THROMBOPOIESIS STIMULATING AGENTS

Preferred

Nplate® Vial
Promacta® Suspension / Tablet

Non-Preferred

Alvaiz™ Tablet
Doptelet Tablet / Sprinkle
eltrombopag clamine Suspension / Tablet (generic for Promacta®)
Mupleta
Tavalisse™ Tablet
wawvitz® Tablet

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred

azelastine drops (generic for Optivar®)
cromolyn sodium drops (generic for Cromol®)

Non-Preferred

Alexx® Drops
bepotastine drops (generic for Beprevex®)
Beprevex® Drops
epinastine drops (generic for Elestat®)
loteprednol drops (generic for Alexx®)
Zervate® Drops

ANTIBIOTICS

Preferred

bacitracin-polymyxin ointment (generic for Polysporin®)
ciprofloxacin solution drops (generic for Ciloxan®)
erythromycin ointment (generic for Ilotycin®)
gentamicin drops (generic for Garamycin®)
moxifloxacin ophthalmic solution (generic for Vigamox®)
ofloxacin drops (generic for Ocuflax®)
Polycin® Ointment (branded generic for Polysporin®)
polymyxin-trimethoprim drops (generic for Polyttrim®)
sulfacetamide drops (generic for Bleph-10®)
tobramycin drops (generic for Tobrex®)

Non-Preferred

Azastix® Drops
bacitracin ointment (generic for AK-Tracin®)
besifloxacin Suspension (generic for Besivance®)
Besivance® Suspension
Ciloxan® Ointment
gatifloxacin drops (generic for Zymaxid®)
Levofloxacin Drops (Generic for Levaquin®)
moxifloxacin ophthalmic solution (generic for Moxeza®)
Natacen® Drops
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)
Ocuflax® Drops
sulfacetamide ointment (generic for Cetamide®)
Tobrex® Ointment
Vigamox® Drops

ANTIBIOTICS-STEROID COMBINATIONS

Preferred

neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)
Tobradex® Ointment
tobramycin-dexamethasone suspension (generic for Tobradex®)

Non-Preferred

Maxitrol® Drops / Ointment
Neo-Polycin® HC (branded generic for Cortisporin®)
neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
neomycin-polymyxin-HC drops (generic for Ocucrin®)
sulfacetamide-prednisolone drops (generic for Vasosidin®)
Tobradex® ST Drops
Zylet® Drops
loteprednol-tobramycin Drops (generic for Zylet®)

ANTI-INFLAMMATORY

Preferred

dexamethasone drops (generic for Decadron®)
diclofenac drops (generic for Voltaren®)
difluprednate drops (generic for Durzol®)
Flarex® Drops
fluorometholone drops (generic for FML®)
flurbiprofen drops (generic for Ocufen®)
ketorolac solution (generic for Acular® / LS)
Lotemax® Drops
Nevanac® Droptainer
Pred Mild® Drops
prednisolone acetate drops (generic for Pred Forte®)

Non-Preferred

Acular® Drops / LS Solution
Acuvail® Solution
bromfenac drops (generic for Prolensa®, Xibrom®, BronSite®)
BronSite® Solution
Byglovi® Drops
Dextenza® Insert
Durezol® Drops
FML® Forte Drops / Liquifilm® Drops
Ilevro® Drops
Iluvien® Implant
Inveltys® Drops
Lotemax® Gel / SM Gel / Ointment
loteprednol drops / gel (generic for Lotemax®)
Maxidex® Drops
Ozurdex® Implant
Pred Forte® Drops
prednisolone sodium phosphate drops (generic for Inflammase Forte®)
Prolensa® Drops
Retisert® Implant
Trisence® Vial
Xipere® (Intraocular)
Yutiq® Implant

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ANTI-INFLAMMATORY / IMMUNOMODULATOR		
Preferred		Non-Preferred
Restasis® Drops		Cequa™ Drops
Xiidra® Drops		cyclosporine emulsion (generic for Restasis®)
		Eysuvis® Drops
		Miebo® Drops
		Restasis® Multidose™ Drops
		Tryptyl® Drops
		Trivara® Nasal Spray
		Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
		Vevee® 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 XH®)		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)
		Timoptic Ocudose® Drops
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred		Non-Preferred
dorzolamide drops (generic for Trusopt®)		Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)		brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops		Cosopt® Drops / PF Drops
		dorzolamide-timolol PF drops (generic for Cosopt® PF)
PROSTAGLANDIN AGONISTS		
Preferred		Non-Preferred
latanoprost drops (generic for Xalatan®)		bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops		Durysta® Implant
		iDose® TR Implant
		Iyuzeh™ Drops
		Lumigan® Drops
		tafluprost drops (generic for Zioptan®)
		travoprost drops (generic for Travatan® Z)
		Vyzulta® Drops
		Xalatan® Drops
		Xeltrus® 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
Enobry Syringe (biosimilar to Prolia®)		alendronate solution (generic for Fosamax® Solution)
Forteo® Pen		Atelvia® Tablet
raloxifene tablet (generic for Evista®)		Bildyo® Syringe (Prolia® Biosimilar)
		Binosto® Effervescent Tablet
		Bonisty Pen Injector
		Bosaya® Syringe (Prolia® Biosimilar)
		calcitonin salmon nasal spray (generic for Miacalcin®)
		Conexence® Syringe (Prolia® Biosimilar)
		Eventy® Syringe
		Evista® Tablet
		Fosamax® Tablet / Plus D Tablet
		ibandronate tablet (generic for Boniva®)
		Jalbut® 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
OTC		
ANTIBIOTICS		
Preferred		Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)		Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)		ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)		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		
Plans may not apply additional utilization management or prior authorization criteria to this category		
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)		levabuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
Ventolin® HFA Inhaler		Proair® RespClick®
Xopenex® HFA Inhaler		

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BETA-ADRENERGIC, NEBULIZERS		
Preferred	T/F of only one preferred drug required	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)		arformoterol solution (generic for Brevana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)		Brevana® Solution
albuterol sulfate 2.5mg / 0.5ml solution		formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution		levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
		Perforomist® Solution
BETA-ADRENERGIC, ORAL		
Preferred		Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)		albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)		
terbutaline tablet (generic for Brethine®)		
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
Anoro® Ellipta® Inhaler		Bevespi® Aerosphere®
Atrivent® HFA Inhaler		Daliresp® Tablet
Combivent® Respimat® Inhalation Spray		Duaklir® Pressair®
Incruse® Ellipta® Inhaler		Oltuvayre® Inhalation suspension
ipratropium nebulizer solution (generic for Atrovent®)		tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium / albuterol solution (generic for Duoneb®)		Tudorza® Pressair® Inhaler
roflumilast tablet (generic for Daliresp®)		Umeclidinium-Vilanterol Inhaler (generic for Anoro®)
Spiriva® Handihaler® / Respimat® Inhalation Spray		Yupelri® Solution
Stiolto® Respimat® Inhalation Spray		ipratropium bromide HFA (generic for Atrovent®)
INHALED CORTICOSTEROIDS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
Alvesco® Inhaler		beclomethasone dipropionate (generic for QVAR®)
Armuity® Ellipta® Inhaler		fluticasone furoate DPI (generic for Armuity Ellipta™)
Asmanex® HFA Inhaler / Twisthaler®		fluticasone propionate diskus (generic for Flovent® Diskus)
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)		Pulmicort® Respules 0.25mg, 0.5mg, 1mg
fluticasone propionate HFA (generic for Flovent® HFA)		
Pulmicort® Flexhaler		
QVAR® ReditHaler™		
INHALED CORTICOSTEROID COMBINATIONS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
Advair® Diskus®		AirDuo® Dualhaler™ / RespiClick®
Advair® HFA Inhaler		AirSupra® Inhaler
Duclera® Inhaler		Breo® Ellipta
Symbicort® Inhaler		Brevna® Inhaler
		Breztri® 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®)
		Trelesvi® Ellipta
		Wixela® Inhub®
INTRANASAL RHINITIS AGENTS		
Preferred	T/F of preferred agents not required in children < 4 years of age for steroid-containing products	Non-Preferred
azelastine spray (generic for Astelin®)		azelastine nasal spray (generic for Astepro®)
Dymista® Nasal Spray		azelastine-fluticasone nasal spray (generic for Dymista®)
fluticasone spray (generic for Flonase®)		flunisolide nasal spray (generic for Nasalide®)
ipratropium spray (generic for Atrovent® Nasal)		Omniaris® Nasal Spray
mometasone nasal spray (generic for Nasonex®)		QNASL® Nasal Spray / Children's Spray
olopatadine nasal spray (generic for Patanase®)		Ryaltis® Nasal Spray
		Sinuva™ Implant
		Xhance® Nasal Spray
		Zetona® Nasal Spray
LEUKOTRIENE MODIFIERS		
Preferred		Non-Preferred
montelukast chewable / tablet (generic for Singulair®)		Accolate® Tablet
		montelukast granules (generic for Singulair®)
		Singulair® Chewable / Granules / Tablet
		zafirlukast tablet (generic for Accolate®)
		zileuton tablet (generic for Zylflo®)
		Zyflo® Filmtab
LOW SEDATING ANTIHISTAMINES		
Preferred		Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)		cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec® Syrup)		cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)		cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)		Clarinetx® Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)		desloratadine ODT / Tablet / Solution (generic for Clarinetx®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)		fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
		levocetirizine Rx solution (generic for Xyzal® Rx Solution)
		loratadine OTC chewable ODT / solution (generic for Claritin® OTC)
LOW SEDATING ANTIHISTAMINE COMBINATIONS		
Preferred	Plans may not apply additional utilization management or prior authorization criteria to this category	Non-Preferred
	Quantity limit of 102 days supply per 12 months apply to all drugs in this class	
loratadine-D OTC tablet (generic for Claritin-D® OTC)		cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
		Clarinetx-D® Tablet
		fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
		fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
FIRST GENERATION ANTIHISTAMINES		
Preferred		Non-Preferred
carbinoxamine solution		carbinoxamine ER Suspension (generic for Karbinal™) - T/F of immediate release carbinoxamine solution and cetirizine svrup required for coverage
Carbaryl Solution		carbinoxamine tablet
cyprobepatidine syrup / tablet		clemastine tablet (generic for Clemasza™)
hydroxyzine capsule / solution / tablet		Clemasza® Tablet
		Karbinal® ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine svrup required for coverage
		RxClora® Solution
		RyVent™ Tablet

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ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Cicloclodan® Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin® Rx)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox treatment kit (generic for Cicloclodan®)
ketconazole cream / shampoo (generic for Nizoral®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Klavesta® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
Nyavme® Powder (branded generic for Nystop®)	econazole cream (generic for Spectazole®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole foam (generic for Econaz®)
Nystop® Powder	Ertaczo® Cream
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	Extina® Foam
	ketoconazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kervdin®)
	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	Crotan™ Lotion
permethrin cream (generic for Elimite®)	Elimite™ Cream
spinosad topical suspension (generic for Natroba®)	Eurax® Cream / Lotion
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Pruradik® Lotion
	Sklice® Lotion
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax®)	peniclovir cream (generic for Denavir®)
Denavir® Cream	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condylax® Gel
	Hyflur™ 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 ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	calcitriol ointment (generic for Vectical®)
Vtama® Cream	Enstilar® Foam
	Sorilux® Foam
	Taclonex® Suspension
	Vectical Ointment
	Zorvyne® 0.3% Cream / Foam
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso®)
metronidazole cream (generic for MetroCream®)	Epsolay® (benzoyl peroxide)
metronidazole gel / pump (generic for MetroGel®)	Finacea® Foam
Rosadan® Cream / Gel	ivermectin cream (generic for Soolantra®)
	MetroCream®
	MetroGel®
	metronidazole lotion (generic for MetroLotion®)
	Mirvaso® (brimonidine)
	Rhofade® Cream
	Rosadan® Kit
	Soolantra™ Cream
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®)	alcometasone dipropionate cream / ointment (generic for Aclovate®)
DermaSmoothe® FS Scalp and Body Oil	Capeex®
hydrocortisone cream / lotion / ointment (generic for Hytome®)	desonide lotion (generic for DesOwen® Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe® 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®)	cloacortolone cream (generic for Cloderm®)
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandemolide 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 Westcot®)
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit

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High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocort®)
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®)
	Haloz® 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 Clobox®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)
clobetasol solution (generic for Cormax®)	clobetasol lotion / spray (generic for Clobox®)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clobox® Shampoo / Spray
	Clodan® Kit / Shampoo
	halobetasol propionate Lotion (generic for Ultravate®)
	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
Oriahnn® 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
Buphenyl® Tablet/Powder	carlglutamic acid Tablet for oral suspension (generic for Carbaглу®)
Carbaглу® Tablet for oral suspension	glycerol phenylbutyrate oral liquid (generic for Ravict®) T/F of preferred drug is not required for Urea cycle disorder
	Olprosu® Suspension
	Phedburne® Oral Pellets
	Ravict® 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)	
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
Wegovy® Pen/Tablet	liraglutide Pen/5-mk (generic Saxenda®)
Wegovy® HD Pen	Saxenda® (liraglutide) Pen
Foundavio® Tablet	
Zepbound® (tirzepatide) Pen/Kwikpen	
Weight Management (Non-Incretin Mimetics)	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phentermine tablet / capsule	phentermine/Topiramate Capsule (generic for Qsymia®)
	Xenical® (orlistat) Capsule
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
Fascira® Pen / Syringe	Cinqair® Vial
Tezspire® Pen / Syringe	Exdenuir Syringe
Xolair® (omalizumab) Autoinjector/Syringe/Vial	Nucala® Syringe / Vial / Autoinjector
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	Anzupgol® Cream
Dupixent® Pen / Syringe	Cibinqo® Tablet
Ebglyso™ (lebelizumab-ibkx) Syringe/Pen	Nemlevio® Pen
Eucrisa® 2% Ointment	Opzelura® Cream
pinacrolimus 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 Ossoralen-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	
netly® nasal spray	

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ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella® Tablet	Abigale™ / Abigale™ Lo Tablet
Amabelz™ Tablet	Bijuva® Capsule
estradiol/norethindrone tablet (generic for Activella®)	
Evaovoh™ Tablet	
Jinteli™ (branded generic for FemHRT®)	
Mumvey® / 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	Duaves® Tablet
Lyndust® Capsule	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	estradiol gel packet (generic for Divigel®)
	Estradiol Gel Pump
	Lyllana™ Patch
	Menostar® Patch
	Minivelle® Patch
	Ospheia® Tablet
	Veozah™ 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	Femrine™ Vaginal Ring
Vagifem® Vaginal Tablet	Invexxy® 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®)	Agamree® Suspension
dexamethasone solution (generic for Concedix®)	Cortef® Tablet
Enflaza® Tablet / Suspension - Clinical criteria apply.	corticoids tablet (generic for Batisone®)
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 PediaPred®, OraPred®, Verinord®)	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
prednisolone dose pack (generic for Sterapred®)	Hemady® Tablet
prednisolone solution / tablet (generic for Deltasone®)	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®)
	Pvquvi™ 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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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-aacF Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
infliximab vial (generic for Remicade®)	adalimumab-aaty Autoinjector / Syringe
Otezla® Starter Pack / Tablet	adalimumab-adaz Pen / Syringe
Pyzchiva® (ustekinumab-twe) Syringe/Vial	adalimumab-adbm Pen/Syringe (Manufacturer: Quallent)
Starjema Vial / Syringe (biosimilar to Stelara®)	adalimumab-bkjp Pen / Syringe
Taltz® Auto-injector / Syringe	adalimumab-ryvk Autoinjector / Syringe
Tysneo® (tocilizumab-aazg) Autoinjector / Syringe/ Vial	Amjevita™ Syringe / Autoinjector (biosimilar to Humira®)
Xeljanz® Tablet	Arcalyst® SQ Syringe
	Avsola® Vial
	Avtozma® Vial / Autoinjector / Syringe
	Bimzelx® Autoinjector / Syringe
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Sensorcady® 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 / Pod. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe T/F of preferred adalimumab product is required
	Hyrimoz™ Pen / Crohn's-UC Pen / Pod. Crohn's Pen / Syringe / Psoriasis Pen (biosimilar to Humira®)
	Isotryde® Tablet
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe (biosimilar to Humira®)
	Ilaris® Vial
	Ilumya® Syringe
	Imuldosa™ Syringe/Vial
	Inflectra® Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Onvoh® (mirikizumab-mrkz) Syringe /Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Otezla® XR Initiation Pack / Tablet
	Otulfi® Syringe/Vial
	Remicade® Vial
	Rentflexis® Vial
	Rinvoq® (upadacitinib) LQ Solution
	Rinvoq® ER Tablet
	Selandsi™ Vial / Syringe
	Simlandri® 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
	Stegyma® (ustekinumab-stba) Vial /Syringe
	Tofieldene® (tocilizumab-bavi) Vial
	Trenfya® Syringe / Injector/ Vial / Pen Induction PK-Crohn
	Uplizna® Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	ustekinumab-aauz syringe (biosimilar for Stelara®)
	ustekinumab-aekn syringe (generic for Stelara®/Selarsdi B®)
	Ustekinumab-twe Vial / Syringe (generic for Pyzchiva®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe/Vial
	Yuflyma® 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®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Myhibbin™ (mycophenolate mofetil) Suspension	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Tablet	
Renarex™ 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

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Preferred Non-Preferred

Austedo® Tablet	Xenazine® Tablet
Austedo® XR Tablet / Titration Kit	
Increzza® (valbenazine) Sprinkle Capsules	
Increzza® Capsule / Initiation Pack	
tetrabenazine tablet	

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
Orladevo® Capsule	Dawnzera™ Auto syringe
Takhzyro® Syringe	Orladevo® Pellet Pack

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DIABETIC SUPPLIES

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