

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

Effective Date April 1 2025

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

Revised 4.3.25 removed Nucynta® Tablet, Nucynta® ER Tablet, and Xtampza® ER Capsule. Added red writing-clinical criteria apply to Inbrija™ Inhalation and Ongentys® Capsule

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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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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
	Leqemba® Vial - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
ANALGESICS	
OPIOID ANALGESICS	
Long Acting Opioids	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
methadone concentrate / disks / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5, / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadone™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
Orally Disintegrating / Oral Spray Schedule II Opioids	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Actiq® Lozenge	Dauriv™ SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
Short Acting Schedule II Opioids	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Visoprofen®)	hydromorphone solution / suppository (generic for Dilaudid®)
hydromorphone tablet (generic for Dilaudid®)	levorphanol tablet (generic for Levo-Dromoran®)
morphine solution / tablet (generic for MSIR®)	meperidine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox®)	morphine suppositories (generic for Roxanol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	Nalacet® 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
	Roxybond® Tablet
Short Acting Schedule III – IV Opioids / Analgesic Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (generic for Ultram®)	bupropion compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	bupropion-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®)
	Qdolo™ Solution
	Seglents® Tablet
	tramadol solution (generic for Qdolo™)
	tramadol tablet (25 mg)

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthrotec® Tablet
ibuprofen suspension / tablet (generic for Motrin®)	Celebrex® Capsule
indomethacin capsule (generic for Indocin®)	Daypro® Caplet
ketorolac tablet (generic for Toradol®)	diclofenac potassium capsule (generic for Zipsor®)
meloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam®)
naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
naproxen tablet (generic for Naprosyn®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
naproxen sodium tablet (generic for Anaprox®)	diffusal tablet (generic for Dolobid®)
sulindac tablet (generic for Clinoril®)	Dolobid tablet
	Duexis® Tablet - T/F of only celecoxib required
	etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)
	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®)
	ketorolac tromethamine nasal spray (generic for Sprix®)
	Kiprofen® (ketoprofen) Capsule (branded generic for Orudis®)
	Lofena® Tablet
	meclfenamate capsule (generic for Meclomen®)
	mefenamic acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Vivlodex®)
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule / Tablet
	Napreelan® Tablet
	Naprosyn® Suspension
	naproxen sodium ER tablet (generic for Napreelan®)
	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
NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Dermacilin™ 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®)
	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)
	Quenza® Kit
	Savella® Tablet / Titration Pack
	Tridacaine™ Patch
	ZTLido® Patch - Clinical criteria apply
ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom® Tablet	carbamazepine ER capsule (generic for Carbatrol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol® Capsule
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Oxcarbazepine ER (generic for Oxtellar® XR)
Oxtellar® XR Tablet	Trileptal® Tablet
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	

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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® Capsule	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®)	Mysoline® Tablet
Felbatol® Suspension / Tablet	Sezaby® Vial
phenobarbital tablet / elixir / solution	Zarontin® Capsule / Solution
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	
SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.	
Preferred	Non-Preferred
Banzel® Tablet+BI71.C198	Banzel® Suspension
Briquet® Tablet / Solution	clonazepam ODT (generic for Klonopin® Wafer)
clobazam suspension / tablet (generic for Onfi®)	Elepsia® XR Tablet
clonazepam tablet (generic for Klonopin®)	Epidiolex® Solution - Clinical criteria apply
Diacomit® Capsule / Powder Pack	Keppra® Tablet / Solution / XR Tablet
Diastat® Acudial® / PEDI System	Klonopin® Tablet
diazepam rectal / system (generic for Diastat® Acudial® / PEDI System)	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Eprontia® Solution	lamotrigine starter kits (generic for Lamictal®)
Fintepla® Solution	Libervant® (diazepam) Buccal Film
Eycompa® Tablet / Suspension	Lyrica® Capsule / Solution
gabapentin capsule / solution / tablet (generic for Neurontin®)	Motopoly XR® (lacosamide extended release) Capsule
lacosamide solution / tablet (generic for Vimpat®)	Neurontin® Capsule / Solution / Tablet
lamotrigine chewable / tablet (generic for Lamictal®)	Onfi® Suspension / Tablet
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	Qudexy® XR Capsule
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	rufinamide tablet (generic for Banzel®)
Nayzilam® Nasal Spray	Spritam® Tablet
Rowcepra® Tablet	Sympazan® Film
rufinamide suspension (generic for Banzel®)	Topamax® Sprinkle Capsule / Tablet
Sabril® Tablet / Powder Packet	topiramate ER capsule (generic for Qudexy®)
Subvenite® Tablet / Tab Start Kit	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
tigabine tablet (generic for Gabitril®)	Trokendi® XR Capsule
topiramate sprinkle capsule / tablet (generic for Topamax®)	vigabatrin tablet (generic for Sabril®)
Valloco® Nasal Spray	Vigadrome® Powder Packet / Tablet
vigabatrin powder packet (generic for Sabril®)	Vigafyde™ Solution
Xcopri® Tablet / Titration Pack	Vigpoder™ Powder Packet
zonisamide capsule (generic for Zonisgran®)	Vimpat® Solution / Starter Kit / Tablet
	Zonisade™ Oral Suspension
	Ztalmey® Oral Suspension
ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
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 / XR tablet (generic for Augmentin® / XR)	Augmentin® Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Cefclor® / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef®)
Bicillin® C-R injection	cefepodoxime suspension / tablet (generic for Vantin®)
cefadroxil capsule / suspension (generic for Duricef®)	
ceftriaxone capsule / suspension (generic for Omnicef®)	
cefixime capsule / suspension (generic for Suprax®)	
cefprozil suspension / tablet (generic for Ceftzil®)	
cefuroxime tablet (generic for Cefim®)	
cephalexin capsule / suspension / tablet (generic for Keflex®)	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
pipercillin - tazobactam injection / vial	
Pfizerpen® injection / vial	
Unasyn® injection / vial	
Zosyn® injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin® Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin® Pediatric Solution
	clindamycin injection (generic for Cleocin®)
	Lincocin® Vial
	lincomycin vial (generic for Lincocin®)
	linezolid IV solution (generic for Zyvox®)
	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	

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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 [®])	Diffical [®] Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvans [®])	Firvans [®] Solution
	Flagyl [®] Capsule
	Likmez [®] Suspension
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alimia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solosec [®] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vanocin [®] Capsule
	Vovist [®] Capsule - Clinical criteria apply
	Xifaxan [®] Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet
levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin suspension (generic for Cipro [®])
moxifloxacin tablet (generic for Avelox [®])	levofloxacin solution (generic for Levaquin [®])
	ofloxacin tablet (generic for Floxin [®])
Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®])	Doryx [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oraacea [®])
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak [™] Tablet
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Mimolira [®] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuztra [®] Tablet
	Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin [®])
	tetracycline tablet (generic for Sumycin [®] / Panmycin [®])
	Vibramycin [®] Capsule
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
fluconazole suspension / tablet (generic for Diflucan [®])	Brexafemme [®] Tablet
griseofulvin suspension (generic for Grifulvin V [®])	Cresemba [®] Capsule
griseofulvin ultra tablet (generic for Grise-Peg [®])	Diflucan [®] Suspension / Tablet
mycristatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
mycristatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] 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 (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for EpiVir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread [®])	Vemlidy [®] Tablet
Viread [®] Powder / Tablet	

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Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasis® 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	
Mavyret® Tablet (8 weeks of therapy)	Epclusa® Pellet Pack/ Tablet
Mavyret® Pellet Pack	Harvoni® Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	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®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza® Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Kitabis™ Pak	Arikayce® Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobin™)	tobramycin inhalation pak (generic for Kitabis™)
	Tobi® Podhaler® / Solution
	tobramycin Ampule (generic for Bethkis)
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Auvelity® Tablet
duloxetine capsule (generic for Cymbalta®)	Bupropion XL tablet (generic for Forfivo® XL)
Effexor® XR Capsule	Cymbalta® Capsule
mirtazapine ODT / tablet (generic for Remeron®)	desvenlafaxine ER tablet (generic for Khedezla®)
Nardil® Tablet	duloxetine capsule (generic for Irenka®)
phenelzine tablet (generic for Nardil®)	Emsam® Patch
tramycypromine tablet (generic for Pamate®)	Fetzima® Capsule / Titration Pak
trazodone tablet (generic for Desyre®)	Forfivo® XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan® Tablet
vilazodone tablet (generic for Viibryd®)	nefazodone tablet (generic for Serzone®)
	Pristiq® ER Tablet
	Remeron® Soltab™ / Tablet
	Trintellix® Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd® Tablet
	Wellbutrin® SR / XL Tablet
	Zuruvac™ Capsule
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age
Paxil® Suspension	fluvoxamine ER capsule (generic for Luvox CR®)
sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro® Tablet
	paroxetine capsule (generic for Brisdelle®)
	paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Prozac® Pulvule
	sertraline capsule
	Zoloft® Solution / Tablet

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

Effective Date April 1 2025

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Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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ANTIHYPERKINESIS / ADHD		
Preferred		Non-Preferred
Adderall® Tablet (Generic Product Per FDA)		Adzenys® XR ODT
Adderall® XR Capsule		amphetamine salt combo ER capsule (generic for Mydayis®)
amphetamine salt combo tablet (generic for Adderall®)		amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)		Azstarys™ Capsule
Aptensio® XR Capsule		Cotempla™ XR-ODT
atomoxetine capsule (generic for Strattera®)		Dexedrine® Spansule®
clonidine ER tablet (generic for Kapvay®)		dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Concerta® Tablet		dextroamphetamine solution (generic for ProCentra®)
Daytrana® Patch		Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)		Dyanavel® XR Tablet
dextroamphetamine tablet (generic for Dexedrine®)		Evekeo® Tablet / Evekeo® ODT Tablet
Focalin® XR Capsule		Focalin® Tablet
guanfacine ER tablet (generic for Intuniv®)		Intuniv® Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse®)		Jornay PM™ Capsule
Methylin® Solution		lisdexamfetamine capsule (generic for Vyvanse®)
methylphenidate ER capsule (generic for Aptensio® XR)		methamphetamine tablet (generic for Desoxyn®)
methylphenidate ER tablet (generic for Concerta®)		methylphenidate CD capsule (generic for Metadate® CD)
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)		methylphenidate chewable (generic for Methylin®)
Vyvanse® Capsule / Chewable Tablet		methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
		methylphenidate LA capsule (generic for Ritalin® LA)
		methylphenidate patch (generic for Daytrana®)
		Mydayis® ER Capsule
		Onyda XR Suspension - T/F of preferred agents not required for children < 12 years of age
		ProCentra® Solution
		Qelbree® Capsule
		Quillichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age
		Quillivant® XR Suspension - T/F of preferred agents not required for children < 12 years of age
		Relexxiu® ER Tablet
		Ritalin® LA Capsule
		Ritalin® Tablet
		Strattera® Capsule
		Xelstrym® Patch
		Zenzedi® Tablet
INJECTABLE ANTIPSYCHOTICS		
Injectable Long Acting		
Preferred		Non-Preferred
Abilify Maintena® Syringe / Vial		
Abilify Asimtufi® Syringe Kit		
Aristada® / Inizio® Syringe		
fluphenazine decanoate vial (generic for Prolixin decanoate®)		
Haldol® decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)		
Invega® Hafyera Prefilled Syringe Kit		
Invega® Sustenna Prefilled Syringe		
Invega® Trinza Syringe		
Perseris® Syringe		
Risperdal® Consta Vial		
risperidone ER vial (generic for Risperdal® Consta)		
Rykindo® Vial / Vial Kit		
Uzedy® Syringe Kit		
Zyprexa® Relprevv™ Vial Kit		
ATYPICAL ANTIPSYCHOTICS		
Oral / Transdermal		
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® Discmelt®)
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®)		Cobenfy
quetiapine tablet / ER tablet (generic for Seroquel® / XR)		Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)		Fanapt® Tablet / Titration Pack
Symbax® Capsule		Geodon® Capsule
Vraylar® Capsule		Invega® Tablet
ziprasidone capsule (generic for Geodon®)		Latuda® Tablet
		Lybalvi® Tablet
		Nuplazid® Tablet / Capsule
		olanzapine-fluoxetine capsule (generic for Symbax®)
		Rexulti® Tablet / 7-Day Pack / 14-Day Pack
		Risperdal® Solution / Tablet
		Saphris® SL Tablet
		Secuso® Patch
		Seroquel® Tablet / XR Tablet / XR Sample Kit
		Versacloz® Suspension
		Zyprexa® Tablet / Zydis® Tablet

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Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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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 Univasc®)
	Obrelis® Solution - T/F of preferred agents not required for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Vasotec® Tablet
	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 Vasoretic®)	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®)
	Vasoretic® Tablet
	Zestoretic® Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
olmesartan tablet (generic for Benicar®)	Benicar® Tablet
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Diovan® Tablet
	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
amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	telmisartan-amlodipine tablet (generic for Twynsta®)
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Tribenzor® Tablet
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
	Edarbycler® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto® Tablet	Entresto® (sacubitril / valsartan) Sprinkle Pellet- T/F of preferred agents not required for children < 12 years of age
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq® Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
doxetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Rythmol SR® Capsule
propafenone tablet (generic for Rythmol®)	Tikosyn® Capsule
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	

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

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Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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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T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
carvedilol tablet (generic for Coreg [®])	Betapace [®] Tablet / AF Tablet
Hemangeol [®] Solution	betaxolol tablet (generic for Kerlone [®])
labetalol tablet (generic for Trandate [®])	bisoprolol tablet (generic for Zebeta [®])
metoprolol succinate XL tablet (generic for Toprol XL [®])	Bystolic [®] Tablet
metoprolol tartrate tablet (generic for Lopressor [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
nebivolol tablet (generic for Bystolic [®])	Coreg [®] Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal [®])	Corgard [®] Tablet
Sorine [®] Tablet	Inderal [®] LA Capsule / XL Capsule
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®])	Imopran [®] XL Capsule
	Kappargo [®] Sprinkle - T/F of preferred agents not required for children < 12 years of age
	Lopressor [®] Tablet
	nadolol tablet (generic for Corgard [®])
	pindolol tablet (generic for Visken [®])
	Sotylize [®] Solution
	Tenormin [®] Tablet
	timolol tablet (generic for Blocadren [®])
	Toprol XL [®] Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
	Ziac [®] Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®])
	Prevalite [®] Packet / Powder
	Questran [®] Light Powder / Packet / Powder
	Welchol [®] Packet / Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor [®])	Altoprev [®] Tablet
ezetimibe (generic for Zetia [®])	amlodipine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor [®])	Atorvalis [®] Suspension
pravastatin tablet (generic for Pravachol [®])	Caduet [®] Tablet
rosuvastatin tablet (generic for Crestor [®])	Ezallor [™] Capsule
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin [®])
	Flolipid [™] (simvastatin) Suspension - T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
	Juxtapid [®] Capsule - Clinical criteria apply
	Lescol [®] XL Tablet
	Lipitor [®] Tablet
	Livalo [®] Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nextletol [®] Tablet - Clinical criteria apply
	Nextizer [®] 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
	Zypiamag [™] Tablet
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil [®] Titradose [®] , IsoDitrate [®] , et al.)	Gonitro [®] Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®])	Isordil [®] Tablet / Titradose [®] Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , et al.)	Nitro-Bid [®] Ointment
Nitrostat [®] SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual [®] Spray
	Verquvo [®] Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc [®])	felodipine ER tablet (generic for Plendil [®])
nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacirc [®])
nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	Katerzia [™] Suspension - T/F of preferred agents not required for children < 12 years of age
	levamlodipine tablet (generic for Contipri [®])
	nicardipine capsule (generic for Cardene [®])
	nimodipine capsule (generic for Nimotop [®])
	nimodipine solution
	nisoldipine ER tablet (generic for Sular [®])
	Norlqua [®] Solution
	Norvasc [®] Tablet
	Nymalize [®] Solution
	Procardia [®] XL Tablet
	Sular [®] Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna [®] Tablet	aliskiren tablet (generic for Tekturna [®] Tablet)
Tekturna [®] HCT Tablet	

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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 (generic for Tracleer® Tablet) Letairis® Tablet Opsumit® Tablet Opsumit® Tablet Tracleer® Suspension	
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	Tyvaso® DPI	
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan®)		
NITRATE COMBINATION		
Preferred		Non-Preferred
Bidil® Tablet	isosorbide dinitr/hydralazine tablet (generic for Bidil®)	
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) Tiazia XT® Capsule (branded generic for Tiazac®) Tiadyl® ER Capsule verapamil tablet / ER tablet (generic for Calan® / SR)	Calan SR® Caplet Cardizem CD® Capsule Cardizem® Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazac® Capsule 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 Liqore® Suspension Orcenitram® 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 Upravi® Tablet / Titration Pack	
PLATELET INHIBITORS		
Preferred		Non-Preferred
Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) prasugrel tablet (generic for Effient® Tablet)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavix® Tablet	
ANTIANGINAL & ANTI-ISCHEMIC		
Preferred		Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzo™ Sprinkle Ranexa® 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) methyldopa-HCTZ tablet (generic for Aldoril®) methyldopa vial (generic for Aldomet®) 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) fenofibrate acid tablet (generic for Fibricor®, Trilipix®) Fenoglide® Tablet Fibricor® Tablet Lipofen® Capsule Lopid® Tablet Lovaza® Capsule Tricor® Tablet Trilipix® Capsule	
CARDIOVASCULAR, OTHER		
Preferred		Non-Preferred
Camzyos® Capsule - Clinical criteria apply		

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

Effective Date April 1 2025

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Revised 4.3.25 removed Nucynta® Tablet, Nucynta® ER Tablet, and Xtampza® ER Capsule. Added red writing-clinical criteria apply to Inbrija™ Inhalation and Ongentys® Capsule

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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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CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt [®])	almotriptan tablet (generic for Axert [®])
sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	diclofenac potassium powder packet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan tablet (generic for Relpax [®])
	Elyxyb [™] 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 injection kit / refill / syringe (generic for Imitrex [®])
	sumatriptan / naproxen tablet (generic for Treximet [®])
	Tosymra [™] Nasal Spray
	Zembrace [®] SymTouch [™]
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig [®])
	Zomig [®] Nasal Spray / Tablet
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig [®] Autoinjector	Qulipta [®] Tablet
Ajovy [®] Autoinjector / Syringe	Vyepti [®] Vial
Emgality [™] Pen / Syringe	
Nurtec [®] ODT	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nurtec [®] ODT	Zavzpret [™] Nasal Spray
Ubelvy [®] Tablet	
ANTI-NARCOLEPSY	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nuvigil [®] Tablet	armodafinil tablet (generic for Nuvigil [®])
Provigil [®] Tablet	modafinil tablet (generic for Provigil [®])
	Sunosi [™] Tablet
	Wakix [®] Tablet
ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel [®])	Apokyn [®] Cartridge
benztropine tablet (generic for Cogentin [®])	apomorphine cartridge (generic for Apokyn [®])
bromocriptine capsule / tablet (generic for Parlodel [®])	Azilect [®] Tablet
carbidopa-levodopa ODT (generic for Parcopa [®])	carbidopa tablet (generic for Lodosyn [™])
carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo [™])
pramipexole tablet (generic for Mirapex [®])	Comtan [®] Tablet
ropinirole tablet (generic for Requip [®])	Crexont Capsule ER
selegiline capsule / tablet (generic for Emsam [®])	Dhivy [™] Tablet
trihexphenidyl elixir / tablet (generic for Artane [®])	Duopa [®] Suspension
	entacapone tablet (generic for Comtan [®])
	Gocoveri [®] Capsule - Clinical criteria apply
	Horizant [®] Tablet
	Inbrija [™] Inhalation - Clinical criteria apply
	Kymnobi [™] Titration Kit
	Lodosyn [®] Tablet
	Mirapex [®] ER Tablet
	Neupro [®] Patch
	Nourianz [™] Tablet
	Ongentys [®] Capsule - Clinical criteria apply
	Osmolex ER [™] Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER [®])
	rassagiline tablet (generic for Azilect [®])
	ropinirole ER tablet (generic for Requip XL [®])
	Rytary [®] ER Capsule
	Sinemet [®] Tablet
	Stalevo [™] Tablet
	Tasmar [®] Tablet
	tolcapone tablet (generic for Tasmar [®])
	Vyalev Vial
	Xadago [®] Tablet
	Zelapar [®] ODT

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

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MULTIPLE SCLEROSIS		
Injectable		
Preferred		Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial	
Betaseron® Kit / Vial	glatiramer syringe (generic for Copaxone® Syringe)	
Copaxone® Syringe	Glatopa® Syringe	
Kesimpta® Pen	Lemtrada® Vial	
Rebif® Reb-dose™ / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)	
	Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)	
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack	
	Tysabri® Vial	
MULTIPLE SCLEROSIS		
Oral		
Preferred		Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet	
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet	
fingolimod capsule (generic for Gilenya®)	Bafertam™ Capsule	
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule	
	Maverclad™ Tablet	
	Mayzent® Starter Pack / Tablet	
	Ponvory® Starter Pack / Tablet	
	Tascenro 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®)	
	Exservan™ Oral Film	
	Qalsody® Vial	
	Tiglatik™ Suspension	
	Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Infusion Bag	
SEDATIVE HYPNOTICS		
Quantity limits apply to all sedative hypnotics		
Preferred		Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet	
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet	
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet	
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet	
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)	
zolpidem tablet (generic for Ambien®)	Edlhar® SL Tablet	
	estazolam tablet (generic for Prosom®)	
	Halcion® Tablet	
	Hettioz® Capsule / LQ Suspension - Clinical criteria apply	
	Lunesta® Tablet	
	quazepam tablet (generic for Doral®)	
	Quviviq™ Tablet	
	Restoril® Capsule	
	Rozerem® Tablet	
	tiisimelteon capsule (generic for Hettioz®) - 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 ER tablet (generic for Ambien® CR)	
	zolpidem SL tablet (generic for Intermezzo®)	
TOBACCO CESSATION		
Preferred		Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray	
Chantix® Tablet / Starting Box / Continuation Month Box		
nicotine gum / lozenge (buccal) / patch		
varenicline tablet / starting month box (generic for Chantix®)		
varenicline continuation month box (generic for Chantix®)		
ENDOCRINOLOGY		
GROWTH HORMONE		
Clinical criteria apply to all drugs in this class		
Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome		
Preferred		Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge	
Norditropin® Flexpro®	Ngenta® Pen	
	Nutropin® AQ NuSpin®	
	Omnitrope® Cartridge / Vial	
	Satzen® Vial	
	Serostim® Vial	
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age	
	Sogroya® Pen	
	Zomacton® Vial	

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

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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 (Effective 5.01.25)	
Preferred	Non-Preferred
Humalog® U-100 Cartridge	Admelog® SoloStar® / Vial
Humalog® U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog® U-100 KwikPen® / Vial	Apidra® SoloStar® / Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCar® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 cartridge (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev® U-100 KwikPen® / U-200 KwikPen® / Vial
Short Acting Insulin	
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
Intermediate Acting Insulin	
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)	
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
Long Acting Insulin	
T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes (Effective 5.01.25)	
Preferred	Non-Preferred
insulin glargine vial / SoloStar® (authorized biologic for Lantus)	Basaglar® U-100 KwikPen®
Lantus® SoloStar® / Vial	insulin degludec pen / vial (generic for Tresiba®)
Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfgn pen / vial (generic for Semglec® yfgn)
	Rezvoglar® Kwikpen®
	Semglec® yfgn 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 (Effective 5.01.25)	
Preferred	Non-Preferred
Humalog® 50/50 Mix KwikPen®	insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
Humalog® 75/25 Mix KwikPen® / Vial	Novolog® Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	
Novolog® Mix 70/30 FlexPen®	
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 (Effective 5.01.25)	
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial
	Relion Novolin® 70/30 Vial
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
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	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta® Pen	Bydureon® BCBc™
Trulicity® Pen	liraglutide pen (generic for Victoza®)
Victoza® Pen	Rybelsus® Tablet
Ozempic® Pen	Soliqva® Pen
	Xultophy® Pen
	Mounjaro® 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®)	
Glyrase® Tablet	
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®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucoavance®)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Glumetza®)
	Riomet® Solution / ER Suspension

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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 Oseni®)
Onglyza® Tablet	Glyxambi® Tablet
Tradjenta® Tablet	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Oseni® Tablet
	Otens® Tablet
	saxagliptin tablet (generic for Onglyza®)
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)
	sitagliptin tablet (generic for Januvia®)
	sitagliptin-metformin tablet (generic for Zituvimet®)
	Stegujan® Tablet
	Trijardy® XR Tablet
	Zituvimet
	Zituvimet XR
	Zituvia® Tablet
Meglitinides	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide tablet (generic for Prandin®)	
SGLT-2 Inhibitors and Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)
Synjardy® Tablet	Invokamet® Tablet / XR Tablet
Synjardy® XR Tablet	Invokana® Tablet
Xigduo® XR Tablet	Segluromet® 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®)
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend®) - Clinical criteria apply	Akynzeo® Capsule / Vial
Dieligis® Tablet	Antivert® Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine®)	Azemet® Tablet
meclizine tablet (generic for Antivert®)	Aponvie® Vial
metoclopramide solution / tablet (generic for Reglan®)	Barbensys® Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)	Bonesta® Tablet
prochlorperazine tablet (generic for Compazine®)	Cinvanti® Vial
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Compro® Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	doxylamine-pyridoxine tablet (generic for Dielegis®)
Transderm-Scop® Patch	dronabinol capsule (generic for Marinol®)
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend® Vial
	Focivex® (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti® Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron vial
	ondansetron ODT (16 mg)
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	Reglan® Tablet
	Sanctus® Patch
	scopolamine patch (generic for Transderm-Scop®)
	Sustol® Syringe
	Tigan® Vial
	trimethobenzamide capsule (generic for Tigan®)
BILE ACID SALTS	
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
	Iajivo® (elfabramor) Tablet
	Livdelzi Capsule
	Livmarli® Oral Solution
	Ocaliva® Tablet
	Reclone® Capsule
	Urso® Tablet / Urso® Forte Tablet
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred

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Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®) lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) Omeclamox-Pak® Combo Pack Talcia® 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®) Pepcid® Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule Zenpep® Capsule	Pertzye® Capsule Viokase® Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
Dexilant® Capsule esomeprazole magnesium capsule (generic for Nexium® Rx) lansoprazole capsule (generic for Prevacid® Rx) Nexium® Rx Packet omeprazole Rx capsule (generic for Prilosec® Rx) pantoprazole tablet (generic for Protonix®) Protonix® Suspension	Aciphex® Tablet dexlansoprazole capsules (generic for Dexilant®) esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC) esomeprazole magnesium packet (generic for Nexium® Rx Packet) Kavomep™ Suspension lansoprazole capsule (generic for Prevacid® OTC) lansoprazole ODT (generic for Prevacid® SoliTab™) Nexium® Rx Capsule omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC) omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC) pantoprazole suspension (generic for Protonix®) Prevacid® Rx / OTC Capsule / Solutab Prilosec® Rx Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza® Capsule Linzess® Capsule lubiprostone capsule (generic for Amitiza®)	alosectron tablet (generic for Lotronex®) Ibserela® Tablet Lotronex® Tablet Motegrity® Tablet Movantik® Tablet Relistor® Syringe / Vial / Tablet - Clinical criteria apply Symproic® Tablet Trulance® Tablet Viberz® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso® Capsule balsalazide capsule (generic for Colazal®) mesalamine DR tablet (generic for Lialda®) Pentasa® Capsule sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colzani® Capsule Delzicol® Capsule Dipentum® Capsule Lialda® Tablet mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®) mesalamine ER capsule (generic for Apriso®, Pentasa®) Uceris® Tablet
ULCERATIVE COLITIS	
Rectal	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®) mesalamine suppository (generic for Canasa®)	budesonide rectal foam Canasa® Suppository mesalamine kit (generic for Rowasa®) Rowasa® Kit SF Rowasa® Enema Uceris® Rectal Foam
GENITOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®) sevelamer carbonate powder pack / tablet (generic for Renvela®)	Auryxia® Tablet Fosrenol® Chewable Tablet / Powder Pack lanthanum carbonate chewable tablet (generic for Fosrenol®) MagneBind® 400 Rx Tablet Phoslyra® (calcium acetate) Solution Renvela® Powder Pack / Tablet sevelamer hydrochloride tablet (generic for Renagel®) Velphoro® Chewable Xphozab® Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardium®)	Avodart® Softgel Cardura® Tablet / XL Tablet

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dutasteride capsule (generic for Avodart®)	Cialis® Tablet 5 mg - Clinical criteria apply
finasteride tablet (generic for Proscar®)	dutasteride / tamsulosin capsule (generic for Jalyn®)
tamsulosin capsule (generic for Flomax®)	Entadim® Capsule
terazosin capsule (generic for Hytrin®)	Flomax® Capsule
	Proscar® Tablet
	Rapaflo® Capsule
	silodosin capsule (generic for Rapaflo®)
	udalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply
	URINARY ANTISPASMODICS
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz®)	darifenacin ER tablet (generic for Enablex®)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan® XL)	Detrol® Tablet / LA Capsule
solifenacin tablet (generic for Vesicare®)	flavoxate tablet (generic for Uriaspas®)
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Gelnique® Gel Sachets
	Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	nirabegron 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® Granules / ER Tablet - 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
	tropium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare® LS Suspension / Tablet
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)	Colcrys® Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
	Gliperba® Solution
	Krystelxa® 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® Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
	Lovenox® Syringe / Vial
	Oral
Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa® Capsule)
Jantoven® (branded generic for Coumadin®)	Pradaxa® Pellet Pack
Pradaxa® Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	Xarelto® Suspension
Xarelto® Starter Pack / Tablet	
	COLONY STIMULATING FACTORS
Preferred	Non-Preferred
Fulphila® Syringe	Eylترا® Syringe
Neupogen® Vial / Syringe	Granix® Safe Syringe / Syringe / Vial
Udenvea® Autoinjector / Syringe	Leukine® Vial
	Neulasta® Syringe / Kit
	Nivestym® Syringe / Vial
	Nyvepria® Syringe
	Relcuko® Syringe / Vial
	Rolvedon® Syringe
	Stimufend® Syringe
	Udenvea® On-Body
	Zarxio® Syringe
	Ziextenzo® Syringe
	HEMATOPOIETIC AGENTS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Jesduvroq® Tablet
Epogen® Vial	Mircera® Syringe
Retacrit® Vial	Procrit® Vial
	Reblozyl® Vial
	Vafseo® (vadofostat) Tablet
	THROMBOPOIESIS STIMULATING AGENTS
Preferred	Non-Preferred
Nplate® Vial	Alvaiz™ Tablet
Promacta® Suspension / Tablet	Doplet
	Multipleta
	Tavalisse™ Tablet

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OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
croamolyn sodium drops (generic for CroLom [®])	Alcristil [®] Drops
olopatadine drops (generic for Pataday [®] , Patanol [®])	Alomid [®] Drops
	Alrex [®] Drops
	azelastine drops (generic for Optivar [®])
	bepotastine drops (generic for Bepreve [®])
	Bepreve [®] Drops
	epinastine drops (generic for Elestat [®])
	loteprednol drops (generic for Alrex [®])
	Zerviate [®] Drops
ANTIBIOTICS	
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin [®])	Azasis [®] Drops
ciprofloxacin solution drops (generic for Ciloxan [®])	bacitracin ointment (generic for AK-Tracin [®])
erythromycin ointment (generic for Ilotycin [®])	Besivance [®] Suspension
gentamicin drops (generic for Garamycin [®])	Ciloxan [®] Ointment
moxifloxacin ophthalmic solution (generic for Vigamox [®])	gatifloxacin drops (generic for Zymarid [®])
ofloxacin drops (generic for Ocuflox [®])	moxifloxacin ophthalmic solution (generic for Moxeza [®])
Polycin [®] Ointment (branded generic for Polysporin [®])	Natacyn [®] Drops
polymyxin-trimethoprim drops (generic for Polytrim [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 [®])	neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)
tobramycin drops (generic for Tobrex [®])	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
	Ocuflox [®] Drops
	sulfacetamide ointment (generic for Cetamide [®])
	Tobrex [®] Ointment
	Vigamox [®] Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®])	Maxitrol [®] Drops / Ointment
Tobradex [®] Drops / Ointment	Neo-Polycin [®] HC (branded generic for Cortisporin [®])
tobramycin-dexamethasone suspension (generic for Tobradex [®])	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®])
	neomycin-polymyxin-HC drops (generic for Ocutricin [®])
	sulfacetamide-prednisolone drops (generic for Vasocidin [®])
	Tobradex [®] ST Drops
	Zylet [®] Drops
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular [®] Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvaal [®] 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
ketorolac solution (generic for Acular [®] / LS)	FML [®] Forte Drops / Liquifilm [®] Drops
Lotemax [®] Drops	Ilevro [®] Drops
Nevanac [®] Droptainer	Iluvien [®] Implant
Pred Mild [®] Drops	Invectys [®] Drops
prednisolone acetate drops (generic for Pred Forte [®])	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
	Trisenex [®] Vial
	Xipere [®] (Intraocular)
	Yutiq [®] Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	Coqua [™] Drops
Xiidra [®] Drops	cyclosporine emulsion (generic for Restasis [®])
	Eysaris [®] Drops
	Miebo [™] Drops
	Tyvazya [®] Nasal Spray
	Verkazza [®] 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

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Preferred		BETA BLOCKER AGENTS / COMBINATIONS	Non-Preferred
Combigan® Drops		betaxolol drops (generic for Betoptic®)	
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)		Betimo® Drops	
		Betoptic® S Drops	
		brimonidine tartrate / timolol drops (generic for Combigan®)	
		carteolol drops (generic for Ocupress®)	
		Istalol® Drops	
		levobunolol drops (generic for Betagan®)	
		timolol drop (generic for Istalol® Drops)	
		timolol maleate drop (generic for Timoptic® OcuDose® Drops)	
		Timoptic® Drops / OcuDose® Drops / XE® Solution	
Preferred		CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	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)	
Preferred		PROSTAGLANDIN AGONISTS	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	
Preferred		RHO KINASE MODIFIERS / COMBINATIONS	Non-Preferred
Rhopressa® Drops			
Rocklatan® Drops			
OSTEOPOROSIS			
Preferred		BONE RESORPTION SUPPRESSION AND RELATED AGENTS	Non-Preferred
alendronate tablet (generic for Fosamax®)		Actonel® Tablet	
raloxifene tablet (generic for Evista®)		alendronate solution (generic for Fosamax® Solution)	
		Atevia® Tablet	
		Binosto® Effervescent Tablet	
		calcitonin salmon nasal spray (generic for Miacalcin®)	
		Eventyr® Syringe	
		Evista® Tablet	
		Forico® Pen	
		Fosamax® Tablet / Plus D Tablet	
		ibandronate tablet (generic for Boniva®)	
		Prolia® Syringe	
		risedronate tablet (generic for Actonel®)	
		risedronate DR tablet (generic for Atevia®)	
		teriparatide pen (generic for Forteo®)	
		Tymlos® Pen	
OTIC			
Preferred		ANTIBIOTICS	Non-Preferred
Ciprodex® Suspension		Cipro® HC Suspension	
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)		ciprofloxacin solution (generic for Cetraxal®)	
acetylsalicylic acid-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)		ciprofloxacin-fluocinolone drops (generic for Otovel®)	
ofloxacin drops (generic for Floxin®)		Cortisporin-TC® Suspension	
		Otavel® Drops	
Preferred		ANTI-INFECTIVES AND ANESTHETICS	Non-Preferred
acetic acid solution (generic for Vosol®)		acetic acid-hydrocortisone solution (generic for Vosol® HC)	
Preferred		ANTI-INFLAMMATORY	Non-Preferred
Dermotic® Oil		Flac® Otic Oil	
		fluocinolone 0.01% oil (generic for Dermotic®)	
RESPIRATORY			
Preferred		BETA-ADRENERGIC HANDHELD, LONG ACTING	Non-Preferred
Serevent® Diskus®		Striverdi® RespiMat® Inhalation Spray	
Preferred		BETA-ADRENERGIC HANDHELD, SHORT ACTING	Non-Preferred
Ventolin® HFA Inhaler		albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)	
Xopenex® HFA Inhaler		levosalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)	
		Proair® Digihaler™	
		Proair® RespiClick®	

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BETA-ADRENERGIC, NEBULIZERS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution	levabuterol 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	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrroven® HFA Inhaler	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duaklir® Pressair®
Incruse® Ellipta® Inhaler	tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium nebulizer solution (generic for Atrovent®)	Tudorza® Pressair® Inhaler
ipratropium / albuterol solution (generic for Duoneb®)	Yupelri® Solution
roflumilast tablet (generic for Daliresp®)	
Spiriva® Handihaler® / Respimat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Alvesco® Inhaler	ArmonAir™ Digihaler™
Armair® Ellipta® Inhaler	fluticasone propionate diskus (generic for Flovent® Diskus)
Asmanex® HFA Inhaler / Twisthaler®	Pulmicort® Flexhaler
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
Flovent® Diskus / HFA Inhaler	
fluticasone propionate HFA (generic for Flovent® HFA)	
QVAR® RediHaler™	
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair® Diskus®	AirDuo® Digihaler™ / RespiClick®
Advair® HFA Inhaler	AirSpira™ Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	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®)
	Trelegy® Ellipta®
	Wixela™ Inhub™
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
azelastine spray (generic for Astelin®)	
Dymista® Nasal Spray	azelastine nasal spray (generic for Astepro®)
fluticasone spray (generic for Flonase®)	azelastine-fluticasone nasal spray (generic for Dymista®)
ipratropium spray (generic for Atrovent® Nasal)	Beconase® AQ Nasal Spray
olopatadine nasal spray (generic for Patanase®)	flunisolide nasal spray (generic for Nasalide®)
	mometasone nasal spray (generic for Nasonex®)
	Omnaris® Nasal Spray
	Patanase® Nasal Spray
	QNase® Nasal Spray / Children's Spray
	Ryalin® Nasal Spray
	Simva™ Implant
	Xhance™ Nasal Spray
	Zetonna® 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 Zylto®)
	Zylto® 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 (generic for Clarinetx®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fecofenadine 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)

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LOW SEDATING ANTIHISTAMINE COMBINATIONS	
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
	fenofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fenofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyclopropridine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbutal® ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora® Solution RyVem® Tablet Vistari® Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
adapalene cream / gel (generic for Differin®)	Altreno® Lotion (Topical)
azelaic acid gel (generic for Finacea®)	Araxlo® Lotion
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Atralin® Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Avar® Cleanser / LS Cleanser
clindamycin-benzoyl peroxide gel (generic for Duac®)	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
erythromycin gel (generic for Erimin®, Erycette®, EryGel®, et. al.)	Benzamycin® Gel
erythromycin solution (generic for Erimin®, EryDerm®, EryMax®, et. al.)	BP® 10-1 Wash / Cleansing Wash
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Cabtree® Gel
Finacea® Gel	Cleocin® T Lotion
Retin-A® Cream / Gel	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Retin-A® Micro Gel	Clindagel® Gel
	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel (generic for Neucac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclic®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®)
	clindamycin-benzoyl peroxide pump (generic for Onexston®)
	daspone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Erygel® Gel
	Evoclin® Foam
	Fabor® Foam
	Finacea® Foam
	Klaron® Lotion
	Neucac® Gel / Kit
	Onexston® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A® Micro Pump Gel
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zentia®)
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadar® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabor®)
	tretinoin cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Winley® Cream
	Zians® Gel
	Zma Clear™ Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel® Pump	AndroGel® Packet
testosterone gel pump (generic for AndroGel®)	Natesto® Nasal Gel
	Testim® Gel
	testosterone gel / packet (generic for Testim®, Vogeko®)
	testosterone gel pump (generic for Fortesta®, Axiron®)
	testosterone packet (generic for AndroGel®)
	Vogeko® Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector®)
	diclofenac solution / pump (generic for Pennsaid®)
	Pennsaid® Solution Packet / Pump

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ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centam™ AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban®)	mupirocin cream (generic for Bactroban®)
	Xepi™ Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)
Nuvessa® Vaginal Gel	Vandazole® Vaginal Gel
	Xaciato® Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Cicloclan® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
ketoonazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Cicloclan®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamve® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Ertaczo® Cream
	Extina® Foam
	Jublia® Topical Solution
	ketoonazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	Luzu® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	nystatin-triamcinolone cream / ointment (generic for Myceolog II®)
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kerydin®)
	Vusion® Ointment - Clinical criteria apply
ANTIPARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba® Topical Suspension	Crotan™ Lotion
permethrin cream (generic for Elimite®)	Eurax® Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Sklice® Lotion
	spinosad topical suspension (generic for Natroba®)
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax®)	acyclovir cream (generic for Zovirax®)
Zovirax® Cream	Denavir® Cream
	peniclovir cream (generic for Denavir®)
	Xerese® Cream
	Zovirax® Ointment
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condylax® Gel
	Hyfhor™ Gel
	imiquimod cream / cream pump (generic for Zyclara®)
	podofilox gel / solution (generic for Condylox®)
	Veregen® Ointment
	Zyclara® Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
	calcipotriene-betamethasone suspension / ointment (generic for Talconex®)
	calcitriol ointment (generic for Vectical®)
	Duobrii™ Lotion
	Enstilar® Foam
	Sorilux® Foam
	Talconex® Ointment / Suspension
	Viams® Cream
	Zoeryc® 0.3% Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel	Finacea® Foam
metronidazole cream (generic for MetroCream®)	ivermectin cream (generic for Soolantra®)
metronidazole gel / pump (generic for MetroGel®)	metronidazole lotion (generic for MetroLotion®)
Rosadan® Cream / Gel	Noritate® Cream
	Rhofade® Cream
	Rosadan® Kit

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe® FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)
desonide cream / ointment (generic for DesOwen®)	desonide lotion (generic for DesOwen® Lotion)
hydrocortisone cream / lotion / ointment (generic for Hytone®)	fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)
	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™)
	Cloderm® Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandrenolide / Lotion / ointment (generic for Cordran®)
	fluticasone lotion (generic for Cutivate™ Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid™ Lipocream / Lotion
	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 Cyclosort®)
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 / Ointment / Solution
	Kenalog® Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog®)
	Vanos® Cream
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	ApexiCon® E Cream
clobetasol solution (generic for Cormax™)	Bryhali™ Lotion
halobetasol propionate cream / ointment (generic for Ultravate®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E™)
clobetasol shampoo (generic for Clobex®)	clobetasol lotion / spray (generic for Clobex®)
	Clodan® Kit / Shampoo
	halobetasol propionate foam (generic for Lexette™)
	Impaklo™ Lotion
	Lexette® Foam
	Olux® Foam
	Temovate® Ointment
	Tovet™ Foam / Foam Kit
	Ultravate® Lotion
MISCELLANEOUS	
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	Saxenda® (liraglutide) Pen
	Zepbound® (tirzepatide) Pen
Weight Management Other (Non-Incretin Mimetics)	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phentermine tablet / capsule	Xenical® (orlistat) Capsule
IMMUNOMODULATORS, Asthma	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Fasenra® Pen / Syringe	Cinqair® Vial
Xolair® (omalizumab) Autoinjector/Syringe	Nucala® Syringe / Vial / Autoinjector
	Tezspire™ Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair® Vial
IMMUNOMODULATORS, Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Adbry® Syringe	Adbry® (tralokinumab-ldrm) Autoinjector
Dapixent® Pen / Syringe	Ebyllys Pen
Eliel® Cream	Opzelura™ Cream
Eucrisa® 2% Ointment	pimecrolimus cream (generic for Eldel®)
tacrolimus ointment (generic for Protopic®)	Zoryve® (roflumilast) 0.15% Cream

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ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane [®])	methoxsalen rapid (generic for Oxsoalene-Ultra [®])
EPINEPHRINE, SELF INJECTED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
Epi-Pen [®] Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak epinephrine auto injector (generic for Epi-Pen [®] / Epi-Pen [®] Jr.)	Auvi-Q [®] Auto Injector epinephrine auto injector (generic for Adrenaclick [®])
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella [®] Tablet Amabelz [™] Tablet estradiol/norethindrone tablet (generic for Activella [®]) Fyavolv [™] Tablet Jinteli [®] (branded generic for FemHR [®]) Mimvey [®] / Lo (branded generic for Activella [®]) norethindrone-ethinyl estradiol (generic for FemHR [®]) Premphase [®] Tablet Prempro [®] Tablet	Bijuva [®] Capsule
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara [®] Pro Patch CombiPatch [®] Patch estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®]) estradiol tablet (generic for Estrace [®]) Evamist [®] Spray Menest [®] Tablet Premarin [®] Tablet	Climara [®] Patch Divigel [®] Gel Packet Dotm [™] Patch Duavee [®] Tablet Elestrin [®] Gel Estrace [®] Tablet estradiol gel packet (generic for Divigel [®]) Livial [™] Patch Menostar [®] Patch Minivelle [®] Patch Ospheva [®] Tablet Veoah [™] Tablet Vivelle-Dot [®] Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring [®] Vaginal Ring Premarin [®] Vaginal Cream Vagifem [®] Vaginal Tablet	Estrace [®] Cream estradiol vaginal cream / tablet (generic for Estrace [®]) Femring [®] Vaginal Ring Imvexxy [®] Vaginal Inserts Yuvafem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC) dexamethasone elixir / tablet (generic for Decadron [®]) dexamethasone solution (generic for Concedix [®]) Emflaza [®] Tablet - Clinical criteria apply	Alkandri [®] Sprinkle Capsule Cortef [®] Tablet cortisone tablet (generic for Patisono [®]) delazacort tablet (generic for Emflaza [®]) - Clinical criteria apply delazacort suspension (generic for Emflaza [®]) - Clinical criteria apply, T/F of preferred agents not required for children < 12 years of age. dexamethasone tablet dosepack / Intenso [®] Drops Emflaza [®] Suspension - Clinical criteria apply, T/F of preferred agents not required for children < 12 years of age. Eohilia [®] Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis Hemady [™] 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 Intenso [®] Concentrated Solution Rayos [®] Tablet Taperdex [®] Tablet Tarpeyo [®] Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

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CYTOKINE AND CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic)

Clinical criteria apply to all drugs in this class

T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abriada™ Pen / Syringe
adalimumab-bjip Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® SensorReady® Pen / UnoReady® Pen / Syringe	adalimumab-aact Pen
Enbrel® Mini Cartridge / Sureclick™ Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima™ Syringe / PushTouch	adalimumab-sdbn Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryyk Autoinjector
infliximab vial (generic for Remicade®)	Amjevita™ Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst® SQ Syringe
	Aysola® Vial
	Bimzelx® Autoinjector / Syringe
	Cibinqo™ Tablet
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Cyltezo™ (adalimumab-sdbn) Psoriasis-UV Pen
	Enspryng™ Syringe
	Entyvio™ Pen / Vial
	Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Hulio™ Pen / Syringe
	Idacio™ Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Inflixtra™ Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omvol® Pen / Vial
	Omvol® (mirikizumab-mrkz) Syringe
	Orencia® Chckjet® / Syringe / Vial
	Remicade® Vial
	Renflexis™ Vial
	Rinvoq® ER Tablet
	Rinvoq® (upadacitinib) LQ Solution
	Siliq® Syringe
	Simlandr® Autoinjector
	Simpson® Pen / Syringe / Aria® Vial
	Skyriz® On-Body / Vial / Pen / Syringe
	Sotyktu™ Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial
	Taltz® Auto-injector / Syringe
	Tofidence™ (tocilizumab-bavi) Vial
	Tremfya® Syringe / Injector/ Vial
	Tyence® Vial
	Tyence® (tocilizumab-aazg) Autoinjector / Syringe
	Uplizna™ Vial
	Velsipity® Tablet
	Xeljanz® Tablet / Solution / XR Tablet
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry™ Pen
	Zymfentra™ Pen / Syringe

IMMUNOSUPPRESSANTS

Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan® Tablet	
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	
Mylhibin® (mycophenolate mofetil) Suspension	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezureck™ Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune®)	
taeolimus capsule (generic for Hecoria®, Prograf®)	
Tavneos® Capsule	
Zortress® Tablet	

MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

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

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North Carolina Medicaid Preferred Drug List (PDL)

Effective Date April 1 2025

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Revised 4.3.25 removed Nucynta® Tablet, Nucynta® ER Tablet, and Xtampza® ER Capsule. Added red writing-clinical criteria apply to Inbrija™ Inhalation and Ongentys® Capsule

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Preferred	Non-Preferred
Haegarda® Vial	Cinyze® Vial
Orladevo® Capsule	Takhyzo® Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Preferred	Non-Preferred
Beriner® Vial / Kit	Firazy® Syringe
icatibant syringe (generic for Firazy®)	Ruconest® Vial
Kalbitor® Vial	
Saizur® Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado™ Nasal Spray	
LifEMS™ naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan™ Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy™ (naloxone) Nasal Spray	
Visivret® Vial / Diluent	
Zimhi™ Syringe	
OPIOID DEPENDENCE	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi™ Weekly Syringe / Monthly Syringe	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®)	Luccemyra® 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 Flequavy™)
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
	Flequavy™ 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®)
	Orphengesic® Forte Tablet
	Robaxin® Vial
	Tankor® Tablet
	tizanidine capsules (generic for Zanaflex®)
	Zanaflex® Capsule / Tablet

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DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
CeQur Simplicity™	
CeQur Simplicity™ Inserter	
Omnipod 5 [®] G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH [®] Pods (5-Pack) / Intro Kit	
Omnipod GO [®] Pods	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G6 [®] Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G7 [®] Receiver	
Freestyle Libre™ 2 Reader	
Freestyle Libre™ 3 Reader	
Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 3 Sensor	
Freestyle Libre™ 3 Plus Sensor	
Dexcom G6 [®] Sensor	
Dexcom G7 [®] Sensor	
DIABETIC SUPPLIES	
N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.*	
Meters	Lancing Devices
ACCU-CHEK [®] Guide Retail care kit * (see above for billing)	ACCU-CHEK [®] 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	