Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

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	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	MER'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)
	Leqembi [®] Vial - Clinical Criteria Apply
	memantine ER capsule / solution (generic for Namenda [®] XR / Solution)
	Namenda® Tablet / Titration Pack / XR Capsule / XR Titration Pack Namzaric® Capsule / Titration Pack
	rivastigmine (Transdermal) (generic for Exelon [®] Patch)
	Razadyne [®] ER Capsule
	Kazavjue Ek Cajsuie
A	NALGESICS
	D ANALGESICS
	Acting Opioids
	pply 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 film (generic for Belbuca [®])
methadone concentrate / diskets / intensol / tablets / solution	buprenorphine ratch (generic for Butrans [®] Patch)
morphine sulfate ER tablet (generic for MS Contin [®])	Conzip [®] Capsule
OxyContin [®] Tablet	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic [®])
tramadol ER tablet (generic for Ultram ER [®] , Ryzolt [®])	hydrocodone ER capsule (generic for Zohydro [®] ER)
Xtampza® ER Capsule	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo [®])
	Hysingla [®] ER Tablet
	Kadian [®] Capsule
	morphine sulfate ER capsule (generic for Avinza [®] , Kadian [®])
	MorphaBond® ER Tablet
	MS Contin [®] Tablet
	Nucynta [®] ER Tablet
	oxycodone ER tablet (generic for OxyContin [®])
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip [®])
	Zohydro [®] ER Capsule
	/ Oral Spray Schedule II Opioids
	pply to all drugs in this class
Preferred	Non-Preferred
Actiq [®] Lozenge	Dsuvia [™] SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq [®])
	Fentora® Buccal Tablet
	ng Schedule II Opioids
	pply to all drugs in this class
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	Apadaz Tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet [®] , Lorcet [®] , Lorcet [®] , Norco [®] , Vicodin [®])	benzhydrocodone-acetaminophen tablet (generic for Apadaz [™])
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprexain [®] , Vicoprofen [®])	codeine sulfate tablet
hydromorphone tablet (generic for Dilaudid®)	Dilaudid [®] Liquid / Tablet
morphine solution / tablet (generic for MSIR®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone solution / tablet (generic for Roxicodone [®])	levorphanol tablet (generic for Levo-Dromoran [®])
oxycodone-acetaminophen capsules (generic for Tylox®)	Lortab [®] Elixir
oxycodone-acetaminophen tablets (generic for Percocet [®])	meperidine solution / tablet (generic for Demerol [®])
	morphine oral syringe
	morphine suppositories (generic for Roxanol [®])
	Nalocet® Tablet
	Nucynta® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®])
	oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®]) oxymorphone tablet (generic for Opana [®]) Percocet [®] Tablet

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	Prolate [®] Tablet / Solution
	Roxicodone [®] Tablet
	Roxybond® Tablet
	- IV Opioids / Analgesic Combinations
Clinical criteria :	apply to all drugs in this class
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (generic for Ultram [®])	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol [®])
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fioricet with Codeine® Capsule
	pentazocine-naloxone tablet (generic for Talwin NX [®])
	Seglentis [®] Tablet
	tramadol HCl solution (generic for Qdolo [®])
	Ultracet [®] Tablet
	Ultram [®] Tablet
	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®)
sulindac tablet (generic for Clinoril [®])	diflunisal tablet (generic for Dolobid [®])
	Duexis® Tablet - Trial and failure 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 [®]) Trial and failure of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR [®]) ketoprofen capsule (generic for Orudis [®])
	ketoprofen Capsule (generic for Orusia)
	ketoprofen EK capsule (generic for Oruvali) ketorolac tromethamine nasal spray (generic for Sprix [®])
	ketoroiac trometnamine nasai spray (generic for Sprix) Lofena™ Tablet
	meclofenamate capsule (generic for Meclomen [®])
	meciorenamate capsule (generic for Meciomen) mefenamic acid capsule (generic for Ponstel [®])
	melenanic acid capsule (generic for Vivlodex [®])
	Mobic [®] Tablet
	nabumetone tablet (generic for Relafen [®])
	Nalfon [®] Capsule / Tablet
	Narioli Cabule / Jabet
	naproxen sodium ER tablet (generic for Naprelan [®])
	naproxen sodium tablet (generic for Anaprox [®])
	naproxen suspension (generic for Naprosyn [®])
	naproxen-esomeprazole tablet (generic for Vimovo [®] Tablet) - Trial and failure of only celecoxib required
	oxaprozin tablet (generic for DayPro [®])
	piroxicam capsule (generic for Feldene®)
	Relafen [™] DS Tablet
	tolmetin tablet (generic for Tolectin [®])
	Vimovo® Tablet - Trial and failure of only celecoxib required

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	NEUROPATHIC PAIN
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta [®] Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Drizalma [™] Sprinkle
lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	duloxetine capsule (generic for Irenka®)
pregabalin capsule /solution (generic for Lyrica [®])	Gralise® Tablet
	Horizan [®] Tablet
	Lidoderm [®] Patch - Clinical criteria apply
	Lyrica [®] Capsule / Solution / CR Tablet
	Neurontin [®] Capsule / Solution / Tablet pregabalin ER tablet (generic for Lyrica [®] CR)
	Qutenza [®] Kit
	Savella® Tablet / Titration Pack
	ZTLido [™] Patch - Clinical criteria apply
	ANTICONVULSANTS
	CARBAMAZEPINE DERIVATIVES
Patients with a diagnosis of seizure disc	order are exempt from trial and failure criteria and may use any carbamazepine product.
Preferred	Non-Preferred
Aptiom [®] Tablet	Carbatrol® Capsule
carbamazepine chewable tablet (generic for Tegretol®)	carbamazepine suspension / tablet (generic for Tegretol [®])
carbamazepine ER capsule (generic for Carbatrol [®])	carbamazepine XR tablet (generic for Tegretol XR®)
Equetro [®] Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal [®])	Trileptal [®] Tablet
Oxtellar® XR Tablet Tegretol® Suspension / Tablet / XR Tablet	
Tegretol [®] Suspension / Tablet / XR Tablet Trileptal [®] Suspension	
тикрая баровжи	
	FIRST GENERATION
Patients with a diagnosis of seizure disc	order are exempt from trial and failure criteria and may use any first generation product.
Preferred	Non-Preferred
Celontin [®] Kapseal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension	Depakote [®] Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate suspension / tablet (generic for Felbatol [®])
ethosuximide capsule / solution (generic for Zarontin®)	Mysoline [®] Tablet
Felbatol [®] Suspension / Tablet	Zarontin [®] Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek [®] Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek [®]) primidone Tablet (generic for Mysoline [®])	
valproic acid capsule / solution (generic for Depakene [®])	
Auprole della esposite / solution (generie for beplacene /	
	SECOND GENERATION
Patients with a diagnosis of seizure disor	rder are exempt from trial and failure criteria and may use any second generation product.
Preferred	Non-Preferred
Banzel [®] Suspension / Tablet	clonazepam ODT (generic for Klonopin [®] Wafer)
Briviact® Tablet / Solution	Elepsia™ XR Tablet
clobazam suspension / tablet (generic for Onfi®)	Keppra® Tablet / Solution / XR Tablet
clonazepam tablet (generic for Klonopin [®])	Klonopin [®] Tablet
Diacomit [®] Capsule / Powder Pack	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Diastat [®] Acudial [®] / Pedi System	lamotrigine starter kits (generic for Lamictal [®])
diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)	Lyrica® Capsule / Solution
Epidiolex [®] Solution - Clinical Criteria Apply	Neurontin [®] Capsule / Solution / Tablet
Eprontia [®] Solution	Onfi [®] Suspension / Tablet
Fintepla® Solution	Qudexy® XR Capsule
Fycompa [®] Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin [®])	rufinamide suspension / tablet (generic for Banzel®) Spritam® Tablet
gabapentin capsule / solution / tablet (generic for Neuronun) Gabitril [®] Tablet	Sympazan [®] Film
lacosamide solution / tablet (generic for Vimpat®)	sympazan rum tiagabine tablet (generic for Gabitril [®])
lamotrigine chewable / tablet (generic for Lamictal [®])	Topamax [®] Sprinkle Capsule / Tablet
lamourgine enough / ubit (generic for Lametar / lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT)	topiramate ER capsule (generic for Qudexy [®])
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	topiramate ER capsule (generic for Trokendi XR [®]) - Trial and Failure of Trokendi [®] XR Capsule Required for Coverage
Nayzilam [®] Nasal Spray	Trokendi [®] XR Capsule
Roweepra [™] Tablet	vigabatrin tablet (generic for Sabril®)
Sabril® Tablet / Powder Packet	Vigadrone [®] Powder Packet
	Vigadrone [®] Powder Packet Vimpat [®] Solution / Starter Kit / Tablet
Sabril [®] Tablet / Powder Packet Subvenite [®] Tablet / Tab Start Kit topiramate sprinkle capsule / tablet (generic for Topamax [®])	
Sabril [®] Tablet / Powder Packet Subvenite [®] Tablet / Tab Start Kit	Vimpat [®] Solution / Starter Kit / Tablet
Sabril® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco® Nasal Spray vigabatrin powder packet (generic for Sabril®)	Vimpat [®] Solution / Starter Kit / Tablet Zonisade [™] Oral Suspension
Sabril® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco® Nasal Spray vigabatrin powder packet (generic for Sabril®) Xcoprf® Tablet / Titration Pack	Vimpat [®] Solution / Starter Kit / Tablet Zonisade [™] Oral Suspension
Sabril® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco® Nasal Spray vigabatrin powder packet (generic for Sabril®)	Vimpat [®] Solution / Starter Kit / Tablet Zonisade [™] Oral Suspension

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ANTI-INFECTIVES - SYSTEMIC ANTIBIOTICS Penicillins, Cephalosporins and Related Non-Preferred Preferred moxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) amoxicillin-clavulanate chewable tablet (generic for Augmentin®) moxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR) Augmentin® Suspension / ES-600 / XR Tablet impicillin capsule / injection / vial cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD) impicillin-sulbactam injection / vial refadroxil tablet (generic for Duricef®) Bicillin[®] C-R injection cefpodoxime suspension / tablet (generic for Vantin®) refadroxil capsule / suspension (generic for Duricef®) Suprax® Capsule / Chewable / Suspension cefdinir capsule / suspension (generic for Omnicef®) cefixime capsule / suspension (generic for Suprax®) efprozil suspension / tablet (generic for Cefzil®) refuroxime tablet (generic for Ceftin®) ephalexin capsule / suspension / tablet (generic for Keflex®) icloxacillin capsule afcillin injection / vial xacillin injection / vial enicillin G injection / vial enicillin V suspension / tablet piperacillin - tazobactam injection / vial Pfizerpen® injection / vial Jnasyn[®] injection / vial osyn[®] injection / vial Lincosamides and Oxazolidinones Preferred Non-Preferred lindamycin capsules / solution (generic for Cleocin®) Cleocin® Capsules / Injection Cleocin[®] Pediatric Solution nezolid suspension (oral) / tablet (generic for Zyvox®) clindamycin injection (generic for Cleocin®) Lincocin[®] Vial lincomycin injection (generic for Lincocin®) linezolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid[®] 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®) Eryped® 200/400 Suspension clarithromycin suspension / tablet (generic for Biaxin®) E.E.S.® Granules / Filmtab / Suspension Ery-Tab[®] Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Ervthrocin® Filmtab erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®) erythromycin EC capsule (generic for Eryc®) rythromycin filmtab erythromycin ES tablet (generic for E.E.S[®] Filmtab) Nitroimidazoles (Gastrointestinal Antibiotics) Preferred Non-Preferred netronidazole tablet (generic for Flagyl®) Aemcolo® DR Tablet ancomycin capsule (generic for Vancocin®) Dificid[®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment Firvanq[™] Solution Flagyl[®] Capsule metronidazole capsule (generic for Flagyl®) neomycin tablet (generic for Mycifradin®) nitazoxanide tablet (generic for Alinia® Tablet) paromomycin capsule (generic for Humatin®) Solosec[™] Granules tinidazole tablet (generic for Tindamax®) Vancocin[®] Capsule vancomycin oral solution (generic for Firvanq[™]) Xifaxan[®] Tablet - <mark>Exempt</mark>i Quinolones Preferred Non-Preferred Baxdela[™] Tablet Cipro[®] Suspension profloxacin tablet (generic for Cipro®) Cipro[®] Tablet vofloxacin tablet (generic for Levaquin®) ciprofloxacin suspension (generic for Cipro®) noxifloxacin tablet (generic for Avelox®) levofloxacin solution (generic for Levaquin®) ofloxacin tablet (generic for Floxin®)

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	cline Derivatives
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin [®]) - Exemption for patients < 12 years of age
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline ER capsule (Generic for Ximino [™] ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet
	Morgidox® Capsule / Kit
	Nuzyra [™] Tablet
	Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Targadox®
	tetracycline capsule (generic for Sumycin [®])
	Vibramycin® Capsule / Suspension / Syrup
	Ximino TM ER 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 Gris-Peg®)	Diflucan [®] Suspension / Tablet
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V®)
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox®)
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet (generic for Noxafil®)
	Sporanox [®] Capsule / Solution
	Tolsura TM 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®)	Epivir® HBV Tablet / Solution
Viread® Powder / Tablet	Hepsera® Tablet
	Vemlidy [®] tablet
	(Hepatitis C Agents)
Preferred	Non-Preferred
Pegasys [®] Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
	to all during listed helper
	to all drugs listed below
	ellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni [®])
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi [®] Pellet Pack / Tablet
	Viekira [™] Pak
All genotypes with compensated cirrhosis (Child Pugh-A)	Zepatier® Tablet
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	
All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and nave previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.	
Vosevi ³⁵ Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	

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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 [®])	Zovirax [®] Suspension	
Antiv	irals (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 Trial and failure of only one preferred drug required	
Anti	joitics, Inhaled	
	aly one preferred drug required	
Preferred	Non-Preferred	
	Arikayce® Vial	
Kitabis [™] Pak (tobramycin inhalation solution)		
Bethkis [®] (tobramycin inhalation solution)	Cayston [®] Solution	
tobramycin inhalation solution (generic for Tobi ⁷⁶)	tobramycin inhalation pak (generic for Kitabis [™])	
	Tobi TM Podhaler // Solution	
	IORAL HEALTH	
ANTI	DEPRESSANTS	
	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	
Pristiq [®] ER Tablet	Fetzima® Capsule / Titration Pak	
tranylcypromine tablet (generic for Parnate [®])	Forfivo® XL Tablet	
trazodone tablet (generic for Desyrel [®])	Marplan [®] Tablet	
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	nefazodone tablet (generic for Serzone [®])	
Viibryd [®] Tablet	Remeron [®] Soltab [™] / Tablet	
	Trintellix [®] Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd [®] Starter Pack	
	vilazodone tablet (generic for Viibryd [®])	
	Wellbutrin [®] SR / XL Tablet	
Selective Serotoni	n 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 [®]) - Exemption 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	
	Pexeva® Tablet	
	Prozac [®] Pulvule	
	sertraline capsule	
	Zoloff [®] Solution / Tablet	

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ANTIHYPERKINESIS	/ ADHD

ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adhansia [™] XR Capsule
Adderall [®] XR Capsule	Adzenys [®] XR ODT
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Azstarys TM Capsule
Aptensio® XR Capsule	Cotempla [™] XR-ODT
atomoxetine capsule (generic for Strattera®)	Desoxyn [®] Tablet
clonidine ER tablet (generic for Kapvay®)	Dexedrine [®] Spansule [®]
Concerta® Tablet	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
Daytrana® Patch	dextroamphetamine solution (generic for ProCentra®)
dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dextroamphetamine tablet (generic for Dexedrine [®])	Dyanavel [®] XR Suspension - Exemption for children < 12 years of age Dyanavel [®] XR Tablet
Focalin [®] XR Capsule	Evekeo® Tablet / Evekeo® ODT Tablet
guanfacine ER tablet (generic for Intuniv [®])	Focalin® Tablet
Methylin [®] Solution	Intuniv [®] Tablet
methylphenidate ER tablet (generic for Concerta®)	Jornay PM [™] Capsule
methylphenidate tablet / solution (generic for Methylin [®] , Ritalin [®])	methamphetamine tablet (generic for Desoxyn [®])
Vyvanse® Capsule / Chewable Tablet	methylphenidate CD capsule (generic for Metadate [®] CD)
	methylphenidate chewable (generic for Methylin [®])
	methylphenidate ER capsule (generic for Aptensio [®] XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis [®] ER Capsule
	ProCentra [®] Solution
	Qelbree [™] Capsule
	Quillichew [®] ER Tablet- Exemption for children < 12 years of age
	Quillivant [®] XR Suspension - Exemption for children < 12 years of age
	Relexxii [™] ER Tablet
	Ritalin® LA Capsule
	Ritalin [®] Tablet
	Strattera® Capsule
	Xelstrym [®] Patch
	Zenzedi® Tablet
INTECT AD	
	E ANTIPSYCHOTICS ble Long Acting
	the Long Trends
Preferred	Non-Preferred
Preferred Abilify Maintena® Syringe / Vial	Non-Preferred
Abilify Maintena® Syringe / Vial	Non-Preferred
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe	Non-Preferred
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®])	Non-Preferred
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule	Non-Preferred
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®])	Non-Preferred
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])	Non-Preferred
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Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] 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 [®] Sustema Prefilled Syringe Invega [®] Sustema Prefilled Syringe Presreits [®] Syringe Presreits [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	ANTIPSYCHOTICS ANTIPSYCHOTICS Tal / Topical ANTIPSYCHOTICS Tal / Topical Aly one preferred drug required Non-Preferred Ability® Tablet / Ability® Discnelt®) asenapine SL tablet (generic for Ability® Discnelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta [™] Capsule
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Abilify Maintena [®] Syringe / Vial Aristada [®] / Inito [™] 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 [®] Sustenna Prefilled Syringe Preseris [®] Syringe Preseris [®] Syringe Risperdal [®] Consta Syringe Zypresa [®] Relprevv [™] Vial Kit	ANTIPSYCHOTICS ANTIPS
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Abilify Maintena [®] Syringe / Vial Aristada [®] / Inito [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperiol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hayera Prefilled Syringe Kit Invega [®] Sustenna Prefilled Syringe Kit Invega [®] Sustenna Prefilled Syringe Perseris [®] Syringe Perseris [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit ATYPICAL O Trial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify [®]) clozapine tablet (generic for Clozaril [®]) Invega [®] Tablet Invega [®] Tablet Synthe [®] SL Synthe [®] SL Synth [®] SL Synthe [®] SL Synthe [®] SL Synt	ANTIPSYCHOTICS ANTIPS
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Abilify Maintena® Syringe / Vial Aristada® / Inito [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Reseris® Syringe Perseris® Syringe Reseris® Syringe Zyprexa® Relprevv [™] Vial Kit ATYPICAL	ANTIPSYCHOTICS ANTIPS
Abilify Maintena® Syringe / Vial Aristada® / Inito [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Reseris® Syringe Perseris® Syringe Reseris® Syringe Zyprexa® Relprevv [™] Vial Kit ATYPICAL	ANTIPSYCHOTICS ANTIPSYCHOTICS Tal / Topical ANTIPSYCHOTICS Tal / Topical ANTIPSYCHOTICS Tal / Topical Ability® Tablet / Ability® MyCite® Tablet Capath® Tablet / Generic for Spinis® SL) Capita® Capsule Clozarit® Tablet Cl
Abilify Maintena® Syringe / Vial Aristada® / Inito [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Reseris® Syringe Perseris® Syringe Reseris® Syringe Zyprexa® Relprevv [™] Vial Kit ATYPICAL	Image: Status Image: Status Image: Status

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

more information on the PDL can be round at: https://medicaid.nconns.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
CARDIOVASCULAR		
	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 [®]) - Exemption for children < 12 years of age Epaned [®] Solution - Exemption for children < 12 years of age	
	fosinopril tablet (generic for Monopril [®])	
	Lotensin [®] Tablet	
	moexipril tablet (generic for Univasc [®])	
	Qbrelis [®] Solution - Exemption 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 C	CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred	
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel [®] Capsule	
	trandolapril-verapamil ER tablet (generic for Tarka [®])	
ACE INHIBITOR / I	DIURETIC COMBINATIONS	
Preferred	Non-Preferred	
enalapril-HCTZ tablet (generic for Vaseretic [®])	Accuretic [®] Tablet	
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)	
	captopril-HCTZ tablet (generic for Capozide®)	
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)	
	Lotensin [®] HCT Tablet	
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])	
	Vaseretic [®] Tablet	
	Zestoretic [®] Tablet	
ANGIOTENSIN I	I 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 [®])	
	Cozar® Tablet	
	Diovan [®] Tablet	
	Edarbi [®] Tablet	
	eprosartan tablet (generic for Teveten [®])	
	Micardis [®] Tablet	
	telmisartan tablet (generic for Micardis [®])	
ANGIOTENSIN II RECEP	TOR 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	

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https://www.nctracks.nc.gov/content/public/providers/pharmacy.html
More information on the PDL can be found at: https://wordionid.ea/the.gov/content/public/providers/pharmacy.html ce/outpatient-pharmacy-services

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
ANGIOTENSIN II RECEPTOR	BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred	
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand [®] HCT Tablet	
losartan-HCTZ tablet (generic for Hyzaar®)	Avalide [®] Tablet	
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)	
	Diovan [®] HCT Tablet	
	Edarbyclor® Tablet	
	Hyzaar [®] Tablet	
	Micardis® HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)	
ANCIOTENSIN II DECEDTOR /	NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred	
	Non-rreierreu	
Entresto [®] - Clinical Criteria Apply		
ANTI	ARRHYTHMICS	
Preferred	Non-Preferred	
amiodarone tablet (generic for Cordarone [®])	Multaq® Tablet	
disopyramide capsule (generic for Norpace [®])	Norpace [®] Capsule / CR Capsule	
dofetilide capsule (generic for Tikosyn [®])	Pacerone [®] Tablet	
flecainide tablet (generic for Tamboco [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])	
mexiletine capsule (generic for Mexitil [®])	Rythmol SR [®] Capsule	
propafenone tablet (generic for Rythmol [®])	Tikosyn [®] Capsule	
propatenoite tablet (generic for Rythmol SR [®])	Trosyn Capsuc	
quinidine sulfate tablet (generic for Quinidex [®] Tablet)		
BET	A BLOCKERS	
Preferred	Non-Preferred	
Preferred atenolol tablet (generic for Tenormin [®])	Non-Preferred acebutolol capsule (generic for Sectral [®])	
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral [®]) Betapace [®] Tablet / AF Tablet	
atenolol tablet (generic for Tenormin [®]) carvedilol tablet (generic for Coreg [®])	acebutolol capsule (generic for Sectral [®])	
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Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
	E ACID SEQUESTRANTS	
Preferred	Non-Preferred	
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol [®])	
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet	
	colestipol granules (generic for Colestid [®])	
	Prevalite [®] Packet / Powder	
	Questran [®] Light Powder / Packet / Powder	
	Welchof® Packet / Tablet	
	ITEROL LOWERING AGENTS	
Preferred	Non-Preferred	
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet	
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet [®])	
lovastatin tablet (generic for Mevacor®)	Atorvaliq [®] Suspension	
pravastatin tablet (generic for Pravachol [®])	Caduet® Tablet	
rosuvastatin tablet (generic for Crestor®)	Crestor [®] Tablet	
simvastatin tablet (generic for Zocor®)	Ezallor [™] Capsule	
	ezetimibe-simvastatin (generic for Vytorin®)	
	fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)	
	Juxtapid [®] Capsule - Clinical criteria apply	
	Lescol [®] XL Tablet	
	Lipitor® Tablet	
	Livalo [®] Tablet	
	Nexletol [®] Tablet - Clinical Criteria Apply	
	Nexlizet [®] Tablet - Clinical Criteria Apply	
	Vytorin [®] Tablet	
	Zetia® Tablet	
	Zocor [®] Tablet	
	Zypitamag [™] Tablet	
COR	ONARY 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	
Minitran [®] Patch	Nitro-Bid® Ointment	
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Dur [®] Patch	
Nitrostat [®] SL Tablet	Nitrolingual® Spray	
	Verquvo [™] Tablet	
DIHYDROPYRID	INE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred	
amlodipine tablet (generic for Norvasc [®])	felodipine ER tablet (generic for Plendil [®])	
1		
nifedipine capsule (generic for Procardia [®])	isradipine capsule (generic for Dynacirc [®])	
nifedipine capsule (generic for Procardia®)		
	isradipine capsule (generic for Dynacirc [®])	
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc [®]) Katerzia [™] Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®)	
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc [®]) Katerzia [™] Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene [®])	
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc [®]) Katerzia [™] Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene [®]) nimodipine capsule (generic for Nimotop [®])	
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc [®]) Katerzia [™] Suspension - Exemption for children < 12 years of age levamlodipine tablet (generic for Conjupri®) nicardipine capsule (generic for Cardene [®]) nimodipine capsule (generic for Silua [®]) nisoldipine ER tablet (generic for Sulua [®])	
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North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

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

More information on the PDL can be found at: <u>https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services</u> ENDOTHELIN RECEPTOR ANTAGONISTS	
Pulmonary Arterial Hypertension only	
Non-Preferred	
bosentan tablet (generic for Tracleer [®] Tablet) Letairis [®] Tablet	
Opsumi [®] Tablet	
Tracleer [®] Suspension	
OSTACYCLIN ANALOGS	
Non-Preferred	
Tyvaso [®] DPI	
IN DERIVATIVES	
Non-Preferred	
TE COMBINATION	
Non-Preferred	
isosorbide dinit/hydralazine tablet (generic for Bidil®)	
NE CALCIUM CHANNEL BLOCKERS	
Non-Preferred	
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 360 mg capsule verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM)	
Verelan [®] Capsule / Verelan [®] PM Capsule	
Vectair capsue/vectair rin capsue	
ONARY HYPERTENSION	
ll) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only	
Non-Preferred	
Adcirca [®] Tablet	
Adempas [®] Tablet	
Orenitram® ER Tablet / Titration Kit	
Revatio [®] Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY	
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Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	ov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity I	imits 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 $^{\circ}$)	Amerge [®] Tablet
	diclofenac potassium powder packet (generic for Cambia [®]) - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan tablet (generic for $\operatorname{Relpax}^{\oplus}$)
	Elyxyb [™] Solution - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure 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
	Maxall® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge [®])
	Onzetra [™] Xsail [™] Nasal Powder
	Relpax [®] Tablet
	Reyow [™] Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex [®])
	sumatriptan/naproxen (generic for Treximet [®])
	Tosymr [™] Nasal Spray
	Treximet [®] Tablet
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig [®])
	Zomig® Nasal Spray / Tablet / ZMT® Tablet
ANTIN	IIGRAINE AGENTS
	Modulators PREVENTATIVE
	apply to all drugs in this class
Preferred	Non-Preferred
Aimovig [®] Autoinjector	Qulipta [®] Tablet
Ajovy® Autoinjector / Syringe	Vyepti [®] Vial
Emgality [®] Pen / Syringe	
Nurtec [®] ODT	
	IGRAINE AGENTS
	odulators ACUTE TREATMENT
	apply to all drugs in this class
Preferred	Non-Preferred
Nurtec [®] ODT	
Ubrelvy [®] Tablet	
	TI-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

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pramacy.html
More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS		
Preferred	Non-Preferred	
amantadine capsule / solution (generic for Symmetrel®)	Apokyn [®] Injection	
benztropine tablet (generic for Cogentin [®])	apomorphine (subcutaneous) (generic for Apokyn [®])	
bromocriptine capsule / tablet (generic for Parlodel [®]) carbidopa-levodopa ODT (generic for Parcopa [®])	Azilect [®] Tablet 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 [®])	Dhivy Tablet™	
selegiline capsule / tablet (generic for Emsam [®])	Duopa [®] Suspension	
trihexyphenidyl elixir / tablet (generic for Artane [®])	entacapone tablet (generic for Comtan [®]) Gocovri [®] Capsule - <mark>Clinical criteria apply</mark>	
	Horizant [®] Tablet	
	Inbrija [™] Inhalation	
	Kynmobi [™] SL Film / Titration Kit	
	Lodosyn [®] Tablet	
	Mirapex [®] ER Tablet	
	Neupro® Patch Nourianz [™] Tablet	
	Ongentys® Capsule	
	Osmolex ER [™] Tablet - Clinical criteria apply	
	Parlodel [®] Capsule / Tablet	
	pramipexole ER tablet (generic for Mirapex ER [®])	
	rasagiline tablet (generic for Azilect®)	
	ropinirole ER tablet (generic for Requip XL [®]) Rytary [®] ER Capsule	
	Sinemet [®] Tablet	
	Stalevo® Tablet	
	Tasmar® Tablet	
	tolcapone tablet (generic for Tasma [®])	
	Xadago [®] Tablet Zelapar [®] ODT	
	PLE SCLEROSIS	
	Injectable	
Preferred	Non-Preferred	
Avonex® Pack / Pen / Syringe Betaseron® Kit / Vial	Brumvi Viai Extavia [®] Kit / Vial	
Copaxone [®] Syringe	glatiramer syringe (generic for Copaxone [®] Syringe)	
Kesimpta [®] Pen	Glatopa [®] Syringe	
Rebif [®] Rebidose [®] / Titration Pack / Syringe	Lemtrada [®] Vial	
	Ocrevus® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents	
	Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri [®] Vial	
MULTI	PLE SCLEROSIS	
Des forme d	Oral New Development	
Preferred	Non-Preferred	
dalfampridine ER tablet (generic for Ampyra [®])	Non-Preferred Ampyra® Tablet	
	Non-Preferred	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Non-Preferred Ampyra® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet	
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dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayenclad® Tablet Mayenclad® Tablet Tablet Tablet Mayenclad® Tablet Mayenes Starter Pack / Tablet Ponvory™ Tascenso DDT™ Tecfidera® Capsule / Starter Pack	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) 	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Yumerity™ Capsule Zeposia® Starter Pack / Capsule	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) 	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tecfidera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule XAL SCLEROSIS (ALS) AGENTS	
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dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Non-Preferred Ampyra® Tablet Aubagi® Tablet Bafiertam™ Capsule Glienya® Capsule Mavenclad® Tablet Mayzen® Starter Pack / Tablet Mayzen® Starter Pack / Tablet Tascenso ODT™ Techdera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule Zeposia® Starter Pack / Capsule RAL SCLEROSIS (ALS) AGENTS Radicava® Injection / ORS® Suspension Radicava® Injection / ORS® Suspension Radicava® Injection / ORS® Suspension VE HYPNOTICS ply to all sedative hypnotics Non-Preferred Balsendarie® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet Dayvigo [™] Tablet	
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dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Non-Preferred Ampyra® Tablet Aubgio® Tablet Bafiertam™ Capsule Gilenga® Capsule Mavenclad® Tablet Mayenclad® Tablet Tecfidera® Capsule / Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Yumerity™ Capsule Zeposia® Starter Pack / Capsule Zeposia® Starter Pack / Capsule Zeposia® Starter Pack / Capsule CAL SCLEROSIS (ALS) AGENTS Exservan™ Oral Film Tigluti® Suspension Releyrio™ Suspension Releyrio™ Suspension Releyrio™ Suspension VE HYPNOTICS ply to all sedative hypnotics Mahein® Tablet / CR Tablet Belsomra® Tablet Dayrigo™ Tablet Dayrigo™ Tablet Dayrigo™ Tablet doxepint tablet (generic for Silenor®)	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzen® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Yumerity™ Capsule Zeposia® Starter Pack / Supension Radicava® Injection / ORS® Suspension Radicava® Injection / ORS® Suspension Relvyrio™ suspension VE HYPNOTICS ply to all sedative hypnotics Stater Pack / CR Tablet Belsomm® Tablet / CR Tablet Belsomm® Tablet Delsomm® Tablet Davigo™ Tablet Davigo™ Tablet	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Non-Preferred Ampyra® Tablet Aubgio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzends Mavenclad® Tablet Mayzends Marter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Techdera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule Zeposia® Starter Pack / Capsule XAL SCLEROSIS (ALS) AGENTS KAL SCLEROSIS (ALS) AGENTS Radicas® Injection / ORS® Suspension Radicas® Injection / ORS® Suspension Relyrino™ Suspension Relyrino™ Suspension Radicas® Injection / ORS® Suspension VE HYPNOTICS ply to all sedative hypnotics Mabien® Tablet / CR Tablet Belsomra® Tablet Doral® Tablet Doral® Tablet Doral® Tablet Doral® Tablet Mabien® Tablet (generic for Silenor®) Edluar® SL Tablet	
dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Non-Preferred Ampyra® Tablet Aubgio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzen® Starter Pack / Tablet Mayzen® Starter Pack / Tablet Tascenso ODT™ Techdera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule XL SCLEROSIS (ALS) AGENTS Radicav® Injection / ORS® Suspension Relvyrio™ Suspension Radicav® Injection / ORS® Suspension Relvyrio™ Suspension VE HYPNOTICS ply to all sedative hypnotics Mabien® Tablet / CR Tablet Belomra® Tablet Darvig ™ Tablet Darvig ™ Tablet Darvig ™ Tablet Caluar® & Tablet Caluar® & Tablet Caluar® Starter Starter Belomra® Tablet Darvig © Mablet Ediam® St. Tablet Generation for Silenor®)	

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	quazepam tablet (generic for Doral®)
	Quviviq [™] Tablet
	Restoril® Capsule
	Rozerem [®] Tablet
	Silenor® Tablet
	tasimelteon capsule (generic for Hetlioz [®]) - Trial and Failure of Hetlioz [®] Capsule Required for Coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restoril [®])
	triazolam tablet (generic for Halcion®)
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo®)

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services	
Preferred SMOKI	NG CESSATION Non-Preferred
bupropion SR tablet (generic for Zyban [®])	Non-Preferred
Chantix [®] Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months	Nouor innaret / No Nasa Spray
nicotine gum / lozenge (buccal) / patch	
varenicline starting month box (generic for Chantix [®]) - Quantity limited to 6 months per 12 months	
varenicline tablet (generic for Chantix [®]) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered.	
varenicine tablet (generic for Chanux) Quantity initited to 6 months per 12 months, Only rebate engine versions are covered.	
ENDO	CRINOLOGY
	TH HORMONE
Clinical criteria a	oply to all drugs in this class
Preferred	Non-Preferred
Genotropin [®] Cartridge / MiniQuick [®]	Humatrope [®] Cartridge
Norditropin [®] Flexpro [®]	Nutropin [®] AQ NuSpin [®] Omnitrope [®] Cartridge / Vial
	Saizen [®] Click-Easy [®] Cartridge / Vial
	Serostim [®] Vial
	Skytrofa [®] Cartridge
	Zomacton [®] Vial
	Zorbtive [®] Vial
Нурод уст	EMICS - INJECTABLE
	Acting Insulin
	ly one preferred drug required
Preferred	Non-Preferred
Humalog [®] U-100 Cartridge	Admelog [®] SoloStar [®] / Vial
Humalog [®] U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog [®] U-100 KwikPen [®] / Vial insulin aspart U-100 FlexPen [®] / vial (generic for Novolog [®])	Apidra® SoloStar® / Vial Fiasp® FlexTouch® / Penfill® / Vial
Insulin aspart U-100 FlexPen / vial (generic for Novolog) insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior)	Hasp FlexTouch / Penhli / Vial Humalog [®] U-200 KwikPen [®]
insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®])	Humalog [®] Tempo Pen [™]
Novolog® U-100 Cartridge / FlexPen® / Vial	insulin aspart U-100 cartridge (generic for Novolog®)
	Lyumjev TM U-100 KwikPen [®] / Vial
	Lyumjev [™] U-200 KwikPen [®]
	Lyumjev® Tempo Pen™
Shor	Acting Insulin
	ly one preferred drug required
Preferred	Non-Preferred
Humulin [®] R Vial	Myxredlin [™] Injection
Humulin [®] R U-500 KwikPen [®] / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
Intermed	iate Acting Insulin
Preferred	Non-Preferred
Humulin [®] N Vial	Humulin [®] N KwikPen [®]
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
	A set as Tamertin
	Acting Insulin Ily one preferred drug required
Preferred	Non-Preferred
insulin glargine vial / SoloStar [®] (authorized biologic for Lantus)	Basaglar [®] KwikPen [®] / Tempo Pen™
Lantus® SoloStar® / Vial	insulin degludec pen/vial (generic for Tresiba®)
Levemir [®] / FlexPen [®] / FlexTouch [®] / Vial	insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)
	Rezvoglar [™] Kwikpen [®]
	Semglee [™] yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial
Premixed Ra	id Combination Insulin
Preferred	id Combination Insulin Non-Preferred
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 75/25 Mix KwikPen [®] / Vial	Non-Preferred
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 75/25 Mix KwikPen [®] / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30)	Non-Preferred insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 75/25 Mix KwikPen [®] / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 75/25 Mix KwikPen [®] / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30) Novolog [®] Mix 70/30 FlexPen [®]	Non-Preferred insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Preferred Humalog® 50/50 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) Novolog® Mix 70/30 FlexPen® Preferred	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Non-Preferred
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 5/525 Mix KwikPen [®] / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30) Novolog [®] Mix 70/30 FlexPen [®] Premixed 70/	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin
Preferred Humalog® 50/50 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) Novolog® Mix 70/30 FlexPen® Premixed 70/ Preferred Humulin® 70/30 KwikPen® / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
Preferred Humalog® 50/50 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) Novolog® Mix 70/30 FlexPen® Preferred Preferred Humalin® 70/30 KwikPen® / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial ylin Analogs
Preferred Humalog® 50/50 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) Novolog® Mix 70/30 FlexPen® Preferred Preferred Humalin® 70/30 KwikPen® / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
Preferred Humalog® 50/50 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial Humalog® 75/25 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) Novolog® Mix 70/30 FlexPen® Premixed 70/ Preferred Humulin® 70/30 KwikPen® / Vial	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial ylin Analogs
Preferred Humalog [®] 50/50 Mix KwikPen [®] / Vial Humalog [®] 75/25 Mix KwikPen [®] / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30) Novolog [®] Mix 70/30 FlexPen [®] Premixed 70/ Preferred Humulin [®] 70/30 KwikPen [®] / Vial An Requires trial and failure or insufficient response to metformin containing product unless contractions	Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial 30 Combination Insulin Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial Vial Analogs aindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	GLP-1 Receptor Agonists and Combinations
Requires trial and failure or insufficient response to metformin containing products (exce	ept for diabetic beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a r
exequites that and minute of insumeters response to inclusion mini containing products (exce	pp for underect orderates with ASCVD, then trainers, or CKD) mixes contransaction or documented adverse event when using enter a preferred of a 1 preferred GLP-1 Receptor Agonist and Combination
Preferred	Non-Preferred
	Continuation of therapy requires documentation that clinical goals have been met
ydureon [®] Pen	Adlyxin [®] Injection
Byetta [®] Pen	Bydureon [®] BCise [™]
Trulicity [®] Pen	Byderson Detaile
Victoza [®] Pen	Soliqua [®] Injection
Ozempic [®] Injection	Xultophy® Injection
Ozempic injection	Mounjaro ^m Pen
	wounjaro ren
	HYPOGLYCEMICS - ORAL
	2nd Generation Sufforkureas
Dustanual	
Preferred	Non-Preferred
Amaryl® Tablet	
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 [®])	
Glynase [®] 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®)	Fortamet [®] Tablet
glyburide-metformin tablet (generic for Glucovance®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
metformin tablet / ER tablet (generic for Glucophage [®] / ER)	metformin solution (generic for Riomet [®] Solution) Exemption for children < 12 years of age
	metformin ER tablet (generic for Fortamet [®])
	metformin ER tablet (generic for Glumetza [®])
	Riomet [®] Solution / ER Suspension
	DPP-IV Inhibitors and Combinations
Requires trial and failure or insufficient response to metformin containing p	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 [®])
Janunia [®] Tablet	alogliptin-metformit table (generic for Kazano [®])
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Osen [®])
Onglyza [®] Tablet	alognpun-plogntazone tablet (generic tor Osem) Glyxambi [®] Tablet
Tradjenta [®] Tablet	Kazano [®] Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Oseni [®] Tablet
	Qtern [®] Tablet
	Steglujan® Tablet
	Trijardy [®] XR Tablet
	Meglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix [®])	repaglinide-metformin tablet (generic for Prandimet [®])
repaglinide tablet (generic for Prandin [®])	

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Sod	lium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations	
es trial and failure an insufficient response to m	astformin containing products (around for boneficiaries with ASCVD, beaut foilure, or CKD) unless contraindicated	on d

Preferred	Non-Preferred
arxiga [®] Tablet	Invokamet® Tablet / XR Tablet
nvokana [®] Tablet	Segluromet [®] Tablet
ardiance® Tablet	Steglatro [®] Tablet
ynjardy [®] Tablet	Synjardy® XR Tablet
	Xigduo [®] XR Tablet
	Thiazolidinediones and Combinations
Preferred	Non-Preferred
ioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet
ognitazone tablet (generic tor Actos)	Actors® Tablet
	Duetact [®] Tablet
	pioglitazone-glimepiride tablet (generic for Duetact [®])
	pioglitazone-gemeprice tablet (generic for ActoPlus Met [®])
	prognazone-metiorinin tablet (generic for Actorius Met)
	GASTROINTESTINAL
A	ANTIEMETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
prepitant capsule / pack (generic for Emend [®]) - Clinical criteria apply	Akynzeo® Capsule / Vial
iclegis [®] Tablet	Antivert® Tablet / Chewable Tablet
imenhydrinate vial (generic for Dramamine [®])	Anzemet® Tablet
eclizine tablet (generic for Antivert [®])	Aponvie [™] Vial
netoclopramide solution / tablet (generic for Reglan®)	Barhemsys [®] Vial
ndansetron ODT / solution / tablet (generic for Zofran®)	Bonjesta [®] Tablet
rochlorperazine tablet (generic for Compazine®)	Cinvanti® Injectable Emulsion
romethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Compro®Rectal
'ransderm-Scop [®] Patch	doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet)
	dronabinol capsule (generic for Marinol [®])
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend [®] Vial
	fosaprepitant vial (generic for Emend [®])
	Gimoti [™] Nasal Spray
	granisetron injection / tablet (generic for Kytril®)
	Marinol [®] Capsule
	metoclopramide ODT / vial
	ondansetron vial
	palonosetron injection (generic for Aloxi [®])
	Phenergan [®] Injection
	prochlorperazine injection / suppository (generic for Compazine®)
	promethazine 50 mg suppository (generic for Phenergan®)
	Reglan [®] Tablet
	Sancuso [®] Patch
	scopolamine patch (generic for Transderm-Scop®)
	Sustol [®] Injection
	Tigan [®] Capsule / Injection

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BILE ACID SALTS		
BILE ACID SALTS Trial and failure of only one preferred drug required		
Preferred	Non-Preferred arug required Non-Preferred	
	IV0I-FFEEFFEU Bylvay [™] Capsule / Pellet - Exemption for diagnosis of PFIC	
ursodiol capsule (generic for Actigall [®])		
ursodiol tablet (generic for Urso [®])	Chenodal [®] Tablet Cholban [®] Capsule	
	Livmarli [®] Oral Solution	
	Ocaliva® Tablet	
	Caniva Tablet Reltone [™] Capsule	
	Keltone Capsule Urso [®] Tablet / Urso [®] Forte Tablet	
	Urso Tablet/ Urso Forte Tablet	
H DVI (RI COMBINATIONS	
Preferred	Non-Preferred	
Pylera [®] Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)	
Fylera Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])	
	Omeclamox-Pak® Combo Pack	
	Talicia® Capsule	
	Tancia Capsuie	
HISTAMINE-2	ECEPTOR ANTAGONISTS	
Preferred	Non-Preferred	
famotidine tablet / suspension (generic for Pepcid [®])	cimetidine solution / tablet (generic for Tagamet [®])	
ranitotume tablet / suspension (generic for Pepcia) ranitidine syrup / tablet (generic for Zantac $^{(0)}$)	nizatidine capsule (generic for Axid [®])	
raintidine syrup / tablet (generic for Zantac)	Pepcid® Tablet	
	repear raines	
PANCE	EATIC ENZYMES	
Preferred	Non-Preferred	
Creon [®] Capsule	Pertzye® Capsule	
Zenpep [®] Capsule	Viokase [®] Tablet	
zenpep cupsuic	· Made · Mark	
PROGESTIN	S 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	
	Non-Preferred Exemption for children < 12 years of age	
Dexilant [®] Capsule		
Dexilant [®] Capsule esomeprazole magnesium capsule (generic for Nexium [®] Rx)	Exemption for children < 12 years of age Aciphex® Tablet	
Dexilant [®] Capsule	Exemption for children < 12 years of age	
Dexilant [®] Capsule esomeprazole magnesium capsule (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC)	Exemption for children < 12 years of age Aciphex [®] Tablet dexlansoprazole capsules (generic for Dexilant [®]) esomeprazole magnesium capsule OTC (generic for Nexium [®] OTC)	
Dexilant [®] Capsule esomeprazole magnesium capsule (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx)	Exemption for children < 12 years of age Aciphex® Tablet	
Dexilant [®] Capsule esomeprazole magnesium capsule (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx)	Exemption for children < 12 years of age Aciphex [®] Tablet dexlansoprazole capsules (generic for Dexilant [®]) esomeprazole magnesium capsule OTC (generic for Nexium [®] OTC)	
Dexilant [®] Capsule esomeprazole magnesium capsule (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet	Exemption for children < 12 years of age Aciphex [®] Tablet	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet dexlansoprazole capsules (generic for Dexilant [®]) dexomprazole magnesium capsule OTC (generic for Nexium [®] OTC) esomeprazole magnesium packet (generic for Nexium [®] OTC) esomeprazole magnesium packet (generic for Nexium [®] OTC) esomeprazole magnesium packet (generic for Nexium [®] OTC) ansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole ODT (generic for Prevacid [®] SoluTab [™])	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet dexlansoprazole capsules (generic for Dexilant [®]) desomeprazole magnesium capsule OTC (generic for Nexium [®] OTC) esomeprazole magnesium packet (generic for Nexium [®] Acket) Konvomep [™] Suspension lansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole copsule ODT (generic for Prevacid [®] OTC) omeprazole capsule omeprazole capsule / DDT / tablet (generic for Zegerid [®] Rx / OTC) omeprazole suspension (generic for Protonix [®]) Prevacid [®] NX / OTC Capsule / Solutab	
Dexilant [®] Capsule esomeprazole magnesium tablet OTC (generic for Nexium [®] Rx) esomeprazole magnesium tablet OTC (generic for Nexium [®] OTC) lansoprazole capsule (generic for Prevacid [®] Rx) Nexium [®] Rx Packet omeprazole Rx capsule (generic for Prilosec [®] Rx) pantoprazole tablet (generic for Protonix [®])	Exemption for children < 12 years of age Aciphex [®] Tablet	

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	SELECTIVE CONSTIPATION AGENTS
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex [®])
Linzess® Capsule	Ibsrela [®] Tablet
	Lotronex [®] Tablet
	lubiprostone capsule (generic for Amitiza®) Motegrity™ Tablet
	Motegrity Labet Movanik [®] Tablet
	Movanuk ^a obiet Relistor [®] Syringe / Vial / Tablet Clinical Criteria Apply
	Symproic [®] Tablet
	Gruppes Takke
	Vibera [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
	ULCERATIVE COLITIS
	Oral
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol [®] HD Tablet
balsalazide capsule (generic for Colazal®)	Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine IR / DR tablet (generic for Azulfidine [®] / Entab)	Colazal [®] Capsule
	Delzicol [®] Capsule
	Dipentum [®] Capsule
	mesalamine DR capsule (generic for Delzicol [®] , Asacol [®] HD, Lialda [®])
	mesalamine ER capsule (generic for Apriso [®] , Pentasa [®])
	Pentasa® Capsule
	Uceris [®] Tablet
	ULCERATIVE COLITIS
	Rectal
	Trial and failure of only one preferred drug required
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	Canasa [®] Suppository
mesalamine suppository (generic for Canasa®)	mesalamine kit (generic for Rowasa [®])
	Rowasa® Kit
	SF Rowasa [®] Enema
	Uceris® Rectal Foam
	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryia [®] Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrend® chewable
Renvela® Powder Pack / Tablet	Fosrenol [®] Powder Pack
	lanthanum carbonate chewable tablet (generic for Fosrenol [®])
	MagneBind [®] 400 Rx Tablet
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renagel [®] Tablet
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®])
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®])
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®])
	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renaged [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable
	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Rengel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL
Desfermed	MagneBind [®] 400 Rx Tablet Phoslyra [®] Solution Renaged [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renzel [®]) velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS
Preferred	MagneBind [®] 400 Rx Tablet Phostym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renvala [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Sofigel
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®])	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®]) velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Softgel Cardura [®] Tablet / XL Tablet
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodari [®])	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Softgel Cardura [®] Tablet / XL Tablet Cialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodari [®]) finasteride tablet (generic for Proscar [®])	MagneBind [®] 400 Rx Tablet Phostym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Softgel Cardura [®] Tablet / XL Tablet Cialis [®] Tablet / XL Tablet dialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn [®])
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodar [®]) finasteride tablet (generic for Proscar [®]) tamsulosin capsule (generic for Flomax [®])	MagneBind [®] 400 Rx Tablet Phostym [®] Solution Rengel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renvela [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Softgel Cardura [®] Tablet / XL Tablet Cialis [®] Tablet / 2.5mg and 5mg strengths only) Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn [®]) Entadfi [™] Capsule
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodari [®]) finasteride tablet (generic for Proscar [®])	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renvela [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Cardura [®] Tablet / XL Tablet Cardura [®] Tablet / XL Tablet Cialis [®] Tablet (2.Sng and Sng strengths only) Clinical criteria apply duasteride / tamsulosin capsule (generic for Jalyn [®]) Entadfi [®] Capsule
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodar [®]) finasteride tablet (generic for Proscar [®]) tamsulosin capsule (generic for Flomax [®])	MagneBind [®] 400 Rx Tablet Phoslym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Cardura [®] Softgel Cardura [®] Tablet / XL Tablet Cialks [®] Tablet (2.Sng and Sng strengths only) Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn [®]) Entadfin [®] Capsule Homax [®] Capsule
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodar [®]) finasteride tablet (generic for Proscar [®]) tamsulosin capsule (generic for Flomax [®])	MagneBind [®] 400 Rx Tablet Phostym [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Cardura [®] Tablet /XL Tablet Cialis [®] Tablet /XL Tablet Cialis [®] Tablet /ZL Tablet Cialis [®] Tablet (generic for Jalyn [®]) Entadfi [™] Capsule Flomax [®] Capsule Jalyn [®] Capsule Prosca [®] Tablet
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodart [®]) finasteride tablet (generic for Proscar [®]) tamsulosin capsule (generic for Flomax [®])	MagneBind [®] 400 Rx Tablet Phostym [®] Solution Renggel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Cardura [®] Softgel Avodart [®] Softgel Cardura [®] Tablet / XL Tablet Cialus [®] Tablet / XL Tablet Cialus [®] Tablet / Start (2.5mg and 5mg strengths only) Clinical criteria apply dtatsteride / tamsulosin capsule (generic for Jalyn [®]) Entadif [®] Capsule Flomax [®] Capsule Prosca [®] Tablet Rapatlo [®] Capsule
alfuzosin ER tablet (generic for Uroxatral [®]) doxazosin tablet (generic for Cardura [®]) dutasteride capsule (generic Avodar [®]) finasteride tablet (generic for Proscar [®]) tamsulosin capsule (generic for Flomax [®])	MagneBind [®] 400 Rx Tablet Phostyra [®] Solution Renagel [®] Tablet sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®]) sevelamer hydrochloride tablet (generic for Renagel [®]) Velphoro [®] Chewable GENITOURINARY/RENAL BENIGN PROSTATIC HYPERPLASIA TREATMENTS Avodart [®] Solgel Cardura [®] Tablet / XL Tablet Cialis [®] Tablet / ZL Sna and Smg strengths only) Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn [®]) Entadfi ^{® C} Capsule Flomax [®] Capsule Prosca [®] Tablet

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. 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

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
	Y ANTISPASMODICS	
Preferred oxybutynin syrup / tablet / ER tablet (generic for Ditropan [®] / XL)	Non-Preferred darifenacin ER tablet (generic for Enablex [®])	
solifenacin tablet (generic for Vesicare [®])	Detrol® Tablet / LA Capsule	
Toviaz® Tablet	Ditropan [®] XL Tablet	
	fesoterodine ER tablet (generic for Toviaz [®])	
	flavoxate tablet (generic for Urispas®)	
	Gelnique® Gel Sachets	
	Gemtesa® Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment	
	Myrbetriq [®] (mirabegron) Granules / ER Tablet - Exemption in patients with a diagnosis of dementia or mild cognitive impairment	
	oxybutynin tablet (2.5 mg) Oxytrol [®] Patch	
	tolterodine tablet / ER capsule (generic for Detrol [®] / LA)	
	trospium tablet / ER capsule (generic for Sanctura [®] / XR)	
	Vesicare® LS Suspension / Tablet	
	GOUT	
Preferred	Non-Preferred	
allopurinol tablet (generic for Zyloprim [®])	allopurinol tablet (200 mg)	
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)	
probenecid tablet (generic for Benemid [®])		
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric [®] Tablet) Gloperba [®] Solution	
	Krystexxa® Injection	
	Mitigare [®] (branded colchicine 0.6mg) Capsules	
	Uloric [®] Tablet	
	Zyloprim® Tablet	
	EMATOLOGIC TICOAGULANTS	
AN	Incoagulants	
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 S	TIMULATING FACTORS	
Preferred	Non-Preferred	
Neupogen [®] Vial / Syringe	Fulphila [™] Syringe	
Nyvepria [™] Syringe	Fylnetra [®] Syringe	
Udenyca [™] Syringe	Granix [®] Injection Syringe/Vial	
	Leukine® Injection	
	Neulasta [®] Syringe / Kit	
	Nivestym [™] Syringe / Vial	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Stimufend [®] Syringe	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Stimufend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe	
	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Stimufend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe Image: Syringe	
Clinical criteria	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Stimufend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe TOPOIETIC AGENTS apply to all drugs in this class	
Clinical criteria Preferred	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Stimutend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPODETIC AGENTS apply to all drugs in this class Non-Preferred	
Clinical criteria Preferred Aranesp [®] Syringe / Vial	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Robredon [™] Syringe Stimutend [®] Syringe Zarxio [®] Injection Ziestenzo [®] Syringe IOPOIETIC AGENTS apply to all drugs in this class Non-Preferred Mircera [®] Syringe	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Stimufend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe IOPOIETIC AGENTS rapply to all drugs in this class Mircera [®] Syringe Procrit [®] Vial	
Clinical criteria Preferred Aranesp [®] Syringe / Vial	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Robredon [™] Syringe Stimutend [®] Syringe Zarxio [®] Injection Ziestenzo [®] Syringe IOPOIETIC AGENTS apply to all drugs in this class Non-Preferred Mircera [®] Syringe	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Stimufend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe IOPOIETIC AGENTS rapply to all drugs in this class Mircera [®] Syringe Procrit [®] Vial	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe COPOIETC AGENTS apply to all drugs in this class Mircen [®] Syringe Procri [®] Vial Reblozyl [®] Vial	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIE	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe COPOIETIC AGENTS apply to all drugs in this class Mircen [®] Syringe Procrit [®] Vial Reblozyl [®] Vial Reblozyl [®] Vial StSTIMULATING AGENTS	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred	Nivestym [™] Syringe / Vial Releuko [®] Syringe Stimutend [®] Syringe Stimutend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe IOPOIETIC AGENTS ropPi to all drugs in this class Mircera [®] Syringe Procrit [®] Vial Rebulcyl [®] Vial SIS STIMULATING AGENTS Non-Preferred	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIE Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPOOETIC AGENTS apply to all drugs in this class Mircera [®] Syringe Struetera [®] Syringe Signed Control Struetera [®] Syringe Torxit [®] Vial Reblozyl [®] Vial StS STIMULATING AGENTS Non-Preferred Tavalisse [™] Tablet	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIE Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet C	Nivestym [™] Syringe / Vial Releuko [®] Syringe Rolvedon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe COPOIETIC AGENTS apply to all drugs in this class Mircera [®] Syringe Procrit [®] Vial Rebudyl [®] Vial SIS STIMULATING AGENTS SIS STIMULATING AGENTS Preferred Tavalisse [™] Tablet PPTHALMIC	
Clinical criteria Preferred Aranesg® Syringe / Vial Epogen® Vial Retacrit® Vial THROMBOPOIE Preferred Nplat® Vial Promacta® Suspension / Tablet C ALLERGIC C	Nivestym [™] Syringe / Vial Releuko [®] Syringe Robredon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe FOPOIETIC AGENTS capply to all drugs in this class Mitcera [®] Syringe Procrif [®] Vial Rebeloxyl [®] Vial SISTS STIMULATING AGENTS Staste [™] Tablet Protrik [®] Tablet ONJUNCTIVITIS AGENTS	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet CONTROL CON	Nivestym [™] Syringe / Vial Releuko [®] Syringe Stimutend [®] Syringe Stimutend [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe IOPOIETIC AGENTS rapply to all drugs in this class Mircera [®] Syringe Procrit [®] Vial Rebeloxyl [®] Vial SIS STIMULATING AGENTS SIS STIMULATING AGENTS Protextise [™] Tablet ONJUNCTIVITIS AGENTS Non-Preferred	
Clinical criteria Preferred Aranesp [©] Syringe / Vial Epogen [©] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet C ALLERGIC C Preferred cronolyn sodium drops (generic for Crolom [®])	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPOETTC AGENTS rapply to all drugs in this class Mircera [®] Syringe Stimusfind [®] Vial Procrit [®] Vial Rebloxyl [®] Vial SISTIMULATING AGENTS SIST STIMULATING AGENTS Protrit [®] Tablet DPHTHALMIC ONJUNCTIVITIS AGENTS Non-Preferred Alocril [®] Drops	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet CONTROL CON	Nivestym [™] Syringe / Vial Releuko [®] Syringe / Vial Rolvedon [™] Syringe Stimutefand [®] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPOIETC AGENTS apply to all drugs in this class Mircera [®] Syringe Stradefand [®] Syringe Procri [®] Vial Rebloxyl [®] Vial Rebloxyl [®] Vial StS STIMULATING AGENTS Statisse [™] Tablet Statisse [™] Tablet Statisse [™] Tablet Alornif [®] Drops Alornif [®] Drops Alornid [®] Drops	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet C ALLERGIC C Preferred cromolyn sodium drops (generic for Crolom [®])	Nivestym [™] Syringe / Vial Releuko [®] Syringe Robredon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPOOLETIC AGENTS apply to all drugs in this class Mircen [®] Syringe Prorti [®] Vial Rebloyl [®] Vial SISTS STIMULATING AGENTS Sist STIMULATING AGENTS POPTHALINIC ONUNCTIVITIS AGENTS Non-Preferred Alocrif [®] Drops Alorrif [®] Drops Alorri [®] Drops	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet C ALLERGIC C Preferred cromolyn sodium drops (generic for Crolom [®])	Nivestym [™] Syringe / Vial Releuko [®] Syringe Robredon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe COPOIETIC AGENTS apply to all drugs in this class Immeria [®] Syringe Procrit [®] Vial Rebeboyl [®] Vial SISTS STIMULATING AGENTS SIST STIMULATING AGENTS Procrit [®] Tablet Immeria [®] Tablet Non-Preferred Alocrit [®] Drops Alorit [®] Drops Alorit [®] Drops apley for oplyinge azelastine drops (generic for Optivar [®])	
Clinical criteria Preferred Aranesp [®] Syringe / Vial Epogen [®] Vial Retacrit [®] Vial THROMBOPOIF Preferred Nplate [®] Vial Promacta [®] Suspension / Tablet C ALLERGIC C Preferred cromolyn sodium drops (generic for Crolom [®])	Nivestym [™] Syringe / Vial Releuko [®] Syringe Robredon [™] Syringe Zarxio [®] Injection Ziextenzo [®] Syringe OPOOLETIC AGENTS apply to all drugs in this class Mircen [®] Syringe Prorti [®] Vial Rebloyl [®] Vial SISTS STIMULATING AGENTS Sist STIMULATING AGENTS POPTHALINIC ONUNCTIVITIS AGENTS Non-Preferred Alocrif [®] Drops Alorrif [®] Drops Alorri [®] Drops	

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	Zerviate [™] Drops
	ANTIBIOTICS
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	Azasite® Drops
bacitracin-polymyxin ointment (generic for Polysporin®)	bacitracin ointment (generic for AK-Tracin [®])
ciprofloxacin solution drops (generic for Ciloxan®)	Besivance [®] Suspension
erythromycin ointment (generic for Ilotycin [®])	Ciloxan® Drops / Ointment
Gentak [®] Ointment (branded generic for Garamycin [®])	gatifloxacin drops (generic for Zymaxid [®])
gentamicin drops (generic for Garamycin®)	levofloxacin drops (generic for Quixin $^{\oplus}$)
moxifloxacin ophthalmic solution (generic for Vigamox®)	moxifloxacin ophthalmic solution (generic for Moxeza [®])
ofloxacin drops (generic for Ocuflox®)	Natacyn [®] Drops
Polycin [®] Ointment (branded generic for Polysporin [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)
sulfacetamide drops (generic for Bleph-10 [®])	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
tobramycin drops (generic for Tobrex®)	Ocuflox® Drops
	Polytrim [®] Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment / Drops
	Vigamox [®] Drops
	Zymaxid [®] Drops
	-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 / ointment (generic for Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex [®] ST Drops
	Zylet [®] Drops

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ANTI-INFLAMMATORY		
Preferred	Non-Preferred	
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution	
diclofenac drops (generic for Voltaren®)	Acuvail® Solution	
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Xibrom [®])	
Flarex [®] Drops	Bromsite [™] Solution	
fluorometholone drops (generic for FML®)	Dextenza [®] Insert	
flurbiprofen drops (generic for Ocufen®)	Dexycu TM Vial	
ketorolac solution (generic for Acular [®] / LS)	Durezol [®] Drops	
Lotemax [®] Drops	FML [®] Forte Drops / S.O.P. Ointment / Liquifilm [®] Drops	
Nevanac [®] Droptainer	Ilevro [®] Drops	
Pred Mild [®] Drops	Iluvien® Implant	
prednisolone acetate drops (generic for Pred Forte®)	Inveltys [™] Drops	
	Lotemax [®] Gel / SM Gel / Ointment	
	loteprednol drops / gel (generic for Lotemax $^{\otimes}$)	
	Maxides [®] Drops	
	Ozurdex® Implant	
	Pred Forte [®] Drops	
	prednisolone sodium phosphate drops (generic for Inflamase Forte [®])	
	Prolensa®Drops	
	Retisert [®] Implant	
	Triesence® Vial	
	Xipere [™] (Intraocular)	
	Yuti Maplant	
	· · ····	
	ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred	
Eysuvis [™] Drops	Cequa ⁷⁵ Drops	
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	cyclosoprine emulsion (generic for Restasis [®])	
Xiidra® Drops	Tyrvaya [®] Nasal Spray	
Anua Diops	Verkazia [®] Eye Emulsion - Exemption in patients with vernal keratoconjunctivitis (VKC)	
	Transa by Linuston - Excliption in patients with retrain Relations (FRC)	
	ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred	
Alphagan [®] P Drops	apraclonidine drops (generic for Iopidine [®])	
brimonidine drops (generic for Alphagan [®])	epineanimum outprogenetic in a spinine (PP) britinonidine P drops (generic for Alphagan [®] P)	
annon mala (Grunn in rahmânn)	Iopidine [®] Drops	
	Append Steps	
	BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred	
Combigan [®] Drops	betaxolol drops (generic for Betoptic [®])	
timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®])	Betimol [®] Drops	
	Betoptic [®] S Drops	
	brimonidine tartate / timolol drops (generic for Combigan [®])	
	carteolol drops (generic for Ocupres [®])	
	Istalof® Drops	
	levobunoloi drops (generic for Betagan [♥])	
	timolol drop (generic for Istalol [®] Drops)	
	timolol maleate drop (generic for Timoptic [®] Ocudose [®] Drops)	
	Timoptic [®] Drops / Ocudose [®] Drops / XE [®] Solution	

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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

CARBONIC ANHYDRASE INHIBITORS / COMBINATION

CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred	Non-Preferred	
dorzolamide drops (generic for Trusopt [®])	Azopt® Drops	
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)	
Simbrinza [®] Drops	Cosopt [®] Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
	Trusopt [®] Drops	
PROSTAGLANDIN AGONISTS		
Preferred	Non-Preferred	
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)	
Travatan [®] Z Drops	Durysta [®] Implant (intracameral)	
	Lumigan [®] Drops	
	tafluprost drops (generic for Zioptan [®])	
	travoprost drops (generic for Travatan® Z)	
	Vyzulta [®] Drops	
	Xalatan [®] Drops	
	Xelpros [®] Drops	
	Zioptan [®] Drops	
RHO KINASE MO	DIFIERS / COMBINATIONS	
Preferred	Non-Preferred	
Rhopressa [®] Drops		
Rocklatan® Drops		
	TEOPOROSIS	
BONE RESORPTION SUP	PRESSION AND RELATED AGENTS	
Preferred	Non-Preferred	
alendronate tablet (generic for Fosamax [®])	Actonel [®] Tablet	
raloxifene tablet (generic for Evista [®])	alendronate solution (generic for Fosamax $^{\oplus}$ Solution)	
	Atelvia [®] Tablet	
	Boniva [®] Tablet	
	calcitonin salmon nasal spray (generic for Miacalcin®)	
	Evenity [™] Syringe	
	Evista [®] Tablet	
	Forteo® Pen Injection	
	Fosamax [®] Tablet / Plus D Tablet	
	ibandronate tablet (generic for Boniva®)	
	Prolia [®] Syringe	
	risedronate tablet (generic for Actonel [®])	
	teriparatide injection (generic for Forteo [®] Injection)	
	Tymlos [®] Injection	

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

more information on the PDE can be found at. mtps.//	redicaid.ncdnns.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	OTIC
	ANTIBIOTICS
Preferred	Non-Preferred
Ciprodex [®] Suspension ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®])	Cipro [®] HC Suspension ciprofloxacin solution (generic for Cetraxal [®])
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	ciprofloxacin-fluocinolone drops (generic for Otovel [®])
neomycin-polymyxin-nydrocortisone solution / suspension (generic for Cortisporin) ofloxacin drops (generic for Floxin [®])	Cipronoxacm-mucimoione arops (generic for Otovel) Cortisporin-TC [®] Suspension
onoxacin drops (generic tor rioxin)	Otovel [®] Drops
	ANTI-INFECTIVES AND ANESTHETICS
Preferred	Non-Preferred
acetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
	ANTI-INFLAMMATORY
Preferred	Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic [®])
	RESPIRATORY
	ETA-ADRENERGIC HANDHELD, LONG ACTING
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Striverdi® Respirat® Inhalation Spray
BL	TA-ADRENERGIC HANDHELD, SHORT ACTING
Preferred	Non-Preferred
Ventolin® HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
Xopenex [®] HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
	Proair [®] Digitale [™]
	Proair® RespiClick®
	Proventil® HFA Inhaler
	BETA-ADRENERGIC, NEBULIZERS
	Trial and failure 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	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
albuterol sulfate 5mg / ml solution	Perforomist [®] Solution
	Xopenex [®] Solution / Concentrate 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 [®])	

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	ICHOLINERGICS / COPD AGENTS
Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi [®] Aerosphere [®]
Atrovent [®] HFA Inhaler	Daliresp [®] Tablet
Combivent® Respirat® Inhalation Spray	Duaklir® Pressair®
Incruse [®] Ellipta [®] Inhaler	Lonhala® Magnair®
ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution)	Tudorza® Pressair® Inhaler
ipratropium-albuterol solution (generic for Duoneb®)	Yupelri [™] Solution
roflumilast tablet (generic for Daliresp [®])	
Spiriva® Handihaler® / Respirat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	
	CORTICOSTEROIDS
Preferred	Non-Preferred
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Resputes)	Alvesco® Inhaler
Flovent® Diskus / HFA Inhaler	
Flovent Diskus / HFA Innaler	ArmonAir™ Digihaler™
	Arnuity® Ellipta® Inhaler
	Asmanex® HFA Inhaler / Twisthaler®
	fluticasone propionate HFA (generic for Flovent [®] HFA)
	Pulmicott [®] Flexhaler
	Pulmicort [®] Respulse 0.25mg, 0.5mg, 1 mg
	QVAR [®] RediHaler [™]
	OSTEROID COMBINATIONS
Preferred	Non-Preferred
Advair® Diskus®	AirDuo [®] Digihale [™] / RespiClick [®]
Advair® HFA Inhaler	Breo [®] Ellipta [®]
Dulera® Inhaler	Breztri [™] Aerosphere
Symbicort [®] Inhaler	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 [™]
	AL RHINITIS AGENTS
Preferred	Non-Preferred
azelastine spray (generic for Astelin®)	Exemption for steroids applies to children < 4 years of age
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
	QNasl [®] Nasal Spray / Children's Spray
	Ryaltris® Nasal Spray
	Sinuva TM Implant
	Xhance [™] Nasal Spray
	Zetonna® Nasal Spray
L DE LZ OD	
	RIENE 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 Zyflo®)
	Zyflo [®] Filmtab

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

LOW SEDATING ANTIHISTAMINES			
Preferred	Non-Preferred		
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets)		
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup)		
cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets)	cetirizine OTC softgel		
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinex [®] Tablet - Exemption for children < 2 years of age		
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex®)		
loratadine tablet OTC (generic for Claritin [®] OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)		
	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution) loratadine OTC chewable ODT / solution (generic for Claritin [®] OTC)		
	Ioratadine OTC chewable OD17 solution (generic for Claritin OTC)		
LOW SEDATING ANT	IHISTAMINE COMBINATIONS		
	per 12 months apply to all drugs in this class		
Preferred	Non-Preferred		
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)		
	Clarinex-D [®] Tablet		
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)		
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour)		
EIDST GENERA	TION ANTIHISTAMINES		
Preferred	Non-Preferred		
carbinoxamine solution	carbinoxamine tablet		
cyproheptadine syrup / tablet	clemastine tablet		
hydroxyzine capsule / solution / tablet			
njarovjene capsus / Soluton / tublet	Karbinal [™] ER Suspension - Trial and failure of immediate release carbinoxamine solution and cetirizine syrup required for coverage		
	RyClora [™] Solution		
	RyVent [™] Tablet		
	Vistaril [®] Capsule		
Т	OPICALS		
	VE 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®)	Altren [®] Lotion (Topical)		
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	Amzeeq [™] Foam		
clindamycin-benzoyl peroxide gel (generic for Duac [®])	Arazlo [™] Lotion		
erythromycin gel (generic for Emcin [®] , Erycette [®] , EryGel [®] , et. al.)	Atrain [®] Gel		
erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , et. al) erythromycin-benzoyl peroxide gel (generic for Benzamycin [®])	Avar [®] Cleanser / LS Cleanser Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream		
Finacea [®] Gel	Avita® Cream / Gel		
Retin-A [®] Cream / Gel	azelaic acid gel (generic for Finacea [®])		
Retin-A [®] Micro Gel	Benzamycin [®] Gel		
	BP [®] 10-1 Wash / Cleansing Wash		
	Cleocin [®] T Lotion		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit		
	Cleoxin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel		
	Cleoxin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®)		
	Cleoxin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®)		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate gel / lotion (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuac®)		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)		
	Cleocin® T Lotion Cleocin® T Lotion Clindan® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuae®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide with pump (generic for Aczany®) dapsone gel (generic for Aczone® Gel)		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / treinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Neuxe®) clindamycin-benzoyl peroxide gel / generic for Renzelin®) clindamycin-benzoyl peroxide with pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate gen / lotion (generic for Cleocin-1®, Clindagel®) clindamycin-benzoyl peroxide gel (generic for Cleocin-1®, Clindagel®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Ery® Pads Erygel® Gel		
	Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin-benzoyl peroxide gel (generic for Cleocin-T®, Clindagel®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Erygel® Gel Erygel® Gel Evoclin® Foam		
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	Cleocin® T Lotion Clioccin® T Lotion Clioccin® T Lotion Clindancin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / treinoin (generic for Veltin®) clindamycin / treinoin (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin-benzoyl peroxide gel (generic for Neuae®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Erygel® Gel Evoclin® Foam Frader® Foam Finacea® Foam		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / treinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin-benzoyl peroxide gel (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel / generic for Neuac [®]) clindamycin-benzoyl peroxide gel / generic for Renzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) dapsone gel (generic for Acaone [®] Gel) Erygel [®] Gel Erygel [®] Ged Evoclin [®] Foam Fabior [®] Foam Klaron [®] Lotion		
	Cleocin® T Lotion Clioccin® T Lotion Clioccin® T Lotion Clindancin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / treinoin (generic for Veltin®) clindamycin / treinoin (generic for Evoclin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin-benzoyl peroxide gel (generic for Neuae®) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®) clindamycin-benzoyl peroxide gel / pump (generic for Acanya®) dapsone gel (generic for Aczone® Gel) Erygel® Gel Evoclin® Foam Frader® Foam Finacea® Foam		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / tretinoin (generic for Veltin [®]) clindamycin bosphate foan (generic for Evoclin [®]) clindamycin-benzoyl peroxide gel (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Renzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam Kiaron [®] Lotion Neuac [®] Gel / Kit		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / tretinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuxe [®]) clindamycin-benzoyl peroxide gel / generic for Renzelin [®]) clindamycin-benzoyl peroxide gel / generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Erygel [®] Ged Fabior [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuxe [®] Foam Klaron [®] Lotion Neuxe [®] Gel / Kit Onexton [®] Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin phosphate gencric for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cloccin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuac [®]) clindamycin-benzoyl peroxide gel (generic for Renzaclin [®]) clindamycin-benzoyl peroxide with pump (generic for Acayn [®]) dapsone gel (generic for Acazone [®] Gel) Erygel [®] Gel Erygel [®] Gel Evoclin [®] Foam Fabior [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Gel Pump Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin phosphate foan (generic for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuac [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acana [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Evoclin [®] Foam Fabior [®] Foam Fabior [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Cel Pump Ovace [®] Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Restin-A [®] Micro Pump Gel Rostula [®] Cloths / Wash		
	Cleocin [®] T Lotion Clindani [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / tretinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuac [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Eryg [®] Pads Erygel [®] Gel Evoclin [®] Foam Finacea [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Gel Pump Ovace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rosula [®] Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS)		
	Cleocin [®] T Lotion Clindasin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / treinoin (generic for Veltin [®]) clindamycin / treinoin (generic for Evoclin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin-benzoyl peroxide gel (generic for Neuae [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Evoclin [®] Foam Finacea [®] Foam Finacea [®] Foam Finacea [®] Foam Cleation Cleati		
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	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / treinoin (generic for Evoclin [®]) clindamycin phosphate foam (generic for Cloccin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Rouca [®]) clindamycin-benzoyl peroxide gel (generic for Rouza [®]) clindamycin-benzoyl peroxide with pump (generic for Rouza [®]) clindamycin-benzoyl peroxide gel / Journ (generic for Acaya [®]) dapsone gel (generic for Aczone [®] Gel) Erygel [®] Gel Erygel [®] Ged Erygel [®] Ged Erygel [®] Ged Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Gel Pump Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rosula [®] Cloths / Wash sodium sulfacetamide lotion (generic for Avar [®] / LS) sodium sulfacetamide lotion (generic for Rosula [®]) sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®])		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / treinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuxe [®]) clindamycin-benzoyl peroxide gel (generic for Neuxe [®]) clindamycin-benzoyl peroxide gel (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Erygel [®] Ged Fabior [®] Foam Finacea [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rosula [®] Clonk / Wash sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) sodium sulfacetamide lotion (generic for Klaron [®]) sodium sulfacetamide shampoo, wash (generic for Avar [®] / Plus)		
	Cleocin [®] T Lotion Clindan; [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / tretinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuac [®]) clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Eryg [®] Pads Erygel [®] Gel Evoclin [®] Foam Finacea [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Kit Onexton [®] Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rostan [®] (Lotion / Shampoo / Wash sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) sodium sulfacetamide lotion (generic for Klaron [®]) sodium sulfacetamide sulfur kit / wash (generic for Sunadan [®])		
	Cleocin [®] T Lotion Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / treinoin (generic for Veltin [®]) clindamycin phosphate foam (generic for Cleocin-T [®] , Clindagel [®]) clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Neuxe [®]) clindamycin-benzoyl peroxide gel (generic for Neuxe [®]) clindamycin-benzoyl peroxide gel / generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Erygel [®] Ged Erygel [®] Ged Erygel [®] Ged Finacea [®] Foam Finacea [®] Foam Klaron [®] Lotion Neuac [®] Gel / Kit Onexton [®] Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rosula [®] Cloth / Wash sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®]) sodium sulfacetamide sulfur ki / wash (generic for Rosula [®]) sodium sulfacetamide sulfur ki / wash (generic for Rosula [®]) SSS [®] 10.5 Cream / Foam		
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	Cleocin [®] T Loton Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel [®] Gel clindamycin / tretinoin (generic for Veltin [®]) clindamycin / bnosphate foam (generic for Evoclin [®]) clindamycin-benzoyl peroxide gel (generic for Neuac [®]) clindamycin-benzoyl peroxide gel (generic for Reuzclin [®]) clindamycin-benzoyl peroxide gel (generic for Reuzclin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Cel Evoclin [®] Foam Fabior [®] Foam Finacea [®] Foam Finacea [®] Foam Finacea [®] Foam Cleation United States (Cleation Cleation		
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	Cleocin [®] TLoton Clindaein [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagei [®] Gel clindamycin / tretinoin (generic for Evoclin [®]) clindamycin phosphate foam (generic for Evoclin [®]) clindamycin phosphate foam (generic for Cleocin [®] , Clindagel [®]) clindamycin bosphate pel / lotion (generic for Cleocin [®] , Clindagel [®]) clindamycin-benzoyl peroxide gel (generic for Remzelin [®]) clindamycin-benzoyl peroxide gel / pump (generic for Acanya [®]) dapsone gel (generic for Aczone [®] Gel) Ery [®] Pads Erygel [®] Gel Erygel [®] Gel Ervoclin [®] Foam Finacea [®] Foam Finacea [®] Foam Sindae [®] Foam Finacea [®] Foam Clioton Neuac [®] Gel / Kit Oneston [®] Gel / Gel Pump Ovac [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash Promiseb [®] Topical Cream Retin-A [®] Micro Pump Gel Rosula [®] Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) sodium sulfacetamide cleanser / cream (generic for Sumada [®]) sodium sulfacetamide cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cloth (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide sulfur cleanser / cream (generic for Sumada [®]) sodium sulfacetamide-sulfur pd/ supension / wash (generic for Sumada [®]) sodium sulfacetamide-sulfur pd/ supension / wash (generic for Sumada [®]) sodium sulfacetamide-sulfur pd/ supension / wash (generic for Sumada [®]) sulfacetamide-sulfur pd/ supension / wash (generic for Sumada [®]) Suffacetamide-sulfur pd/ supension / wash (generic for Sumada [®]) Suffacetamide-sulfur pd/		

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

More information on the PDL can be found at: https://medicaid.ncdhhs.go	//providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	Tretin-X [™] Combo Pack / Cream
	Winlevi® Cream
	Ziana [®] Gel
	Zma Clear™ Cleanser
ANDRO	GENIC AGENTS
Preferred	Non-Preferred
Androgel [®] Pump	Androderm [®] Patch
testosterone gel pump (generic for Androgel®)	Androgel [®] Packet
	Fortesta® Gel Pump
	Natesto [®] Nasal Gel
	Testim [®] Gel
	testosterone gel / packet (generic for Testim [®] , Vogelxo [®])
	testosterone gel pump (generic for Fortesta [®] , Axiron [®]) testosterone packet (generic for Androgel [®])
	Vogelxo [®] Gel / Packet / Pump
	rogens or ramer ramp
	NSAIDS
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for $\operatorname{Flector}^{\oplus}$)
	diclofenac solution / pump (generic for Pennsaid®)
	Flector [®] Patch
	Licar [™] Patch
	Pennsaid [®] Solution Packet / Pump
AN	TIBIOTICS
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin [®])	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban [®])	mupirocin cream (generic for Bactroban [®])
	Xepi [™] Cream
	TICS - VAGINAL
Preferred	Non-Preferred
Cleocin [®] Vaginal Ovules	Cleocin [®] Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream)
material and and comparing for Material Call	
metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel)	Metrogel [®] Vaginal Gel
metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel) Nuvessa [®] Vaginal Gel	Metrogel [®] Vaginal Gel Vandazole [®] Vaginal Gel
Nuvessa® Vaginal Gel	Metrogel [®] Vaginal Gel Vandazok [®] Vaginal Gel Xaciato [®] Vaginal Gel
Nuvessa® Vaginal Gel	Metrogel [®] Vaginal Gel Vandazole [®] Vaginal Gel Xaciato [®] Vaginal Gel ITFUNGALS
Nuvessa® Vaginal Gel AN AN Preferred	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel IIFUNGALS Non-Preferred
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS Non-Preferred Bensal HP® Ointment
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrinin® Rx)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS Bensal HP® Ointment Ciclodan® Cream Kit / Kit / Solution
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrinin® Rx) clotrimazole-betamethasone cream (generic for Lotrisone® cream)	Metrogel® Vaginal Gel Vandazok® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Bensal HP® Ointment Ciclodan® Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) clotrimazole-betamethasone cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®)	Metrogel® Vaginal Gel VandrzOk® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit)
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrinin® Rx) clotrimazole-betamethasone cream (generic for Lotrisone® cream)	Metrogel® Vaginal Gel Vandazok® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Bensal HP® Ointment Ciclodan® Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)
Nuvessa® Vaginal Gel AN Preferred ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamyc® Powder (branded generic for Nystop®) Nyamyc® Powder (branded generic for Nystop®)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox reatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrinin® Rx)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vadazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS TIFUNGALS TOPEferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) Clotrimazole. Solution (generic for Lotrisone® lotion)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel IFUNGALS INOn-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Ki / Kit / Solution ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) ciclopirox treatment kit (generic for Ciclodan® Kit) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole Rx solution (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertazo® Cream Excelderm® Cream / Solution
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS INOn-Preferred Bensal HP® Ointment Cicloda® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® Iotion) econazole cream (generic for Spectazole®) Ertacz0® Cream Exclederm® Cream / Solution Extina® Foam
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS TIFUNGALS Rensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole. Solution (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertazo® Cream Exelderm® Cream / Solution Extina® Foam Jublia® Topical Solution
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazoke® Vaginal Gel Xaciato® Vaginal Gel ITUNGALS Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole x solution (generic for Ciclodan® Kit) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exelderm® Cream / Solution Exederm® Cream / Solution Exelderm® Cream / Solution
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Non-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Loprox®) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Eratazo® Cream Exclederm® Cream Exclederm® Cream Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel IFUNGALS INOn-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econazole eraam (generic for Spectazole®) Ertazo® Cream Excederm® Cream / Solution Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution Kerydin® Foam/Foam Kit
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Non-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Loprox®) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Eratazo® Cream Exclederm® Cream Exclederm® Cream Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS INOn-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Loprox®) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Excluderm® Cream / Solution Extina® Foam Jublia® Topical Solution Ketodan® Foam/Foam Kit Loprox® Shampoo / Suspension / Cream / Kit Iluiconazole cream (generic for Extina® Foam) Ketodan® Foam/Foam Kit Loprox® Shampoo / Cream / Kit
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel IFUNGALS INON-Preferred Bensal HP® Ointment Ciclobars Cream / Cream Ki / Ki / Solution ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Clotdan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Erstazo® Cream Excloder Cream Excloder Topical Solution Ketodan® Foam/Foam Kit Loprox® Shampoo / Suspension / Cream / Kit Ultionazole cream (generic for Extina® Foam) Ketodan® Foam/Foam Kit Loprox® Shampoo / Cream / Kit Ultionazole cream (generic for Luza® Cream) Ketodan® Foam/Foam Kit Loprox® Shampoo / Cream / Kit
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel IFUNGALS IFUNGALS Mon-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econazole ream (generic for Spectazole®) Ertazo® Cream (generic for Spectazole®) Extian® Foam Jublia® Topical Solution Ketodan® Topical Solution Ketodan® Foam/Foam Kit Loprox® Shampoo / Suspension / Cream / Kit luliconazole cream (generic for Luza® Cream) Luza® Cream Menta& Cream Menta& Cream
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® IFUNGALS Bensal HP® Ointment Ciclodar® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox reatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotroisone® lotion) econzole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Exdidar® Topical Solution Kerydin® Topical Solution Ketodan® Topical Solution Ketodan® Topical Solution Ketodan® Topical Solution Loprox® Shampoo / Suspension / Cream / Kit luliconazole cream (generic for Luzi® Cream) Laza® Cream Mentax® Cream micronazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS Bensal HP® Ointment Ciclobar® Cream / Cream Kit / Kit / Solution ciclobar® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole ream (generic for Spectazole®) Eratazo® Cream Exelderm® Cream / Solution Extind® Foam Jubia® Topical Solution Kerydin® Topical Solution Ketocanazole cream (generic for Laza® Foam) Ketocanazole cream (generic for Laza® Foam) Ketocanazole cream (generic for Laza® Foam) Ketocanazole foam (generic for Laza® Foam) Ketocanazole cream (generic for Laza® Foam) Laza® Shampoo / Suspension / Cream / Kit Ulticonazole cream (generic for Laza® Foam) Luzo® Cream Mentas® Cream mitine cream / gel (generic for Natin® Cream) Laza® Cream mitine cream / gel (generic for Natin® Cream / Gel) Nafin® Gel
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandrazole® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS INOn-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox (reatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole ercam (generic for Spectazole®) Extina® Foam Latza® Cream Extida® Topical Solution Ketodan® Foam/Foam Kit Luzva® Cream Mentax® Cream / gel (generic for Naftin® Cream / Gel) Naftin® del rystatin-triamcinolone cream / ointment (generic for Vusion®) Mentax® Cream / gel (generic for Naftin® Cream / Gel) Naftin® del rystatin-triamcinolone cream / ointment (generic for Mycolog I®)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel IFUNGALS INON-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Ki / Ki / Solution ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Clodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econazole ream (generic for Spectazole®) Erstazo® Cream Exclderm® Cream / Solution Extina® Foam Jublia® Topical Solution Ketodan® Foam/Soam Kit Loprox® Shampo / Supension / Cream / Kit Iuliconazole foar (generic for Laza® Cream) Mentax® Cream Mentax® Cream Mentax® Cream Mentax® Cream Mentax® Cream / gel (generic for Natin® Cream / Gel) Natin® Gel misconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naffifine cream / gel (generic for Natin® Cream / Gel) Natin® Gel misconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naffifine cream / gel (generic for Natin® Cream / Gel) Natin® Gel mystalin + triamcinolone cream / ointment (generic for Mysolog II®) oxiconazole cream (generic for Oxista®)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Metrogel® Vaginal Gel Vandrazole® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS INOn-Preferred Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox (reatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Loprox®) ciclopirox treatment kit (generic for Lotrisone® lotion) econazole ercam (generic for Spectazole®) Extina® Foam Latza® Cream Extida® Topical Solution Ketodan® Foam/Foam Kit Luzva® Cream Mentax® Cream / gel (generic for Naftin® Cream / Gel) Naftin® del rystatin-triamcinolone cream / ointment (generic for Vusion®) Mentax® Cream / gel (generic for Naftin® Cream / Gel) Naftin® del rystatin-triamcinolone cream / ointment (generic for Mycolog I®)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye Nowder (branded generic for Nizoral®) Nyatatin cream / ointment / powder (generic for Mizostain®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel TIFUNGALS TIFUNGALS Bensal HP® Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertazo® Cream Exclderm® Cream / Solution Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution Kerydin® Topical Solution Kerddam® Foam/Soam Kit Loprox® Shampoo / Suspension / Cream / Kit Julica@ Cream Mentax® Cream miconazole / zine oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin® Cream / Gel) Naftin® Cicl nystatin-triamcinolone cream / ointment (generic for Mycolog I®) oxiconazole cream (generic for Naista®) Oxistat® Lotion
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye Nowder (branded generic for Nizoral®) Nyatatin cream / ointment / powder (generic for Mizostain®, Nystop®)	Metrogel [®] Vaginal Gel Vandazole [®] Vaginal Gel Xaciato [®] Vaginal Gel IFUNGALS IFUNGALS Non-Preferred Bensal HP [®] Ointment Ciclobaris (Cream / Cream Kit / Kit / Solution ciclopirox gel / shampo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole - betamethasone lotion (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole - betamethasone lotion (generic for Lotrisone [®] lotion) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream / Extelem [®] Cream / Solution Extien [®] Foam Juhila [®] Topical Solution Kerodan [®] Foam Solution Kerodan [®] Foam Solution Kerodan [®] Foam Solution Kerodan [®] Foam Foam Kit Loprox [®] Shampoo / Suspension / Cream / Kit Illiconazole cream (generic for Luzu [®] Cream) Luzu [®] Cream Mentas [®] Cream miconazole / zinc xide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply natifine cream (generic for Naftin [®] Cream / Gel Naftin [®] Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II [®]) oxiconazole cream (generic for Xista [®]) Oxistat [®] Lotion salicylic acid ointment (generic for Bensal HP®)
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye Nowder (branded generic for Nizoral®) Nyatatin cream / ointment / powder (generic for Mizostain®, Nystop®)	Metrogel [®] Vaginal Gel Vandzob [®] Vaginal Gel Xaciato [®] Vaginal Gel TEUNGALS Non-Preferred Bensal HP [®] Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox reatment kit (generic for Ciclodan [®] Kit) clotrimazole solution (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole solution (generic for Lotrisone [®] lotion) econazole cream (generic for Fotortimin [®] Rex) Clotrimazole solution (generic for Lotrisone [®] lotion) econazole cream (generic for Spectazole [®]) Ertazzo [®] Cream Extima [®] Foam Jublia [®] Topical Solution Kerydin [®] Topical Solution Kerydin [®] Topical Solution Ketocanzo foam (generic for Extina [®] Foam) Ketocanzo foam (generic for Lotrison (Kit Luprox [®] Shampoo / Suspension / Cream / Kit Juliorazole cream (generic for Naftin [®] Cream) Luzu [®] Cream micronazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply naftine cream / gel (generic for Naftin [®] Cream / Gel) Naftin [®] Gel nystatir triancinolone cream / ointment (generic for Mycolog II [®]) coxiconazole eraem (generic for Coxista [®]) Coxiston [®] Lotion salcoptic acid ointment (generic for Kycolog II [®]) salconazole nitrate cream (generic for Keytelm [®]) salconazole nitrate cream (generic for Keytelm [®]) salconazole nitrate cream (generic for Keytelm [®])
Nuvessa® Vaginal Gel AN Preferred Ciclopirox cream / solution (generic for Loprox®, Penlac®) clotrimazole Rx cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye® Powder (branded generic for Nizoral®) Nyamye Nowder (branded generic for Nizoral®) Nyatatin cream / ointment / powder (generic for Mizostain®, Nystop®)	Metrogel® Vaginal Gel Vandazole® Vaginal Gel Xaciato® Vaginal Gel ITFUNGALS ITFUNGALS Bensal HP® Ointment Ciclodam® Cream / K1 / Kit / Solution ciclodam® Cream / Cream Kit / Kit / Solution ciclodams Or suspension (generic for Loprox®) ciclopirox treatment Kit (generic for Lotrisone® lotion) ecotrazole ream (generic for Lotrisone® lotion) ecotrazole cream (generic for Spectazole®) Ertazo® Cream Statim® Topical Solution Kerydin® Topical Solution Kerydin® Topical Solution Kerdom® Cream (generic for Lutras® Foam) Ketodam® Foamfoane Dictaras® Foam) Ketodam® Topical Solution Kerydin® Topical Solution Kerydin® Topical Solution Kerydin® Topical Solution Ketodam® Cream (generic for Katia® Foam) Ketodam® Cream (generic for Natia® Foam) Ketodam® Cream (generic for Statia® Foam) Ketodam® Cream Iuliconazole cream (generic for Natia® Cream) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply natififne cream / gel (generic for

Effective Date: October 1, 2023

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

wore information on the PDL can be found at: h	ttps://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	ANTIPARASITICS
n	Trial and failure of only one preferred drug required Non-Preferred
Preferred	
Natroba® Topical Suspension	Crotan [™] Lotion Eurax [®] Cream / Lotion
permethrin cream (generic for Elimite [®])	Eurax Cream / Lotion ivermectin lotion (generic for Sklice [®])
	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
	penciclovir cream (generic for Denavir [®])
	Xerese® Cream
	Zovirax® Ointment
	IMMUNOMODULATORS
	Atopic Dermatitis
D	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Dupixent [®] Pen / Syringe	Adbry [®] Syringe Opzelura [™] Cream
Elidel [®] Cream	
Eucrisa [®] 2% Ointment tacrolimus ointment (generic Protopic [®])	pimecrolimus cream (generic for Elidel [®])
tacrolimus ointment (generic Protopic)	
	Imidazoquinolinamines
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara [®])	Condylox [®] Gel
Iniquiniou creani packet (generic foi Aluara)	Hyftor [™] Gel
	imiquimod cream / cream pump (generic for Zyclara [®])
	podofilox solution (generic for Condylox [®])
	Veregen [®] Ointment
	Zycłara [®] Cream / Cream Pump
	Zyciara Crean/Crean Funp
	PSORIASIS
Preferred calcipotriene cream / solution (generic for Dovonex [®])	Non-Preferred calcipotriene ointment / foam (generic for Dovonex [®] , Sorilux [®])
calcipotriene cream / solution (generic for Dovonex)	calcipotriene-betamethasone suspension / ointment (generic for Talconex [®])
	calcipolitene-oralineutasione suspension / ominient (generic for Faiconex) calciptiol ointment (generic for Vectical®)
	Duobri [™] Lotion
	Enstlar [®] Foam
	Sorilux [®] Foam
	Taclonex [®] Ointment / Suspension
	Vtama [®] Cream
	Zorvye [®] Cream
	ROSACEA AGENTS
Preferred	Non-Preferred
Finacea [®] Gel	azelaic acid gel (generic for Finacea [®])
metronidazole cream (generic for MetroCream®)	brimonidine gel pump (generic for Mirvaso [®])
metronidazole gel / pump (generic for MetroGel [®])	Finacea [®] Foam
Rosadan [®] Cream / Gel	ivermectin cream (generic for Soolantra [®])
	metronidazole lotion (generic for MetroLotion®)
	Noritate [®] Cream
	Rhofade [®] Cream
	Rosadan [®] Kit

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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 [®])	Aqua Givcolic [®] HC Kit				
hydrocortisone cream / lotion / ointment (generic for Hytone [®])	desonide lotion (generic for DesOwen [®] Lotion)				
	fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil)				
	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 / pump (generic for Cloderm [®])				
*	Cloderm [®] Cream / Pump				
	Cutivate® Cream / Lotion				
	fluocinolone cream / ointment / solution (generic for Synalar®)				
	flurandrenolide cream / 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				
	Luxiq [®] Foam				
	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 / lotion (generic for Cyclocort®)				
fluocinonide 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 (generic for Valisone [®])				
	betamethasone valerate lotion (generic for Valisone [®])				
	desoximetasone cream / gel / ointment / spray (generic for Topicort [®])				
	diflorasone cream / ointment (generic for Florone [®])				
	Diprolene [®] Ointment				
	fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E)				
	halcinonide cream (generic for Halog®)				
	Halog® Cream / Ointment / Solution				
	Kenalog [®] Spray				
	Sanaderm [®] Rx Solution				
	Topicort [®] Cream / Gel / Ointment / Spray / LP				
	triamcinolone spray (generic for Kenalog [®])				
	Vanos [®] Cream				

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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®)	
	Impeklo [™] Lotion	
	Lexette [®] Foam	
	Olux [®] Foam / E-Foam	
	Temovate® Cream / Ointment	
	Tovet [™] Foam / Foam Kit	
	Ultravate [®] Lotion	
	CELLANEOUS	
	ORIATICS, ORAL	
Preferred	Non-Preferred	
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)	
EDINEDID	INE, SELF INJECTED	
	pply to all drugs in this class	
Preferred	Non-Preferred	
Epi-Pen [®] Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	Auvi-Q®Auto Injector	
epinephrine auto injector / 2-rak / Jr. Auto injector / Jr. 2-rak	epinephrine auto injector (generic for Adrenaclick [®])	
epinepin me auto injector (generic for Epi-Pen / Epi-Pen / Jr.)	Symjepi TM Injection	
	Symjepi injection	
ESTROGEN AG	GENTS, COMBINATIONS	
Preferred	Non-Preferred	
Activella® Tablet	Non-Freierred Bijuva [®] Capsule	
Activelia Tablet	Bijuva Capsue Prefest [®] Tablet	
estradiol/norethindrone tablet (generic for Activella [®])	Prefest Tablet	
estradio/moretnindrone tablet (generic for Activella) Fyavolv [™] Tablet		
Jinteli [®] (branded generic for FemHRT [®])		
Minvey [®] / Lo (branded generic for Activella [®])		
norethindrone-ethinyl estradiol (generic for FemHRT [®])		
Premphase [®] Tablet		
Prempro® Tablet		

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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	FS, ORAL / TRANSDERMAL
Preferred Climara® Pro Patch	Non-Preferred Climara [®] Patch
CombiPatch [®] Patch	Divigel [®] Gel Packet
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Dott TM Patch
estradiol tablet (generic for Estrace [®])	Duavee® Tablet
Evamist [®] Spray	Elestrin [®] Gel
Menest [®] Tablet	Estrace [®] Tablet
Premarin [®] Tablet	estradiol gel packet (generic for Divigel®)
	Lyllana [™] Patch
	Menostar [®] Patch
	Minivelle [®] Patch
	Vivelle-Dot [®] Patch
	S, VAGINAL PREPARATIONS
Preferred	Non-Preferred
Estring [®] Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream Vagifem® Vaginal Tablet	estradiol vaginal cream / tablet (generic for Estrace [®]) Femring [®] Vaginal Ring
vagnem vaginai lablet	remning vaginal King Inivexxy [®] Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
GLUCOCORTI	COID STEROIDS, ORAL
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Alkindi [®] Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Cortef [®] Tablet
dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patisone®)
hydrocortisone tablet (generic for Cortef®)	dexamethasone tablet dosepack / Intensol [®] Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	Emflaza [®] Suspension / Tablet - Clinical criteria apply
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Hemady [™] Tablet
prednisolone solution (generic for Prelone [®] , Millipred [®])	Medrol® Dose Pack / Tablet
prednisone dose pack (generic for Sterapred®)	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
prednisone solution / tablet (generic for Deltasone®)	Millipred® Dose Pack / Tablet
	Ortikos [™] Capsule
	prednisolone ODT (generic for Orapred® ODT)
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet Taperdex® Tablet
	Tarpeyo [™] Capsule - Exemption for diagnosis of IgA nephropathy
	Tarpeyo Capsule - Exemption for magnosis or igx mehiropathy
INAUNOMO	
IMMUNOMO	DULATORS, SYSTEMIC
Clinical criteria a	pply to all drugs in this class
Clinical criteria a Trial and failure of o	
Clinical criteria a	pply to all drugs in this class aly one Preferred drug required Non-Preferred
Clinical criteria a Clinical criteria a Trial and failure of o Preferred Cosentyx® Pen / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial
Clinical criteria a Trial and failure of o Preferred Cosentyx [®] Pen / Syringe Enbrel [®] Kit / Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Amjevita [™] Syringe / Autoinjector
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalyst [®] SQ Syringe
Clinical criteria a Trial and failure of o Preferred Cosentyx [®] Pen / Syringe Enbrel [®] Kit / Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalyst [®] SQ Syringe Arcsola [®] Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Actemra® ACTPen™ / Syringe / Vial Amjevita™ Syringe / Autoinjector Arcalsys® SQ Syringe Avsola® Injection Cibinqo™ Tablet (Oral)
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Actemra®ACTPen [™] /Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalys [®] SQ Syringe Avsola [®] Injection Cimrai® Starter Kit / Syringe Kit / Vial Kit
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/ Syringe / Vial Anievita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibinqo™ Tablet (Oral) Cibinqo™ Tablet (Oral) Enspryng™ Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Crimia® Syringe / Autoinjector Arcalyst® SQ Syringe Crimia® Stater Kit / Syringe Kit / Vial Kit Enspryng® Injection Entyvio® Vial
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen™ / Syringe / Vial Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibingo® Tablet (Oral) Cimzia® Starter Kit / Syringe Kit / Vial Kit Enspryng™ Injection Ensyrin® Vial Ilaris® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen™ / Syringe / Vial Amjevita™ Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Injection Cibinqo [™] Tablet (Oral) Cimizia® Starter Kit / Syringe Kit / Vial Kit Ensprog® Tarter Kit / Syringe Kit / Vial Kit Entyvin@ Vial Inaris® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen™ / Syringe / Vial Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibingo® Tablet (Oral) Cimzia® Starter Kit / Syringe Kit / Vial Kit Enspryng™ Injection Ensyrin® Vial Ilaris® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Injection Cibinqo [™] Tablet (Oral) Cimizia® Starter Kit / Syringe Kit / Vial Kit Ensprog [™] Injection Entyvin® Vial Infis® Injection Ilumya® Injection Infiectra [™] Vial
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/ Syringe / Vial Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibinqo™ Tablet (Oral) Cibinqo™ Tablet (Oral) Ensyring™ Injection Ensyring™ Injection Ensyring™ Injection Indiretra™ Vial Kevzara® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen [™] / Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Injection Cibinqo® Tablet (Oral) Cimzia® Starter Kit / Syringe Kit / Vial Kit Enspryng® Injection Enspryng® Injection Inaftectra® Vial Itaris® Injection Inaftectra® Vial Kevzara® Injection Kinerd® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Otumian® Tablet Orencia® Cickjet® / Syringe / Vial
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/ Syringe / Vial Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibinqo® Tablet Oral) Cibinqo® Tablet Oral Infrest® Vial Inaris® Injection Inflectra® Vial Kevzara® Injection Kinere® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Ohmian® Tablet Orecla® Starter Pack / Tablet
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen [™] /Syringe / Vial Amjevita [™] Syringe / Autoinjector Arcalyst [®] SQ Syringe Avsola [®] Injection Cibinqo [®] Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Enspryng [™] Injection Entyvio® Vial Ilaris [®] Injection Inflectra® Vial Kevzara® Injection Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Oreacia® Clickgt [®] / Syringe / Vial Oreacia® Clickgt [®] / Syringe / Vial Coreacia® Clickgt [®] / Syringe / Vial Coreacia® Clickgt [®] / Springe / V
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/Syringe / Vial Anievita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibingo® Tablet (Oral) Cimiza® Starter Kit / Syringe Kit / Vial Kit Enspryng® Injection Entyvio® Vial Inaris® Injection Inarya® Injection Inarya® Injection Kinere® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Oreacia® Citckje® / Syringe / Vial Oreacia® Citckje® / Syringe / Vial Circla® Starter Pack / Tablet Renicad® Injection Renicad® Injection Renicad® Injection Circla® Starter Pack / Tablet Renicad® Injection Renicad® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/Syringe / Vial Anjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibing® Tablet (Oral) Cimiza® Starter Kit / Syringe Kit / Vial Kit Enspryng® Injection Entyvio® Vial Ilaris® Injection Ilumya® Injection Ilumya® Injection Kinere® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Orecia® Citckje® / Syringe / Vial Orecia® Starter Pack / Tablet Remiceds® Injection
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class aly one Preferred drug required Non-Preferred Actemra® ACTPen™/ Syringe / Vial Angievita® Syringe / Autoinjector Arculys® SQ Syringe Avsola® Injection Cibingo® Tablet (Oral) Cimza® Starter Kit / Syringe Kit / Vial Kit Enspryng™ Injection Ensyvin® Vial Ilaris® Injection Ilannya® Injection Ilannya® Injection Kevzara® Injection Cibingo Cibi
Clinical criteria a Trial and failure of o Preferred Enbred [®] Kit / Mini Cartridge / Surcelick [®] Syringe / Vial Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	pply to all drugs in this class ly one Preferred drug required Non-Preferred Actemra® ACTPen™/Syringe / Vial Anievita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Injection Cibinqo™ Tablet O(Oral) Cibinqo™ Tablet Simoqo™ Rablet Simoqo™ Rablet Simoqo™ ER Tablet Simoqo™ Rablet Simoqo™ Active / Syringe / Vial Cibiqo Cibiqo® Active / Syringe / Vial Cibiqo® Cibiqo® Syringe Cibiqo® Ci
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Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®]) Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or 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 trial and failure 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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock [™] Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®])	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®])	
Tavneos® capsule (oral)	
Zortress [®] Tablet	

North Carolina Division of Health Benefits

North Carolina Medicaid Preferred Drug List (PDL)

Effective Date: October 1, 2023

Revised 10.20.2023 to update the clinical criteria for Mavyret[®] Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa[®])

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More information on the PDL can be found at: htt	ps://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	MOVEMENT DISORDERS
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Austedo® Tablet	Austedo [®] XR Tablet
Ingrezza® Capsule / Initiation Pack	Xenazine [®] Tablet
tetrabenazine tablet	
	EREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS
Preferred	Non-Preferred
Haegarda [®] Vial	Cinyze [®] Vial
Orladeyo [®] Capsule	Takhzyro® Vial / Syringe
	IEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS
Preferred	Non-Preferred
Berinert [®] Vial	Firazyr® Syringe
icatibant injection (generic for Firazyr®)	Ruconest [®] Vial
Kalbitor [®] Vial	
	OPIOID ANTAGONISTS
Preferred	Non-Preferred
Kloxxado [™] Nasal Spray	
naloxone syringe / spray / vial (generic for Narcan [®])	
naltrexone tablet	
Narcan [®] Nasal Spray	
Vivitrol® Injection	
Zimhi [™] Injection	
	OPIOID DEPENDENCE
	Clinical criteria apply to all drugs in this class
Trial and failure of Suboxone [®] SL fi	ilm or buprenorphine-naloxone SL tablet (generic Suboxone [®]) required for coverage of non-preferred options
For coverage of Sublocade [®] - must have diagnosis of moderate to severe opioid use dis	order and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.
Preferred	Non-Preferred
buprenorphine-naloxone SL tablet (generic for Suboxone [®])	buprenorphine SL tablet (generic for Subutex [®])
Suboxone [®] SL Film	buprenorphine-naloxone SL film (generic for Suboxone [®])
Suboxade [®] Syringe	Cuprempting and the minimum generic an automatic of which any second sec
Subocade Symige	Zubsolv [®] Tablet SL
	Labout factor
	SKELETAL MUSCLE RELAXANTS
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix [®] ER Capsule
cyclobenzaprine tablet (generic for Flexeril [®])	baclofen oral solution
methocarbamol tablet (generic for Robaxin [®])	baclofen suspension (generic for Fleqsuvy) ³⁶)
tizanidine tablet (generic for Zanaflex [®])	controct as appendix (general to a requery) chlorzowane table (general for Partion Forte [®])
	cyclobenzaprine ER capsule (generic for Amix [®] ER)
	Dantrium [®] Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium [®])
	Fermid [®] Tablet
	Fleqsury [™] Suspension
	Lorzone® Tablet
	Lyvispah [®] Granule Packet (10 mg)
	metaxalone tablet (generic for Skelaxin [®])
	metaxatone tablet (generic tor Sketaxin) Norgesic ¹⁹⁴ Tablet / Forte Tablet
	vorgesic Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)
	orphenadrine citrate tablet / vial (generic for Norflex [®]) Orphengesic [®] Forte Tablet
	Orphengesic Forte Tablet Robaxin [®] Vial
	skelaxin Viai
	Skeiaxin Tablet tizanidine capsules (generic for Zanaflex [®])
	Izandine capsules (generic for Zanaflex) Zanaflex [®] Capsule / Tablet
	Zanarez Capsuer Laviet
	DISPOSABLE INSULIN DELIVERY DEVICES
Proformed	
Preferred Omnipod DASH®	Non-Preferred
Omnipod DASH [®] Omnipod DASH [®] Kit	
Umnibod DASH Kit	
Omnipod 5 [®]	

Effective Date: October 1, 2023

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https://www.nctracks.nc.gov/content/public/providers/pharmacy.ntml												

where information on the PDE can be found at. https://medicalc.incumins.gov/providers/programs-services/prescription-drugs/outpatient-priamacy-services				
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® Transmitter / Receiver				
Freestyle Libre [™] 2 Reader				
Continuous Glucose Monitor Sensors				
Preferred	Non-Preferred			
Freestyle Libre [™] 2 Sensor	Freestyle Libre [™] 14 day Sensor			
Freestyle Libre [™] 3 Sensor				
Dexcom G6 [®] Sensor 3 Pack				
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 and Health Choiceprimary 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	