### **Effective Date: October 1, 2024**

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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

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

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

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. 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

	HEIMER'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 <sup>®</sup> ) rivastigmine capsule (generic for Exelon <sup>®</sup> )	Aricept® Tablet donepezil 23mg tablet (generic for Aricept®)
itvasugiiinie capsule (generic foi Exeloii )	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Legembi® 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 patch (generic for Exelon®)
	ANALGESICS
	PIOID ANALGESICS
	ong Acting Opioids
	ria apply to all drugs in this class
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®) methadone concentrate / diskets / intensol / tablets / solution	buprenorphine patch (generic for Butrans®)  Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin <sup>®</sup> )	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla® ER)
Xtampza® ER Capsule	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
Orally Disintegra	I ing / Oral Spray Schedule II Opioids
	ria apply to all drugs in this class
Preferred	Non-Preferred
Actiq <sup>®</sup> Lozenge	Dsuvia SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
	acting Schedule II Opioids
Clinical crite	ria apply to all drugs in this class
Clinical crite Preferred	ria apply to all drugs in this class Non-Preferred
Clinical crite Preferred  Endocet® Tablet (branded generic for Percocet®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet
Clinical crite  Preferred  Endocet® Tablet (branded generic for Percocet®) bythocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) bythrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®)
Clinical crite  Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Dilaudid®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet  hydromorphone solution / suppository (generic for Dilaudid®)  levorphanol tablet (generic for Levo-Dromoran®)
Clinical crite  Preferred  Endocet® Tablet (branded generic for Percocet®) bythocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) bythrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	ria apply to all drugs in this class  Non-Preferred  Codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet  hydromorphone solution / suppository (generic for Dilaudid®)  levorphanol tablet (generic for Levo-Dromoran®)  meperidine solution / tablet (generic for Demerol®)
Clinical crite  Preferred  Endocet® Tablet (branded generic for Percocet®) bydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) bydrocodone-ibuprofen tablet (generic for Ibudona®, Reprexain®, Vicoprofen®) bydromorphone tablet (generic for Dilaudid®) morphine solution / tablet (generic for MSIR®) oxycodone solution / tablet (generic for Roxicodone®)	ria apply to all drugs in this class  Non-Preferred  Codeine sulfate tablet  Dilaudid® Liquid / Tablet  hydromorphone solution / suppository (generic for Dilaudid®)  levorphanol tablet (generic for Levo-Dromoran®)  meperidine solution / tablet (generic for Demerol®)  morphine oral syringe  morphine suppositories (generic for Roxanol®)  Naloced® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet oxycodone capsule (generic for OxylR®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	In a poly to all drugs in this class    Non-Preferred
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine oral syringe morphine oral syringe morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynia® Tablet oxycodone capsule (generic for OxyIR®) oxycodone concentrated solution (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet  hydromorphone solution / suppository (generic for Dilaudid®)  levorphanol tablet (generic for Levo-Dromoran®)  meperidine solution / tablet (generic for Demerol®)  morphine oral syringe  morphine suppositories (generic for Roxanol®)  Naloce® Tablet  Nucynta® Tablet  oxycodone capsule (generic for OxylR®)  oxycodone concentrated solution (generic for Roxicodone® Intensol)  oxycodone cactaminophen solution  oxymorphone tablet (generic for Opana®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	In a pply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	In apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demeral®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoca® Tablet Prolate® Tablet Prolate® Tablet Prolate® Tablet / Solution
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	In a pply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Koxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromorn®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxyIR®) oxycodone capsule (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet / Solution Roxicodone® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for TSRN®) oxycodone-solution / tablet (generic for SRN®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)	In apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromora®) morphine oral syringe morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet  Nucyna® Tablet oxycodone capsule (generic for OxyIR®) oxycodone concentrated solution (generic for Roxicodone® Intensol) oxycodone acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet Oxycodone® Tablet Roxybond® Tablet Roxybond® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucyna® Tablet oxycodone capsule (generic for OxyIR®) oxycodone capsule (generic for OxyIR®) oxycodone -acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet / Solution Roxicodone® Tablet
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule	In apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxyIR®) oxycodone capsule (generic for OxyIR®) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxycodone-acetaminophen solution Oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet / Solution Roxicodone® Tablet Roxybond® Tablet II - IV Opioids / Analgesic Combinations
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudono®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudono®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudono®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Ncicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule Clinical crite	In a pply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoca® Tablet Prolat® Tablet Prolat® Tablet Roxybond® Tablet  Noxymorphone tablet (generic for Opana®) Roxicodone® Tablet Roxybond® Tablet II – IV Opioids / Analgesic Combinations ria apply to all drugs in this class
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule Clinical crite  Preferred codeine-acetaminophen solution / tablet (generic for Tyleno®) tramadol tablet (generic for Ultram®)	Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet  Nonylond® Tablet  II – IV Opioids / Analgesic Combinations ria apply to all drugs in this class  Non-Preferred  Ascomp® Capsule (branded generic for Fiorinal with Codeine®) butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Diaudid®) morphine solution / tablet (generic for SIRI®) oxycodone-solution / tablet (generic for SIRI®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Prercocet®)  Short Acting Schedule  Clinical crite  Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	In a paply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet / Solution Roxicodone® Tablet Roxybond® Tablet  III – IV Opioids / Analgesic Combinations ria apply to all drugs in this class  Non-Preferred Ascomp® Capsule (branded generic for Fiorinal with Codeine®) butalbital compound with codeine capsule (generic for Fioricet with Codeine®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule Clinical crite  Preferred codeine-acetaminophen solution / tablet (generic for Tyleno®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class  Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet Nucynta® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet / Solution Roxicodone® Tablet Roxybond® Tablet III — IV Opioids / Analgesic Combinations ria apply to all drugs in this class  Non-Preferred Ascomp® Capsule (branded generic for Fiorinal with Codeine®) butalbital-configund with codeine capsule (generic for Fioricet with Codeine®) butalbital-caffeine-APAP with codeine capsule (generic for Fioricet with Codeine®) butorphanol spray (generic for Stado®) butorphanol spray (generic for Stado®)
Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule Clinical crite  Preferred codeine-acetaminophen solution / tablet (generic for Tyleno®) tramadol tablet (generic for Ultram®)	Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet Roxybond® Tablet Roxybond® Tablet Roxybond® Tablet Roxybond® Tablet Noxybond® Tablet Roxybond® Tablet Roxybond® Tablet Roxybond® Tablet Noxybond® Tablet Roxybond®
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Preferred  Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for MSIR®) oxycodone solution / tablet (generic for RSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)  Short Acting Schedule Clinical crite  Preferred codeine-acetaminophen solution / tablet (generic for Tyleno) with Codeine®) tramadol tablet (generic for Ultram®)	Non-Preferred  codeine sulfate tablet  Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Nucynta® Tablet  oxycodone capsule (generic for OxylR®) oxycodone capsule (generic for OxylR®) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoca® Tablet Prolata® Tablet Noxymorphone tablet (generic for Opana®) Percoca® Tablet Roxybond® Tablet  Noxymorphone tablet (generic for Opana®) Percoca® Tablet Roxybond® Tablet  Noxicodone® Tablet Roxybond® Tablet  Roxybond® Tablet  Non-Preferred  Ascomp® Capsule (branded generic for Fiorinal with Codeine®) butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) butalbital-caffeine-APAP with codeine tablet (generic for Panlor SS®) Fioricet with Codeine® Capsule pentazocine-naloxone tablet (generic for Talwin NX®)
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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

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®)
neloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam®)
naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
naproxen tablet (generic for Naprosyn®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
naproxen sodium tablet (generic for Anaprox®)	diflunisal tablet (generic for Dolobid®)
sulindac tablet (generic for Clinoril®)	Duexis® Tablet - T/F of only celecoxib required
	etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)
	Feldene® Capsule
	fenoprofen capsule/ tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Ansaid®)
	ibuprofen / famotidine tablet (generic for Ducxis <sup>®</sup> ) - T/F of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR®)
	indomethacin suppository
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvaii®)
	ketorolac tromethamine nasal spray (generic for Sprix®)
	Lofena <sup>™</sup> Tablet
	meclofenamate capsule (generic for Meclomen®)
	mefenamic acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Vivlodex®)
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule / Tablet
	Naprelan® Tablet
	Naprosyn <sup>®</sup> Suspension
	naproxen sodium ER tablet (generic for Naprelan®)
	naproxen suspension (generic for Naprosyn®)
	naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required
	oxaprozin tablet (generic for DayPro®)
	piroxicam capsule (generic for Feldene®)
	Relafen <sup>™</sup> DS Tablet
	tolmetin tablet / capsule (generic for Tolectin®/DS)
·	Vimovo® Tablet - T/F of only celecoxib required

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N	EUROPATHIC PAIN
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx <sup>™</sup> Lidocan Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	Drizalma <sup>™</sup> Sprinkle
pregabalin capsule /solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gabapentin ER tablet (generic for Gralise®)
	Gralise <sup>®</sup> Tablet
	Horizant <sup>®</sup> Tablet
	Lidocan <sup>™</sup> Patch - Clinical criteria apply
	Lidodem <sup>®</sup> 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
	Tridacaine <sup>™</sup> Patch
	Xyliderm <sup>™</sup> Kit - Clinical criteria apply
	ZTLido <sup>™</sup> Patch - <mark>Clinical criteria appl</mark> y
	VTICONVULSANTS
	MAZEPINE DERIVATIVES
	exempt from T/F criteria and may use any carbamazepine product.
Preferred	Non-Preferred
Aption® Tablet	carbamazepine ER capsule (generic for Carbatrol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol® Capsule
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Trileptal® Tablet
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal <sup>®</sup> Suspension	
FI	RST GENERATION
	exempt from T/F criteria and may use any first generation product.
Preferred	Non-Preferred
Celontin <sup>®</sup> Kapseal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension	Depakote ® Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote	felbamate tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Mysoline® Tablet
Felbatol® Suspension / Tablet	Sezabys Vial
phenobarbital tablet / elixir / solution	Zarontin® Capsule / Solution
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline <sup>®</sup> )	
valproic acid capsule / solution (generic for Depakene®)	
SEC	COND GENERATION
Patients with a diagnosis of seizure disorder are	exempt from T/F criteria and may use any second generation product.
Preferred	Non-Preferred
Banzel® Tablet	Banzel® Suspension
Briviact® Tablet / Solution	clonazepam ODT (generic for Klonopin® Wafer)
clobazam suspension / tablet (generic for Onfi®)	Elepsia <sup>™</sup> XR Tablet
clonazepam tablet (generic for Klonopin®)	Keppra® Tablet / Solution / XR Tablet
Diacomit® Capsule / Powder Pack	Klonopin® Tablet
Diastat® Acudial® / Pedi System	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	lamotrigine starter kits (generic for Lamictal®)
Epidiolex® Solution - Clinical criteria apply	Lyrica® Capsule / Solution
Eprontia Solution	Motopoly XR (lacosamide extended release) Capsule
Fintepla® Solution	Neurontin® Capsule / Solution / Tablet
Fycompa® Tablet / Suspension	Onfi® Suspension / Tablet
gabapentin capsule / solution / tablet (generic for Neurontin®)	Qudexy® XR Capsule
lacosamide solution / tablet (generic for Vimpat®)	rufinamide tablet (generic for Banzel®)
lamotrigine chewable / tablet (generic for Lamictal®)	Spritam® Tablet
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)	Sympazan <sup>®</sup> Film
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Topamax® Sprinkle Capsule / Tablet
Nayzilam® Nasal Spray	topiramate ER capsule (generic for Qudexy <sup>w</sup> )
Roweepra™ Tablet	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
rufinamide suspension (generic for Banzel®)	Trokendi® XR Capsule
Sabril® Tablet / Powder Packet	vigabatrin tablet (generic for Sabril®)
Subvenite Tablet / Tab Start Kit	Vigadrone Powder Packet / Tablet
tiagabine tablet (generic for Gabitril®)	Vignoder ™ Powder Packet  Vignoder ® Caloning (Canada Kin (Table))
topiramate sprinkle capsule / tablet (generic for Topamax®)	Vimpat <sup>®</sup> Solution / Starter Kit / Tablet
Valtoco® Nasal Spray	Zonisade <sup>™</sup> Oral Suspension
vigabatrin powder packet (generic for Sabril®)	Ztalmy® Oral Suspension
Xcopri® Tablet / Titration Pack	
zonisamide capsule (generic for Zonegran®)	

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	ANITI IN	FECTIVES - SYSTEMIC
	ANTI-IN	ANTIBIOTICS  ANTIBIOTICS
	Penicilline	Cephalosporins and Related
Preferred	r emerims,	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)		amoxicillin-clavulanate chewable tablet (generic for Augmentin®)
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)		Augmentin® Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial		cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
ampicillin-sulbactam injection / vial		cefadroxil tablet (generic for Duricef <sup>®</sup> )
Bicillin® C-R injection		cefpodoxime suspension / tablet (generic for Vantin®)
cefadroxil capsule / suspension (generic for Duricef®)		Suprax® Suspension
cefdinir capsule / suspension (generic for Omnicef®)		
cefixime capsule / suspension (generic for Suprax®)		
cefprozil suspension / tablet (generic for Cefzil®)		
cefuroxime tablet (generic for Ceftin®)  cephalexin capsule / suspension / tablet (generic for Keflex®)		
dicloxacillin capsule		
nafcillin injection / vial		
oxacillin injection / vial		
penicillin G injection / vial		
penicillin V suspension / tablet		
piperacillin - tazobactam injection / vial		
Pfizerpen® injection / vial		
Unasyn® injection / vial		
Zosyn <sup>®</sup> injection / vial		
	Lincosar	nides and Oxazolidinones
Preferred	Zincosai	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)		Cleocin® Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox®)		Cleocin® Pediatric Solution
, and the same of		clindamycin injection (generic for Cleocin®)
		Lincocin® Vial
		lincomycin vial (generic for Lincocin®)
		linezolid IV solution (generic for Zyvox®)
		Sivextro® Tablet / Vial
		Synercid <sup>®</sup> Vial
		Zyvox® Tablet / IV Solution / Suspension
	M	P.L1 W. (.P.L.
Ductomed	Mac	rolides and Ketolides
Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®)		Non-Preferred  clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin®)		Eryped® 200/400 Suspension
E.E.S.® Filmtab / Suspension		Ery-Tab® Tablet
Erythrocin® Filmtab		Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®)		
erythromycin EC capsule (generic for Eryc®)		
erythromycin filmtab		
erythromycin ES tablet (generic for E.E.S <sup>®</sup> Filmtab)		
	Nitroimidazol	es (Gastrointestinal Antibiotics)
Preferred	Nitroimidazol	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet
metronidazole tablet (generic for Flagyl <sup>®</sup> ) vancomycin capsule (generic for Vancocin <sup>®</sup> )	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firvang® Solution
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firavang® Solution  Flagy® Capsule
metronidazole tablet (generic for Flagyl <sup>®</sup> ) vancomycin capsule (generic for Vancocin <sup>®</sup> )	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firang® Solution  Flagy® Capsule  Likmez™ Suspension
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firvang® Solution  Elixmez" Suspension  metronidazole capsule (generic for Flagyf®)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firvang® Solution  FlagyI® Capsule  Likmez™ Suspension  metronidazole capsule (generic for FlagyI®)  neomycin tablet (generic for Myctifradin®)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firvang® Solution  Flagyi® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagyi®)  neomoyain tablet (generic for Myxifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firayan® Solution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  nemonycin tablet (generic for Mycifradio®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firayan® Solution  Flagyn® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagyn®)  necomycin tablet (generic for Mycifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Solosec™ Granules
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firayan® Solution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  nemonycin tablet (generic for Mycifradio®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)
metronidazole tablet (generic for Flagyl <sup>®</sup> ) vancomycin capsule (generic for Vancocin <sup>®</sup> )	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difictid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firvang® Solution  Firvang® Solution  Elaxy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy)®)  necomycin tablet (generic for Mycifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Solosce™ Granules  tinidazole tablet (generic for Tindamas®)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firayan® Solution  Flagyi® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagyi®)  neitzonidazole capsule (generic for Myxifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Solosce ™ Granules  initialzzote lablet (generic for Tindamax®)  Vancocin® Capsule
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firavang® Soution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  netronidazole capsule (generic for Mycifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Soloses™ Granules  tinidazole tablet (generic for Tindamax®)  Vancocin® Capsule  Vowst™ Capsule - Clinical criteria apply
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firsuna® Solution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  necomycin tablet (generic for Mycifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromonycin capsule (generic for Humatin®)  Solosec™ Granules  tinidazole tablet (generic for Tindamax®)  Vancocin® Capsule  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firavang® Solution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  neomycin tablet (generic for Mycifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Soloses™ Granules  tinidazole tablet (generic for Tindamax®)  Vancocin® Capsule  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®) vancomycin oral solution (generic for Firvanq®)  Vancomycin oral solution (generic for Firvanq®)  Preferred Cipro® Suspension	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firayan® Solution  Flagy® Columbia  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  nitazoxanidazole capsule (generic for Mycifrady®)  nitazoxanidazole tablet (generic for Mycifrady®)  nitazoxanidazole tablet (generic for Mycifrady®)  solosse™ Granules  tinidazole tablet (generic for Tindamax®)  Vancocin® Capsule  Vowxt™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred  Baxdela™ Tablet
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®) vancomycin oral solution (generic for Firvanq®)  Preferred  Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firstrang® Solution  Flagyl® Capsule  Likmez™ Suspension  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  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred  Baxdela™ Tablet  Cipro® Tablet
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®) vancomycin oral solution (generic for Firvanq®)  vancomycin oral solution (generic for Firvanq®)  Preferred  Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firsuna® Solution  Flagyi® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagyi®)  notazoxanide tablet (generic for Myxifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Solosce ™ Granules  initialzade tablet (generic for Tindamax®)  Vancocin® Capsule  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred  Baxdela™ Tablet  Cipro® Tablet  ciprofloxacin suspension (generic for Cipro®)
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®) vancomycin oral solution (generic for Firvanq®)  Preferred  Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Difficid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firavang® Solution  Flagy® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagy®)  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  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred  Baxdela™ Tablet  Cipro® Cipro® Tablet  Cipro® Cipro® Tablet  Cipro®
metronidazole tablet (generic for Flagyl®) vancomycin capsule (generic for Vancocin®) vancomycin oral solution (generic for Firvanq®)  vancomycin oral solution (generic for Firvanq®)  Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®)	Nitroimidazol	Non-Preferred  Aemcolo® DR Tablet  Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile  Firsuna® Solution  Flagyi® Capsule  Likmez™ Suspension  metronidazole capsule (generic for Flagyi®)  notazoxanide tablet (generic for Myxifradin®)  nitazoxanide tablet (generic for Alinia® Tablet)  paromomycin capsule (generic for Humatin®)  Solosce ™ Granules  initialzade tablet (generic for Tindamax®)  Vancocin® Capsule  Vowst™ Capsule - Clinical criteria apply  Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy  Quinolones  Non-Preferred  Baxdela™ Tablet  Cipro® Tablet  ciprofloxacin suspension (generic for Cipro®)

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_	
	tracycline Derivatives
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak <sup>™</sup> Tablet
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.  minocycline 50mg, 75mg, 100mg tablet
	Minolira ™ ER Tablet
	Morgidox® Capsule / Kit
	Nuzyra <sup>11</sup> Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin®)
	Vibramycin® Capsule
	Antifungals
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex® Troche)	Ancobon® Capsule
fluconazole suspension / tablet (generic for Diflucan®)	Brexafemme® Tablet
griseofulvin suspension (generic for Grifulvin V®)	Cresemba® Capsule
griseofulvin ultra tablet (generic for Gris-Peg®)	Diflucan® Suspension / Tablet
nystatin suspension (generic for Nilstat <sup>®</sup> )	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®)
	Noxafii® Suspension / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafii®)
	Sporanox® Capsule / Solution
	Tolsura Capsule  Tolsura Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
	irals (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 <sup>®</sup> )	Epivir® HBV Tablet / Solution
Viread® Powder / Tablet	Vemlidy® Tablet
Antiv	irals (Hepatitis C Agents)
Preferred	Non-Preferred
Pegasys® Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	
полит сироне / шле (денете пл соредие , колон )	
Clinical critoria	l upply to all drugs listed below
	t / Pellet 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
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
- Spanned more (genera to aprima )	
All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have	
previously been treated with an HCV regimen containing an ASSA inhibitor of genotype 1a of 3 infection and have	
Vosevi™ Tablet	
	İ
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
sonosouvii-respaiasvii tautet (genetie tot Epetusa )	

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Antivirals (Herpes Treatments)		
Dustamad		
Preferred acyclovir capsule / tablet / suspension (generic for Zovirax®)	Non-Preferred Sitavig® Buccal Tablet	
acyclovir capsule / tablet / suspension (generic for Zovirax )  famciclovir tablet (generic for Famvir®)	Valtrex® Caplet	
valacyclovir tablet (generic for Valtrex®)	vantex Capiet	
valacycrovir lablet (generic for Valuex )		
	Antivirals (Influenza)	
Preferred	Non-Preferred	
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)	
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet	
•	Relenza <sup>®</sup> Diskhaler	
	Tamiflu® Capsule / Suspension	
	Xofluza <sup>™</sup> Tablet - T/F of only one preferred drug required	
	Antibiotics, Inhaled	
	T/F of only one preferred drug required	
Preferred	Non-Preferred	
Kitabis <sup>™</sup> Pak	Arikayee® Vial	
Bethkis® Ampule	Cayston <sup>®</sup> Solution	
tobramycin inhalation solution (generic for Tobi <sup>™</sup> )	tobramycin inhalation pak (generic for Kitabis <sup>™</sup> )	
	Tobi <sup>™</sup> Podhaler <sup>™</sup> / Solution	
	BEHAVIORAL HEALTH	
	ANTIDEPRESSANTS	
	Other	
Preferred	Non-Preferred	
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet	
desvenlafaxine ER tablet (generic for Pristiq®)	Auvelity® Tablet	
duloxetine capsule (generic for Cymbalta®)	Bupropion XL tablet (generic for Forfivo® XL)	
Effexor® XR Capsule	Cymbalta® Capsule	
mirtazapine ODT / tablet (generic for Remeron®) Nardii® Tablet	desvenlafaxine ER tablet (generic for Khedezla®) duloxetine capsule (generic for Irenka®)	
phenelzine tablet (generic for Nardil <sup>®</sup> )	Emsam® Patch	
tranylcypromine tablet (generic for Pamate <sup>®</sup> )	Fetzima® Capsule / Titration Pak	
trazodone tablet (generic for Desyret <sup>®</sup> )	Forfivo® XL Tablet	
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan® Tablet	
vilazodone tablet (generic for Viibryd®)	nefazodone tablet (generic for Serzone®)	
, ,	Pristiq® ER Tablet	
	Remeron® Soltab™ / Tablet	
	Trintellix® Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd® Tablet	
	Wellbutrin® SR / XL Tablet	
	Zurzuvae <sup>™</sup> Capsule	
	ective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred	
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet	
escitalopram tablet (generic for Lexapro®)	citalopram capsule	
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)	
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)	
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age	
Paxil® Suspension	fluvoxamine ER capsule (generic for Luvox CR®)	
sertraline concentrated solution / tablet (generic for Zoloft <sup>®</sup> )	Lexapro® Tablet	
	paroxetine capsule (generic for Brisdelle®)  paroxetine suspension / CR tablet (generic for Paxit® / CR)	
	paroxetine suspension / C.K tablet (generic for Paxil / C.K)  Paxil® Tablet / C.R Tablet	
	Paxil Tablet / CR Tablet Pexeva® Tablet	
	Prozac® Pulvule	
	Prozac <sup>*</sup> Pulvule sertraline capsule	
	Zolofi® Solution / Tablet	
	Account Countries I 1808A	
	I	

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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

	IYPERKINESIS / ADHD
Preferred	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis®)
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Azstarys <sup>™</sup> Capsule
Aptensio® XR Capsule	Cotempla <sup>™</sup> XR-ODT
atomoxetine capsule (generic for Strattera®)	Dexedrine® Spansule®
clonidine ER tablet (generic for Kapvay®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Concerta® Tablet	dextroamphetamine solution (generic for ProCentra®)
Daytrana® Patch	Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Dyanavel® XR Tablet
dextroamphetamine tablet (generic for Dexedrine )	Evekeo® Tablet / Evekeo® ODT Tablet
Focalin® XR Capsule	Focalin® Tablet
guanfacine ER tablet (generic for Intuniv®)	Intuniv <sup>®</sup> Tablet
Methylin <sup>®</sup> Solution	Jomay PM <sup>™</sup> Capsule
methylphenidate ER tablet (generic for Concerta®)	lisdexamfetamine capsule / chewable tablet (generic for Vyvanse <sup>®</sup> )
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 <sup>™</sup> Capsule
	Quillichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age
	Quillivant® XR Suspension -T/F of preferred agents not required for children < 12 years of age
	Relexxii <sup>™</sup> ER Tablet
	Ritalin® LA Capsule Ritalin® Tablet
	Strattera® Capsule Xelstrym® Patch
	Zenzedi® Tablet
	Zenzeur Tablet
INIECT	ABLE ANTIPSYCHOTICS
	ectable Long Acting
Preferred	Non-Preferred
Abilify Maintena <sup>®</sup> Syringe / Vial	
Abilify Maintena <sup>®</sup> Syringe / Vial Abilify Asimtufii <sup>®</sup> Syringe Kit	
Abilify Asimtufii® Syringe Kit	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe	
Abilify Asimtufii® Syringe Kit  Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Abilify Asimtufii® Syringe Kit  Aristada® / Initioi™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate Ampule	
Abilify Asimtufii® Syringe Kit  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® Sustenna Prefilled Syringe	
Abilify Asimtufii® Syringe Kit  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® Sustenna Prefilled Syringe Invega® Trinza Syringe	
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate vanpule halooperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Kit Invega® Triza Syringe Perseris® Oyinge	
Abilify Asimtufii® Syringe Kit  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® Sustenna Prefilled Syringe Invega® Trinza Syringe Persersi® Syringe Risperdal® Consta Vial	
Abilify Asimtufii® Syringe Kit  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® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta)	
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Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe Kit  Aristad® / Initio™ Syringe  Buphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate Ampule  haloperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Triza Syringe  Perseris® Syringe  Risperda® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit	
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Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldolo® decanoate Ampule halooperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ———————————————————————————————————	Oral / Transdermal one preferred drug required
Abilify Asimtufii® Syringe Kit  Aristad® / 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® Sustenna Prefilled Syringe  Invega® Trinza Syringe  Perseris® Syringe  Risperdal® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ———————————————————————————————————	Oral / Transdermal one preferred drug required Non-Preferred
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe Kit  Aristad® / Initio™ Syringe I  Iluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Sustenna Prefilled Syringe I  Invega® Trinza Syringe  Perseris® Syringe  Risperdal® Consta Vial  Tisperidone Ek vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  TTF of onl  Preferred  aripiprazole Tablet / Solution (generic for Ability®)	Oral / Transdermal  one preferred drug required  Non-Preferred Ability® Tablet / Ability® MyCite® Tablet
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe Kit  Aristad® / Initio™ Syringe    Buphenazine decanoate vial (generic for Prolixin decanoate®)  Haldo® decanoate Ampule  haloperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Sustenna Prefilled Syringe    Invega® Triza Syringe  Perseris® Syringe  Risperda® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet (generic for Clozarii®)	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripipnazole ODT (generic for Ability® Discmett®)
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe  fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate vanpule  haloperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Hafyera Prefilled Syringe Kit  Invega® Trinza Syringe  Perseris® Syringe  Risperda® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of onl  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet / Solution (generic for Abilify®)  lurasidone tablet (generic for Latuda®)	Oral / Transdermal  one preferred drug required  Non-Preferred  Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) asenapine SL tablet (generic for Saphris® SL)
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldof® decanoate vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Hafyera Prefilled Syringe Kit  Invega® Trinza Syringe  Perseris® Syringe  Risperdal® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ———————————————————————————————————	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe Kit  Aristad® / Initio™ Syringe Kit  Iluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Sustenna Prefilled Syringe Kit  Invega® Trinza Syringe  Perseris® Syringe  Rispertal® Consta Vial  Tisperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  L'zzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  TTP of onl  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet (generic for Invega®)  Jurasidone tablet (generic for Latuda®)  olanzapine ODJ / tablet (generic for Invega®)  paliperidone ER tablet (generic for Invega®)	Oral / Transdermal  one preferred drug required  Non-Preferred  Abilify® Tablet / Abilify® MyCite® Tablet aripimzzole ODT (generic for Abilify® Discmelt®) assnapine SL tablet (generic for Saphris® SL)  Caplyta® Capsule clozapine ODT (generic for FazaClo®)
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe Kit  Aristad® / Initio™ Syringe    Illuphenazine decanoate vial (generic for Prolixin decanoate®)  Haldol® decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Sustenna Prefilled Syringe Kit  Invega® Trinza Syringe  Perseris® Syringe  Risperdal® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet (generic for Clozarii®)  lurasidone ER tablet (generic for Invega®)  quetiapine tablet (generic for Invega®)  quetiapine tablet (PR tablet (generic for Syropexa®)  paliperidone ER tablet (generic for Syropexa®)  quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Oral / Transdermal  one preferred drug required  Non-Preferred  Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) assenapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule  Clozapine ODT (generic for FazaClo®)  Clozarii® Tablet
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe  fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldolo® decanoate vanpule  haloperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Hafyera Prefilled Syringe Kit  Invega® Trinza Syringe  Perseris® Syringe  Risperda® Consta Vial  risperidone ER vial (generic for Risperdal® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of onl  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet (generic for Clozarii®)  lurasidone tablet (generic for Typrexa®)  paliperidone ER tablet (generic for Zyprexa®)  paliperidone ER tablet (generic for Syprexa®)  paliperidone ER tablet (generic for Risperdal®)	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmett®) asenapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozarif® Tablet Fanapt® Tablet / Titration Pack
Abilify Asimtufii® Syringe Kit  Aristad® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)  Haldofi® decanoate Ampule  haloperidol decanoate ampule / vial (generic for Haldol decanoate®)  Invega® Hafyera Prefilled Syringe Kit  Invega® Hafyera Prefilled Syringe [ Invega® Trinza Syringe  Perseris® Syringe  Risperdaf® Consta Vial  risperidone EN vial (generic for Risperdaf® Consta)  Rykindo® Vial / Vial Kit  Uzedy™ Syringe Kit  Zyprexa® Relprevv™ Vial Kit   ATYPI  TTF of onl  Preferred  aripiprazole Tablet / Solution (generic for Abilify®)  clozapine tablet (generic for Clozarif®)  lurasidone tablet (generic for Typrexa®)  paliperidone ER tablet (generic for Typrexa®)  paliperidone ER tablet (generic for Foreoquel® / XR)  tisperidone DT / tablet (generic for Foreoquel® / XR)  tisperidone DT / solution / tablet (generic for Risperdal®)  Saphris® SL Tablet	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplytim® Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Frangt® Tablet Geodon® Capsule
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyrea Prefilled Syringe Kit Invega® Tiriza Syringe Invega® Tiriza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone Ex vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit  Zyprexa® Relprevv® Vial Kit  ATYPI  T/F of onl  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Istuda®) larasidone tablet (generic for Zyprexa®) paliperidone Ex tablet (generic for Jroveza®) quetiapine tablet / Ex tablet (generic for Seroquel® / XR) risperidone CPT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Non-Preferred  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule clozapine ODT (generic for FazaClo®)  Clozari® Tablet  Franqt® Tablet  Franqt® Tablet  Invega® Tablet
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Iluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Triza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Iurasidone tablet (generic for Intuda®) olanzapine ODT / tablet (generic for Syropexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ER tablet (generic for For Spreyexa®) quetiapine tablet / Solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylas® Capsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) assenapine SL tablet (generic for Saphris® SL) Caplya™ Capsule  Clozapine ODT (generic for FazaClo®) Clozarit® Tablet Fanapt® Tablet / Titration Pack Geodom® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Iluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of onl Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Intuda®) larasidone tablet (generic for Zyprexa®) paliperidone ER tablet (generic for Zyprexa®) paliperidone ER tablet (generic for Syronge) puliperidone ER tablet (generic for Syronge) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet  aripiprazole ODT (generic for Ability® Discmelt®)  assenapine SL tablet (generic for Saphris® SL)  Caplyta® Capsule  clozapine ODT (generic for FazaClo®)  Clozapin® Tablet  Fanapt® Tablet / Titration Pack  Geodom® Capsule  Invega® Tablet  Latuda® Tablet  Lybalvi® Tablet
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Invasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrepexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylar® Clapsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL)  Caplya® Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Liybalvi® Tablet  Liybalvi® Tablet  Liybalvi® Tablet  Nuplazid® Tablet / Capsule
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Invasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrepexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylar® Clapsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) assnapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozapine ODT (generic for FazaClo®) Clozapine Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Lybalv™ Tablet Olanzapine-Budet / Capsule
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Invasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrepexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylar® Clapsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) assnapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule  Clozapine ODT (generic for FazaClo®)  Clozari® Tablet Fanapt® Tablet / Titration Pack  Geodom® Capsule Invega® Tablet  Latuda® Tablet  Latuda® Tablet  Lybalv™ Tablet  Lybalv™ Tablet  Nuplazi® Tablet / Capsule olazapine Outgooxine capsule (generic for Symbyax®)  Rexult® Tablet / Capsule olazapine-Duoxetine capsule (generic for Symbyax®)  Rexult® Tablet / 7-Day Pack / 14-Day Pack
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Invasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrepexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylar® Clapsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discenelt®) assenapine SL tablet (generic for Saphris® SL)  Caplyta® Capsule clozapine ODT (generic for FazaClo®)  Clozapin® Tablet Fanapt® Tablet / Titration Pack Geodom® Capsule Invega® Tablet Latuda® Tablet Lybalvi® Tablet Lybalvi® Tablet  Nuplazid® Tablet ( Capsule olanzapine-fluoxectine capsule (generic for Symbyax®) Rexulti® Tablet / 7-Day Pack / 14-Day Pack Risperdal® Solution / Tablet
Abilify Asimtufii® Syringe Kit Aristad® / Initio™ Syringe Kit Aristad® / Initio™ Syringe   Iluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe   Invega® Triza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozarii®) Iurasidone tablet (generic for Intuda®) olanzapine ODT / tablet (generic for Syropexa®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ER tablet (generic for For Spreyexa®) quetiapine tablet / Solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule Vraylas® Capsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet  aripiprazole ODT (generic for Ability® Discmelt®)  asenapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule  clozapine ODT (generic for FazaClo®)  Clozari® Tablet  Fanapt® Tablet / Titration Pack  Geodom® Capsule  Invega® Tablet  Lybalv® Tablet  Lybalv® Tablet  Lybalv® Tablet  Nuplazid® Tablet / Capsule  olanzapine-fluoxetine capsule (generic for Symbyax®)  Rexulti® Tablet / Tablet / D-pay Pack / 14-Day Pack  Rispertal® Solution / Tablet  Secuado® Patch
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Abilify Asimtufii® Syringe Kit Aristada® / Initio W 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 Respective Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevy™ Vial Kit  ATYPI  T/F of ont  Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) Inrasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrexa®) quetiapine tablet / ER tablet (generic for For Spreyda®) quetiapine tablet / ER tablet (generic for For Spreyda®) quetiapine tablet / ER tablet (generic for For Spreyda®) spahria® SL Tablet Symbyax® Capsule Vraylar® Capsule Vraylar® Capsule	Oral / Transdermal  one preferred drug required  Non-Preferred  Ability® Tablet / Ability® MyCite® Tablet  aripiprazole ODT (generic for Ability® Discmelt®)  asenapine SL tablet (generic for Saphris® SL)  Caplyta™ Capsule  clozapine ODT (generic for FazaClo®)  Clozari® Tablet  Fanapt® Tablet / Titration Pack  Geodom® Capsule  Invega® Tablet  Lybalv® Tablet  Lybalv® Tablet  Lybalv® Tablet  Nuplazid® Tablet / Capsule  olanzapine-fluoxetine capsule (generic for Symbyax®)  Rexulti® Tablet / Tablet / D-pay Pack / 14-Day Pack  Rispertal® Solution / Tablet  Secuado® Patch

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C	ARDIOVASCULAR
	ACE INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age
	Epaned® Solution - T/F of preferred agents not required for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moexipril tablet (generic for Univasc®)
	Qbrelis® Solution - T/F of preferred agents not required for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik <sup>®</sup> )
	Vasotec® Tablet
	Zestril® Tablet
	UM CHANNEL BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule
	trandolapril-verapamil ER tablet (generic for Tarka®)
ACE BHIDDE	DR / DRIPPTIG COMPINATIONS
	OR / DIURETIC COMBINATIONS  Non-Preferred
Preferred	Accuretic® Tablet
enalapril-HCTZ tablet (generic for Vaseretic®)	
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
	ZESTOTELL TADJET
ANGIOTEN	SIN II RECEPTOR BLOCKERS
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
olmesartan tablet (generic for Benicar®)	Benicar® Tablet
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Diovan® Tablet
	Edarbi® Tablet
	eprosartan tablet (generic for Teveten®)
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®)
	valsartan oral solution
	CCEPTOR 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
	1

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LYZOYOMDY	
	SIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
rbesartan-HCTZ tablet (generic for Avalide®)	Atacand <sup>®</sup> HCT Tablet
osartan-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 <sup>®</sup> HCT)
	IN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred
Entresto® Tablet	
	ANTI-ARRHYTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace®)	Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Rythmol SR® Capsule
propafenone tablet (generic for Rythmol®)	Tikosyn <sup>®</sup> Capsule
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	
	BETA BLOCKERS
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
carvedilol tablet (generic for Coreg®)	Betapace® Tablet / AF Tablet
Hemangeol® Solution	betaxolol tablet (generic for Kerlone <sup>®</sup> )
labetalol tablet (generic for Trandate®)	bisoprolol tablet (generic for Zebeta®)
metoprolol succinate XL tablet (generic for Toprol XL®)	Bystolic <sup>®</sup> Tablet
metoprolol tartrate tablet (generic for Lopressor®)	carvedilol ER capsule (generic for Coreg® CR Capsule)
nebivolol tablet (generic for Bystolic®)	Coreg® Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)	Corgard® Tablet
Sorine® Tablet	Corgard <sup>®</sup> Tablet Inderal <sup>®</sup> LA Capsule / XL Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)  Sorine® Tablet  sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule
Sorine® Tablet	Corgard® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule Innopran® XL Capsule  Kapspargo ™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule Kapspago™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolot tablet (generic for Corgard®)
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule Innopran® XL Capsule  Kapspargo ™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule Kapspago™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolot tablet (generic for Corgard®)
Sorine® Tablet	Corgard® Tablet Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Kapspago™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresson® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®)
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule XL Capsule Innopran® XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®)
Sorine® Tablet	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo ™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet  nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®)  Soylyze® Solution Tenormin® Tablet
Sorine® Tablet  sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolt tablet (generic for Corgard®) pindolt tablet (generic for Visken®)  Soylyize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolt tablet (generic for Corgard®) pindolt tablet (generic for Visken®) Sotylaz® Solution Tenormin® Tablet timold tablet (generic for Blocadren®) Toprol XL® Tablet  BETA BLOCKER DIURETIC COMBINATIONS
Sorine® Tablet  sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolt tablet (generic for Corgard®) pindolt tablet (generic for Visken®)  Soylyize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet
Sorine® Tablet sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopresso® Tablet nadolt tablet (generic for Corgard®) pindolt tablet (generic for Visken®) Sotylaz® Solution Tenormin® Tablet timold tablet (generic for Blocadren®) Toprol XL® Tablet  BETA BLOCKER DIURETIC COMBINATIONS
Sorine® Tablet sortalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Preferred	Corgard® Tablet Indent® LA Capsule / LA Capsule Innopran® XL Capsule Kapspargo ™ Sprinkle - *T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet  BETA BLOCKER DIURETIC COMBINATIONS  Non-Preferred
Sorine® Tablet sortalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Corgard® Tablet Indern® LA Capsule XL Capsule Innopran® XL Capsule Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressom® Tablet nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®) Sotylize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet  BETA BLOCKER DIURETIC COMBINATIONS    Non-Preferred   metoprolol-HCTZ tablet (generic for Lopressor® HCT)
Sorine® Tablet soralol tablet / AF tablet (generic for Betapace® / AF, Sorine®)  Preferred atenolol-chlorthalidone tablet (generic for Tenoretic®)	Corgard® Tablet Indern® LA Capsule / XL Capsule Innopran® XL Capsule  Kapspargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet nadolot tablet (generic for Corgard®) pindolot tablet (generic for Visken®) Soylyize® Solution Tenormin® Tablet timolot tablet (generic for Blocadren®) Toprol XL® Tablet  BETA BLOCKER DIURETIC COMBINATIONS  Non-Preferred metoprolol-HCTZ tablet (generic for Inderide®)

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	DILE ACID SEQUESTRANTS
Preferred	BILE ACID SEQUESTRANTS  Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol®)  Colestid® Granules / Tablet
colestipol tablet (generic for Colestid® Tablet)	
	colestipol granules (generic for Colestid®)
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchof® Packet / Tablet
	CHAIL POTTER V. A. WITTER C. A. CTATA
	CHOLESTEROL LOWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev <sup>®</sup> Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet <sup>®</sup> )
lovastatin tablet (generic for Mevacor®)	Atorvaliq <sup>®</sup> Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor® Tablet
simvastatin tablet (generic for Zocor®)	Ezallor <sup>™</sup> 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 - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nexletol® Tablet - Clinical criteria apply
	Nexlizet® Tablet - Clinical criteria apply
	pitavastatin tablet (generic for Livalo®) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin® Tablet
	Zetia® Tablet Zocor® Tablet
	Zypitamag <sup>™</sup> Tablet
	CORONARY VASODILATORS
D. C. 1	
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®)	Isordij <sup>®</sup> Tablet / Titradose <sup>®</sup> Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid <sup>®</sup> Ointment
Nitrostat® SL Tablet	Nitro-Dur <sup>®</sup> Patch
	Nitrolingual® Spray
	Verquvo <sup>™</sup> Tablet
DHE	DODNE DE CHARLES DE CH
	YDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacire®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia Suspension - T/F of preferred agents not required for children < 12 years of age
	levamlodipine tablet (generic for Conjupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®)
	Norliqva <sup>®</sup> Solution
	Norvasc® Tablet
	Nymalize <sup>®</sup> Solution
	Procardia® XL Tablet
	Sular <sup>®</sup> Tablet
	DIRECT RENIN INHIBITOR
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)
Tektuma® HCT Tablet	more Bourse or sensor
restalla IICI Iabici	

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	ENDOTHELIN RECEPTOR ANTAGONISTS
	Covered for diagnosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred  bosentan tablet (generic for Tracleer® Tablet)
ambrisentan tablet (generic for Letairis® Tablet)  Tracleer® Tablet	bosentan tablet (genenc tor Tracleer" Tablet)  Letairs <sup>®</sup> Tablet
Hadree laure	Opsumit® Tablet
	Opsynvi <sup>®</sup> Tablet
	Tracleer® Suspension
	INHALED PROSTACYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI
Ventavis <sup>®</sup> Solution	
	NIACIN DERIVATIVES
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
•	
	NITRATE COMBINATION
Preferred	Non-Preferred
Bidil <sup>®</sup> Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil <sup>®</sup> )
NO	ON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	Calan SR® Caplet
Dilt XR® Capsule (branded generic for Dilacor XR®)	Cardizem CD® Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Cardizem® Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	diltiazem LA tablet (generic for Cardizem LA®)
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )	Matzim® LA Tablet (generic for Cardizem LA®)
Tiadylt® ER Capsule	Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
	Verelan® Capsule / Verelan® PM Capsule
	ORAL PULMONARY HYPERTENSION
Covered for diameric of Pulmonery	Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension-Adempas® only
Preferred	Non-Preferred
Alyq <sup>®</sup> Tablet (branded generic for tadalafil)	Adirca® Tablet
sildenafil tablet (generic for Revatio®)	Adempas® Tablet
tadalafil tablet (generic for Adcirca®)	Ligrev® Suspension
	Orenitram® ER Tablet / Titration Kit
	Revatio <sup>®</sup> Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY
	Control Suspension, Australia and Proceedings of Control and Contr
	sildenafil suspension (generic for Revatio <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age
	n.u. © n.
	Tadliq <sup>®</sup> Suspension Uptravi <sup>®</sup> Tablet / Titration Pack
	Optiavi Taotet / Titration Fack
	PLATELET INHIBITORS
Preferred	Non-Preferred
Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®)
clopidogrel tablet (generic for Plavix®)	aspirin-omeprazole DR tablet
dipyridamole tablet (generic for Persantine®)	Effient Tablet
prasugrel tablet (generic for Effient® Tablet)	Plavix® Tablet
	ANTIANGINAL & ANTI-ISCHEMIC
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzyo™ Sprinkle
	Ranexa® Tablet
	SYMPATHOLYTICS AND COMBINATIONS
Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	clonidine ER tablet (generic for Nexiclon Nexicon Nexi
guanfacine tablet (generic for Tenex®)	methyldopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )
methyldopa tablet (generic for Aldomet®)	methyldopa vial (generic for Aldomet <sup>®</sup> )  Nexiclon <sup>™</sup> XR Tablet
	NEXICON AK TADIET
	TRIGLYCERIDE LOWERING AGENTS
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)	fenofibrate capsule / tablet (generic for Antara <sup>®</sup> , Lofibra <sup>®</sup> , Fenoglide <sup>®</sup> , et. all)
gemfibrozil tablet (generic for Lopid®)	fenofibric acid tablet (generic for Fibricor <sup>®</sup> , Trilipix <sup>®</sup> )
icosapent ethyl capsule (generic for Vascepa®)	Fenoglide® Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Fibricor® Tablet
	Lipofen® Capsule
	Lopid® Tablet
	Lovaza® Capsule
	Tricor® Tablet
	Trilipix® Capsule
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CARD	IOVASCULAR, OTHER
Preferred	Non-Preferred
Camzyos® Capsule - Clinical criteria apply	
CENTR	AL NERVOUS SYSTEM
ANT	IMIGRAINE AGENTS
Quantit	y limits apply to all triptans
Preferred	Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt®)	almotriptan tablet (generic for Axer®)
	diclofenac potassium powder packet (generic for Cambia®) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	Agents class required for coverage
	eletriptan tablet (generic for Relpax®)
	Elyxyb <sup>™</sup> Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova® Tablet
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan / naproxen tablet (generic for Treximet®)
	Tosymra Masal Spray
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig <sup>®</sup> Nasal Spray / Tablet
ANT	IMIGRAINE AGENTS
	rs/Modulators PREVENTATIVE
	ria apply to all drugs in this class
Preferred	Non-Preferred
Aimovig® Autoinjector	Qulipta® Tablet
Ajovy® Autoinjector / Syringe	Vyepti®Vial
Emgality® Pen / Syringe	vychi viiii
Nurtec® ODT	
ANT	IMIGRAINE AGENTS
	Modulators ACUTE TREATMENT
	ria apply to all drugs in this class
Preferred	Non-Preferred
Nurtec® ODT	Zavzpret <sup>™</sup> Nasal Spray
Ubrelvy® Tablet	The second of th
A	NTI-NARCOLEPSY
	ria apply to all drugs in this class
Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Provigit <sup>®</sup> Tablet	modafinil tablet (generic for Provigit®)
riovigii iaulei	
	Sunosi <sup>™</sup> Tablet
	Wakix® Tablet
	I .

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ANTERNA DIZINGONI ANI	A DECTLEGG LEG GVAIDDOME ACENTO
	RESTLESS LEG SYNDROME AGENTS  Non-Preferred
Preferred amantadine capsule / solution (generic for Symmetrel®)	Non-Preterred  Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn <sup>®</sup> )
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect <sup>®</sup> Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)  Comtan® Tablet
pramipexole tablet (generic for Mirapex®) ropinirole tablet (generic for Requip®)	Comtan 1ablet  Dhivy Tablet
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
trihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gocovri® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbrija <sup>™</sup> Inhalation  Kynmobi <sup>™</sup> Titration Kit
	Lodosyn® Tablet
	Mirapex® ER Tablet
	Neupro® Patch
	Nourianz <sup>™</sup> 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 Tasmar®)
	Xadago <sup>®</sup> Tablet
	Zelapar <sup>®</sup> ODT
MU	LTIPLE SCLEROSIS
	Injectable
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi <sup>™</sup> Vial
Betaseron® Kit / Vial  Copaxone® Syringe	Extavia® Kit / Vial glatiramer syringe (generic for Copaxone® Syringe)
Kesimpta® Pen	Glatopa® Syringe
Rebit® Rebidose® / Titration Pack / Syringe	Lemtrada® Vial
	Ocrevus <sup>®</sup> Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
MU	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral
Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred
Preferred  dalfampridine ER tablet (generic for Ampyra®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet Aubagio® Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Baffertan™ Capsule  Gilenys® Capsule  Mavenclad® Tablet  Mayzent® Starter Pack / Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabr® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule Gilenys® Capsule Mavenclad® Tablet  Mayzend® Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Ponvory™ Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Adhagio® Tablet  Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mayzent® Starter Pack / Tablet Porvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack
Preferred  dalfampridine ER tablet (generic for Ampyra®)  dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)  fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Ponvory™ Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™
Preferred  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®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Vumerity™ Capsule  Starter Pack / Starter Pack  Vumerity™ Capsule  Starter Pack / Capsule
Preferred  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®)  AMYOTROPHIC L.	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Adhagio® Tablet  Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumerity™ Capsule  TERAL SCLEROSIS (ALS) AGENTS
Preferred  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®)  AMYOTROPHIC L.  Preferred	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafieran™ Capsule  Gilenya® Capsule  Mayzent® Starter Pack / Tablet  Mayzent® Starter Pack / Tablet  Tascenso ODT®  Taceidera® Capsule / Starter Pack / Tablet  Vumerity™ Capsule / Starter Pack  Vumerity™ Capsule  Starter Pack / Capsule  Tecidera® Capsule / Starter Pack  Vumerity™ Capsule  Zeposia® Starter Pack / Capsule  TERAL SCLEROSIS (ALS) AGENTS
Preferred  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®)  AMYOTROPHIC L.	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Adhagio® Tablet  Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack Vumerity™ Capsule  TERAL SCLEROSIS (ALS) AGENTS
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC L.  Preferred	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Baffertan™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mayzent® Starter Pack / Tablet  Ponvory® Starter Pack / Tablet  Tascenso ODT®  Tecfidera® Capsule / Starter Pack / Tablet  Tascenso DT™  Tecfidera® Capsule / Starter Pack / Tablet  Tascenso Sott  Texter Pack / Capsule  Legosia® Starter Pack / Capsule  TERAL SCLEROSIS (ALS) AGENTS  Exservan™ Oral Film  Qalsody® Vial  Tiglutik® Suspension
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC L.  Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Vumenty™ Capsule  Starter Pack / Tablet  Tecfidera® Capsule / Starter Pack  Non-Preferred  Exservan™ Oral Film  Qalsody® Vial
Preferred  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®)  AMYOTROPHIC La  Preferred  riluzole tablet (generic for Rilutek®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafiertam™ Capsule  Gilenys® Capsule  Mavenclad® Tablet  Mayzen® Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Tecfider
Preferred  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®)  AMYOTROPHIC L.  Preferred  riluzole tablet (generic for Rilutek®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagtio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Mavenclad® Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Vumerity™ Capsule  Zeposia® Starter Pack / Capsule  Tecfidera® Capsule / Starter Pack  Tecfidera® Starter Pack / Capsule  Tecfidera® Capsule / Starter Pack  Tecfidera® Capsule / Start
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Preferred  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®)  AMYOTROPHIC La  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopicione tablet (generic for Lunesta®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagtio® Tablet  Bafiertam™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mavenclad® Tablet  Mavenclad® Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Vumerity™ Capsule  Zeposia® Starter Pack / Capsule  Tecfidera® Capsule / Starter Pack  Tecfidera® Starter Pack / Capsule  Tecfidera® Capsule / Starter Pack  Tecfidera® Capsule / Start
Preferred  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®)  AMYOTROPHIC L.  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopiclone tablet (generic for Lunesta®)  flurazepam capsule (generic for Dalmane®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Ampyra® Tablet  Ampyra® Tablet  Bafiertam™ Capsule  Bafiertam™ Capsule  Gilenya® Capsule  Mavenela® Tablet  Mavenela® Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack  Vumerity™ Capsule  Zeposia® Starter Pack / Capsule  Exservan™ Oral Film  Qalsody® Vial  Tiglutik® Suspension / ORS® Suspension / ORS® Starter Kit Suspension / Bag  ATIVE HYPNOTICS  ts apply to all sedative hypnotics  Non-Preferred  Ambien® Tablet / CR Tablet  Belsomra® Tablet  Non-Preferred  Belsomra® Tablet
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC L.  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopictone tablet (generic for Lunesta®)  flunzepam capsule (generic for Dalmane®)  ramelteon tablet (generic for Dalmane®)  ramelteon tablet (generic for Rozeren® Tablet)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet Aubagio® Tablet Bafieran™ Capsule Gilenya® Capsule Mayzent® Starter Pack / Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumerity™ Capsule  Zeposia® Starter Pack / Capsule  TERAL SCLEROSIS (ALS) AGENTS  LTERAL SCLEROSIS (ALS) AGENTS  Exservan™ Oral Film Qalsody® Vial Tiglutik® Suspension / ORS® Starter Kit Suspension / Bag  AATIVE HYPNOTICS  ts apply to all sedative hypnotics  Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Dayvigo™ Tablet
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC L.  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopiclone tablet (generic for Lunesta®)  flurazepam capsule (generic for Dalmane®)  rameleton tablet (generic for Rozerem® Tablet)  temazepam 15mg, 30mg capsule (generic for Restoril®)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Ambagio® Tablet  Bafiertam™ Capsule Gilenya® Capsule Mayzent® Starter Pack / Tablet  Mayzent® Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tacefidera® Capsule / Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tacefidera® Capsule / Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Tacefidera® Capsule / Starter Pack / Tablet  Ponvory™ Capsule  Zeposia® Starter Pack / Capsule  TUERAL SCLEROSIS (ALS) AGENTS  Non-Preferred  Exservan™ Oral Film Qalsody® Vial  Tiglutik® Suspension  Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag  ATIVE HYPNOTICS  ts apply to all sedative hypnotics  Non-Preferred  Ambien® Tablet / CR Tablet  Belsoma® Tablet  Doral® Tablet
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC L.  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopicione tablet (generic for Lunesta®)  flunzepam capsule (generic for Dalmane®)  ramelteon tablet (generic for Rozerem® Tablet)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Bafieran™ Capsule  Gilenya® Capsule  Mayzent® Starter Pack / Tablet  Mayzent® Starter Pack / Tablet  Ponvory™ Starter Pack / Tablet  Tascenso ODT™  Taceidera® Capsule / Starter Pack / Tablet  Porvory™ Starter Pack / Capsule  **Tecidera® Capsule / Starter Pack / Tablet  Tascenso ODT™  Tecidera® Capsule / Starter Pack / Tablet  Poposio® Starter Pack / Capsule  **TERAL SCLEROSIS (ALS) AGENTS  LTERAL SCLEROSIS (ALS) AGENTS  **Tiglutik® Suspension / ORS® Starter Kit Suspension / Bag  AATIVE HYPNOTICS  ts apply to all sedative hypnotics  Non-Preferred  Ambien® Tablet / CR Tablet  Belsomra® Tablet / CR Tablet
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC La  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopiclone tablet (generic for Lunesta®)  flunzaepam capsule (generic for Dalmane®)  ramelteon tablet (generic for Rozerem® Tablet)  temazepam Tapsule (generic for Rozerem® Tablet)  temazepam Tapsule (generic for Rozerem® Tablet)  temazepam (spa. 30m capsule (generic for Restori®)  zaleplon capsule (generic for Sonata®)	Plegridy® Pen / Pen Starter Pack / Syringe   Syringe Starter Pack   Tysabri® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet  Aubagio® Tablet  Baffertan™ Capsule  Gilenya® Capsule  Mavenclad® Tablet  Mayzen® Starter Pack / Tablet  Mayzen® Starter Pack / Tablet  Ponvory Starter Pack / Tablet  Tascenso ODT™  Tecfidera® Capsule / Starter Pack / Tablet  Zeposia® Starter Pack / Capsule  **Texactor Starter Pack / Capsule  **Texactor Starter Pack / Capsule  TERAL SCLEROSIS (ALS) AGENTS  **Texactor Starter Pack / Capsule  **Texactor Starter Pack / Capsule  TERAL SCLEROSIS (ALS) AGENTS  **Texactor Starter Pack / Capsule  **Texactor Sta
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC La  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopiclone tablet (generic for Lunesta®)  flunzaepam capsule (generic for Dalmane®)  ramelteon tablet (generic for Rozerem® Tablet)  temazepam Tapsule (generic for Rozerem® Tablet)  temazepam Tapsule (generic for Rozerem® Tablet)  temazepam (spa. 30m capsule (generic for Restori®)  zaleplon capsule (generic for Sonata®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial  LTTPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet Aubagio® Tablet Bafieram® Capsule Gilenya® Capsule Mavencla® Tablet Mayzen® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Tascenso ODT® Terfidera® Capsule / Starter Pack Tumeriy® Capsule / Starter Pack Tumeriy® Capsule / Starter Pack Texter Pack / Tablet Tascenso ODT® Terfidera® Capsule / Starter Pack Texter Pack / Capsule Zeposia® Starter Pack / Capsule TERAL SCLEROSIS (ALS) AGENTS  Non-Preferred Exservam® Oral Film Qalsody® Vial Tiglutik® Suspension / ORS® Starter Kit Suspension / Bag  ATIVE HYPNOTICS ts apply to all sedative hypnotics  Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Davyago® Tablet Davyago® Tablet Davyago® Tablet Davyago® Tablet Davyago® Tablet Davyago® Tablet Corea Tabl
Preferred  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®)  teriflunomide tablet (generic for Aubagio®)  AMYOTROPHIC La  Preferred  riluzole tablet (generic for Rilutek®)  SEI  Quantity lim  Preferred  eszopiclone tablet (generic for Lunesta®)  flurazepam capsule (generic for Palmane®)  rametleon tablet (generic for Rozeren® Tablet)  temarezpam 15mg. 30mg capsule (generic for Restori®)  zaleplon capsule (generic for Sonata®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial  LTIPLE SCLEROSIS  Oral  Non-Preferred  Ampyra® Tablet Aubagio® Tablet Baffertam® Capsule Gilleny® Capsule Gilleny® Capsule Mavenclad® Tablet Mayene® Starter Pack / Tablet Pornvory® Starter Pack / Tablet Tacenso ODT® Tecfidera® Capsule / Starter Pack Vumerity® Capsule  Exservan® Oral Film Qalsody® Vial Tiglotik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag  ATIVE HYPNOTICS ts apply to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsoma® Tablet Doral® Tablet Estazolam tablet (generic for Silenoe®)

# Effective Date: October 1, 2024

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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

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

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

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. 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

quazepam tablet (generic for $Doral^{\otimes}$ )
Quviviq <sup>™</sup> Tablet
Restoril <sup>®</sup> Capsule
Rozerem® Tablet
tasimelteon capsule (generic for Hetlioz®) - T/F of Hetlioz® Capsule required for coverage
temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
triazolam tablet (generic for Halcion®)
zolpidem capsule
zolpidem ER tablet (generic for Ambien® CR)
zolpidem SL tablet (generic for Intermezzo <sup>®</sup> )

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TODA COO CESCATION	
	BACCO CESSATION
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)  Chantix® Tablet / Starting Box / Continuation Month Box	Nicotrol® Inhaler / NS Nasal Spray
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
variencine tablet / starting month box (generic for Chantix )	
E	I NDOCRINOLOGY
	COWTH HORMONE
	ria apply to all drugs in this class
	for Use of Serostim® in AIDS Wasting Syndrome
Preferred	Non-Preferred
Genotropin <sup>®</sup> Cartridge / MiniQuick <sup>®</sup>	Humatrope <sup>®</sup> Cartridge
Norditropin® Flexpro®	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Saizen® Vial
	Serostim® Vial
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Sogroya® Pen
	Zomacton <sup>®</sup> Vial
	YCEMICS - INJECTABLE
	Rapid Acting Insulin
	y 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	Apidra® SoloStar® / Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog® U-200 KwikPen®
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 cartridge (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev <sup>™</sup> U-100 KwikPen <sup>®</sup> / U-200 KwikPen <sup>®</sup> / Vial
	Short Acting Insulin
	y 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®
Inte	Trmediate Acting Insulin
	y one preferred drug required
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
Humum N Viai	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
	ong Acting Insulin
T/F of onl	ong Acting Insulin y one preferred drug required
	ong Acting Insulin
T/F of onl Preferred	ong Acting Insulin y one preferred drug required Non-Preferred
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)	ong Acting Insulin y one preferred drug required Non-Preferred Basaglar® U-100 KwikPen®
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	ong Acting Insulin  y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen®  insulin degludec pen / vial (generic for Tresiba®)
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	ong Acting Insulin  y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen®  insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	ong Acting Insulin  one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen®  insulin degludec pen / vial (generic for Tresiba®)  insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)  insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfen pen / vial (generic for Semglee® yfen) Rezvoglar® Kwikpen®
T/F of onl Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee® yfgn)  Rezoglar® Kwikpen® Semglee® yfgn Pen / Vial
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Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial Levemir® / FlexPen® / FlexTouch® / Vial	ong Acting Insulin  y one preferred drug required    Non-Preferred
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec	ong Acting Insulin  y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)  Rezoglar™ Kwikpen® Semglee™ yfgn Pen / Vial  Toujeo® SoloStar® / Max SoloStar®  Tresiba® FlexTouch® / Vial  Rapid Combination Insulin
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  Premixec	ong Acting Insulin  y one preferred drug required    Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  Premixec  T/F of onl	ong Acting Insulin  y one preferred drug required    Non-Preferred
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Humalog® 50/50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SlooStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfga pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Humalog® 75/25 Mix KwikPen® / Vial	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SlooStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfga pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SlodStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn) Rezvoglar™ Kwikpen® Semglee™ yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Humalog® 57/525 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen® / Premixec	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine- SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine- yfen pen / vial (generic for Semglee® yfgn)  Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial  Toujeo® SoloStar® / Max SoloStar®  Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)  Novolog® Mix 70/30 Vial
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levenir® / FlexPen® / FlexTouch® / Vial  Levenir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Premixec	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine yfgn pen / vial (generic for Semglee™ yfgn) Rezoglar™ Kwikpen® Semglee™ yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  10/70/30 Combination Insulin y one preferred drug required
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® (vial  Levemir® / FlexPen® / FlexTouch® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen®   Humalog® 57/525 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®   Premixec	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin degludec pen / vial (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  170/30 Combination Insulin y one preferred drug required  Non-Preferred Non-Preferred
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Premixec	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn) Rezoglar™ Kwikpen® Semglee™ yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  10/70/30 Combination Insulin y one preferred drug required
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial  Humalog® 75/25 Mix KwikPen® / Vial  insulin aspart protamine-aspar 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Preferred	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine- SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine- yfen pen / vial (generic for Semglee® yfgn)  Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial  Toujeo® SoloStar® / Max SoloStar®  Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)  Novolog® Mix 70/30 Vial  10/30 Combination Insulin y one preferred drug required  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen®  Humalog® 75/25 Mix KwikPen® / Vial  insulin aspart protamine-aspar 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Preferred	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin degludec pen / vial (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  170/30 Combination Insulin y one preferred drug required  Non-Preferred Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen® / Premixec  T/F of onl  Preferred  Humalin® 70/30 KwikPen® / Vial  Preferred  Humulin® 70/30 KwikPen® / Vial	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine-yfen pen / vial (generic for Semglee® yfgn) Rezvoglar® Kwikpen® Semglee® yfgn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  170/30 Combination Insulin y one preferred drug required  Non-Preferred Non-Preferred Non-Preferred Novolog® Mix 70/30 Vial  Novolog® Mix 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial  Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
Preferred  insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50:50 Mix KwikPen®  Humalog® 50:50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Preferred  Humulin® 70/30 KwikPen®  Premixec  T/F of onl  Preferred  Humulin® 70/30 KwikPen® / Vial	ong Acting Insulin y one preferred drug required    Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixee  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen® / Vial  insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen® / Premixee  T/F of onl  Preferred  Premixee  T/F of onl  Preferred  Humulin® 70/30 KwikPen® / Vial  Requires T/F or insufficient response to metformin containing product unless contrainered	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine-yfog pen / vial (generic for Toujeo®) insulin glargine-yfog pen / vial (generic for Semglee® yfogn) Rezvoglar® Kwikpen® Semglee® yfogn Pen / Vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin y one preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  170/30 Combination Insulin y one preferred drug required  Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
Preferred insulin glargine vial / SoloStar® (authorized biologic for Lantus)  Lantus® SoloStar® / Vial  Levemir® / FlexPen® / FlexTouch® / Vial  Premixec  T/F of onl  Preferred  Humalog® 50/50 Mix KwikPen®  Humalog® 50/52 Mix KwikPen® / Vial  insulin aspart protamine aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)  Novolog® Mix 70/30 FlexPen®  Premixec  T/F of onl  Preferred  Humulin® 70/30 KwikPen®  Premixec  T/F of onl  Preferred  Humulin® 70/30 KwikPen® / Vial	ong Acting Insulin y one preferred drug required  Non-Preferred  Basaglar® U-100 KwikPen® insulin degludec pen / vial (generic for Tresiba®) insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®) insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn) Rezvoglar™ Kwikpen® Semglee™ yfgn Pen / vial Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial  Rapid Combination Insulin yone preferred drug required  Non-Preferred insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix) Novolog® Mix 70/30 Vial  170/30 Combination Insulin one preferred drug required  Non-Preferred Non-Preferred Non-Preferred Anylin Analogs indicated or documented adverse event when using either a preferred or non-preferred Amylin Analogs indicated or documented adverse event when using either a preferred or non-preferred Amylin Analogs

# Effective Date: October 1, 2024

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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GLP-1 Recep	ptor Agonists and Combinations
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta® Pen	Bydureon <sup>®</sup> BCise <sup>™</sup>
Trulicity® Pen	Rybelsus® Tablet
Victoza® Pen	Soliqua <sup>®</sup> Pen
Ozempic® Pen	Xultophy® Pen
	Mounjaro™ Pen
HYPO	OGLYCEMICS - ORAL
	eneration Sulfonylureas
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® XL Tablet	
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	
Ciyiase Taolet	
Alpha	n-Glucosidase Inhibitors
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
acaroose tablet (generic for Frecose )	Precose® Tablet
	FIECOSE TABLET
Riona	nides and Combinations
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomet <sup>®</sup> ) - T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Glumetza®)
	Riomet® Solution / ER Suspension
DPP-IV I	nhibitors and Combinations
Requires T/F or insufficient response to metformin containing products unless contraindicated	or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
Preferred	Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)
Januvia <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano®)
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oscni®)
Onglyza® Tablet	Glyxambi* Tablet
saxagliptin tablet (generic for Onglyza®)	Kazano® Tablet
Tradjenta Tablet	Kombiglyze® XR Tablet
Third Chill Tuber	Nesina® Tablet
	Oseni® Tablet
	Qtern® Tablet
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)
	sitagliptin tablet (generic for Zituvio <sup>™</sup> )
	Steglujan® Tablet
	Trijardy® XR Tablet
	Zituvio   Tablet
	ZARUYAO 14UUKA
	Meglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	: 10H-1 1CICITCU
repaglinide tablet (generic for Staritx )	
repagninue tablet (generic for Francisis )	

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0.1	T
	Transporter 2 (SGLT2) Inhibitors and Combinations al criteria apply to all drugs in this class
Preferred Farxiga® Tablet	Non-Preferred
Farxiga Tablet Invokana Tablet	dapagliflozin tablet (generic for Farxiga®)
Invokana Tablet  Jardiance <sup>®</sup> Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR) Inpefa™ Tablet
Synjardy® Tablet	Inpera 1 ablet  Invokamet® Tablet / XR Tablet
Synjardy Tablet	Invokamet 1 ablet / XR Tablet  Segluromet Tablet
	Segluromet Tablet Steglaro <sup>™</sup> Tablet
	Steglatro Tablet Synjardy® XR Tablet
	Synjardy" XK Tablet  Xigduo® XR Tablet
	Alguno Ar Tablet
Thi	azolidinediones and Combinations
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet
progressione tablet (generic for Actos )	Actorius met Tablet  Actos® Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)
	programment moves (gellette to Theor its state )
	GASTROINTESTINAL
ANTI	EMETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend®) - Clinical criteria apply	Akynzeo® Capsule / Vial
Diclegis <sup>®</sup> Tablet	Antivert® Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine <sup>®</sup> )	Anzemet® Tablet
meclizine tablet (generic for Antivert®)	Aponve <sup>n</sup> Vial
metoclopramide solution / tablet (generic for Reglan®)	Barhemsys® Vial
ondansetron ODT / solution / tablet (generic for Zofran®)	Bonjesta® Tablet
prochlorperazine tablet (generic for Compazine®)	Cinvanti® Vial
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Compro® Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	doxylamine-pyridoxine tablet (generic for Diclegis®)
Transderm-Scop® Patch	dronabinol capsule (generic for Marinol®)
•	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend® Vial
	fosaprepitant vial (generic for Emend <sup>®</sup> )
	Gimoti <sup>™</sup> Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	promethazine 50 mg suppository (generic for Phenergan®)
	Reglan <sup>®</sup> Tablet
	Sancuso® Patch
	scopolamine patch (generic for Transderm-Scop®)
	Sustol® Syringe
	Tigan <sup>®</sup> Vial
	trimethobenzamide capsule (generic for Tigan®)

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	BILE ACID SALTS
	T/F of only one preferred drug required
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylvay Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso®)	Chenodal® Tablet
•	Cholbam® Capsule
	Livmarii® Oral Solution
	Ocaliva® Tablet
	Reltone <sup>™</sup> Capsule
	Urso® Tablet / Urso® Forte Tablet
	H. PYLORI COMBINATIONS
Preferred	Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
	Voquezna® Tablet / Dual Pak / Triple Pak
	HISTAMINE-2 RECEPTOR ANTAGONISTS
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)
iamonume tablet / suspension (generic for repetit )	Chirectonic lanter (generic for Axid <sup>®</sup> )  inizatidine capsule (generic for Axid <sup>®</sup> )
	Pepcid Table
	repeat annex
	PANCREATIC ENZYMES
Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Zenpep® Capsule	Viokase® Tablet
	PROGESTINS USED FOR CACHEXIA
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
	PROTON PUMP INHIBITORS
Preferred	Non-Preferred
Dexilant® Capsule	T/F of preferred agents not required for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx )	Aciphex® Tablet
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant)
Nexium® Rx Packet omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC )
	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep <sup>™</sup> Suspension
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC) omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	pantoprazole OTC capsule / ODT / tablet (generic for Prilosec OTC)  pantoprazole suspension (generic for Protonix (a))
	pantoprazole suspension (generic for Protonix )  Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
<del> </del>	Protonix® Tablet
<u> </u>	rabeprazole tablet (generic for Aciphex®)  Zegerid® Rx / Capsule / Packet

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

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

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

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. 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

1	
	SELECTIVE CONSTIPATION AGENTS
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex®)
Linzess® Capsule	Ibsrela <sup>®</sup> Tablet
lubiprostone capsule (generic for Amitiza <sup>®</sup> )	Lotronex® Tablet
	Motegrity <sup>™</sup> Tablet
	Movantik® Tablet
	Relistor® Syringe / Vial / Tablet - Clinical criteria apply
	Symproic® Tablet
	Trulance® Tablet
	Viberzi® Tablet - T/F of preferred agents not required 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 <sup>®</sup> / Entab)	Colazali Capsule
	Delizios Capsule
	Dipentum® Capsule
	mesalamine DR capsule (generic for Delzicol®, Asacol® HD, Lialda®)
	mesalamine ER capsule (generic for Apriso®, Pentasa®)
	Pentasa® Capsule
	Uceris® Tablet
	Occis fabre
	ULCERATIVE COLITIS
	Rectal
	T/F of only one preferred drug required
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam
mesalamine enema (generic for Kowasa ) mesalamine suppository (generic for Canasa®)	Canasa® Suppository
mesaraninie suppository (generic for Canasa )	mesalamine kit (generic for Rowasa®)
	mesaanine su generi on rowsa /
	SF Rowasa® Enema
	Uceris® Rectal Foam
	Uceris Rectai Foam
	CENITOUDINARY / PENAI
r	GENITOURINARY / RENAL
	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)
Preferred	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred
	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet  Fosrenol" Chewable Tablet / Powder Pack
Preferred calcium acetate capsule (generic for PhosLo®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet  Forenot® Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenot®)
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet  Fosrenol® Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet  Fosrenol® Chewable Tablet / Powder Pack  Ianthanur carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)
Preferred calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Aurysia "Tablet  Fosrenol" Chewable Tablet / Powder Pack  lanthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renyela®)  sevelamer arbonate powder pack / tablet (generic for Renyela®)  sevelamer hydrochloride tablet (generic for Renagel®)
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia **Tablet  Fosrenof** Chewable Tablet / Powder Pack  lanthanum carbonate chewable tablet (generic for Fosrenof*)  MagneBind** 400 Rx *Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renaget*)  Velphoro** Chewable
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Aurysia "Tablet  Fosrenol" Chewable Tablet / Powder Pack  lanthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renyela®)  sevelamer arbonate powder pack / tablet (generic for Renyela®)  sevelamer hydrochloride tablet (generic for Renagel®)
Preferred calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®) Renvela® Powder Pack / Tablet	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet  Fosrenol® Chewable Tablet / Powder Pack Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet
Preferred calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®) Renvela® Powder Pack / Tablet	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet  Fosrenol" Chewable Tablet / Powder Pack Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer arbonate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Auryxia® Tablet  Fosrenol® Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred
Preferred  calcium acetate taplet (generic for Phost_o®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatral®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia® Tablet  Fosenot® Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosenot®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodat® Sofigel
Preferred  calcium acetate capsule (generic for Phost.o®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet Fosrend" Chewable Tablet / Powder Pack lanthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet sevelamer carbonate powder pack / tablet (generic for Renvela®) sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred Avodar® Softgel Cardura® Tablet /XL Tablet
Preferred  calcium acetate capsule (generic for Phos.Lo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatra¹®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet  Fosrenol" Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer rabronate powder pack / tablet (generic for Renvela®)  sevelamer rabronate powder pack / tablet (generic for Renvela®)  sevelamer rabronate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodat® Sofigel  Carduna" Tablet / XL Tablet  Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatra®)  doxazosin tablet (generic for Cardura®)  dotasteride capsule (generic Avodar®)  finasteride tablet (generic for Proscar®)  finasteride tablet (generic for Proscar®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia Tablet  Fosrenol ** Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol*)  MagneBind** 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renaget*)  Velphoro** Chewable  Xphozah** Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodar** Softgel  Cardura** Tablet / XL Tablet  Cialis** Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosia capsule (generic for Islayn*)
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)  funsateride tablet (generic For Proscar®)  tamsulosin capsule (generic for Proscar®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia Tablet  Fosrenof **Chewable Tablet / Powder Pack  lanthanum carbonate chewable tablet (generic for Fosrenof*)  MagneBind** 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renaget*)  Velphoro** Chewable  Xphozah** Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodart** Softgel  Cardura** Tablet /XL Tablet  Cialis** Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosin capsule (generic for Jalyn*)  Entadf*** Capsule
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic for Proscar®)  finasteride tablet (generic for Proscar®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet Fosrenol" Chewable Tablet / Powder Pack lanthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet sevelamer carbonate powder pack / tablet (generic for Renvela®) sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable Xphozal® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodar® Softgel Cardura® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply duasteriod* / tamsulosin capsule (generic for Jalyn®) Entadf® Capsule Flomas® Capsule
Preferred  calcium acetate capsule (generic for Phost.o®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  BI  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)  tamsulosin capsule (generic Frorsas®)  tamsulosin capsule (generic for Flossas®)  tamsulosin capsule (generic for Flossas®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia "Tablet  Fosrenol" Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol®)  MagneBind® 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela®)  sevelamer rabronate powder pack / tablet (generic for Renvela®)  sevelamer rabronate powder pack / tablet (generic for Renvela®)  sevelamer hydrochloride tablet (generic for Renagel®)  Velphoro® Chewable  Xphozah® Tablet  Xphozah® Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodat® Sofigel  Cardum® Tablet / XL Tablet  Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosin capsule (generic for Jalyn®)  Entadf® Capsule  Flomas® Capsule  Prosca® Tablet
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)  funssulosin capsule (generic For Proscar®)  tamsulosin capsule (generic for Flomax®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia Tablet  Fosrenol ** Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol*)  MagneBind** 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renagel*)  Velphoro** Chewable  Xphozah** Tablet  Xphozah** Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodart** Softgel  Cardura** Tablet / XL Tablet  Caidas** Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosin capsule (generic for Jalyn*)  Entadfi** Capsule  Prosca** Tablet  Rapath** Capsule
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)  funsateride tablet (generic for Proscar®)  tamsulosin capsule (generic for Flomax®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia Tablet  Fosrenof Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenof*)  MagneBind* 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renaget*)  Velphoro* Chewable  Xphozah* Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Oradura* Softgel  Cardura* Tablet /XL Tablet  Cialis* Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosin capsule (generic for Jalyn*)  Entadfi** Capsule  Flomax* Capsule  Flomax* Capsule  Prosca** Tablet  Rapaflo** Capsule  silodosin capsule (generic for Rapaflo*)
Preferred  calcium acetate capsule (generic for PhosLo®)  calcium acetate tablet (generic for Eliphos®)  Renvela® Powder Pack / Tablet  Preferred  alfuzosin ER tablet (generic for Uroxatral®)  doxazosin tablet (generic for Cardura®)  dutasteride capsule (generic Avodart®)  funsateride tablet (generic for Proscar®)  tamsulosin capsule (generic for Flomax®)	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)  Non-Preferred  Auryxia Tablet  Fosrenol ** Chewable Tablet / Powder Pack  Ianthanum carbonate chewable tablet (generic for Fosrenol*)  MagneBind** 400 Rx Tablet  sevelamer carbonate powder pack / tablet (generic for Renvela*)  sevelamer hydrochloride tablet (generic for Renagel*)  Velphoro** Chewable  Xphozah** Tablet  Xphozah** Tablet  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  ENIGN PROSTATIC HYPERPLASIA TREATMENTS  Non-Preferred  Avodart** Softgel  Cardura** Tablet / XL Tablet  Caidas** Tablet (2.5 mg / 5 mg) - Clinical criteria apply  dutasteride / tamsulosin capsule (generic for Jalyn*)  Entadfi** Capsule  Prosca** Tablet  Rapath** Capsule

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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

LIDIN	ARY ANTISPASMODICS
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz <sup>®</sup> )	darifenacin ER tablet (generic for Enablex®)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/ XL)	Detrol® Tablet / LA Capsule
solifenacin tablet (generic for Vesicare®)	flavoxate tablet (generic for Urispas®)
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Gelnique® Gel Sachets
	Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Toviaz <sup>®</sup> Tablet	
	mirabegron ER Tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for
	Myrbetriq® Granules / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age
	≥65 years
	oxybutynin tablet (2.5 mg)
	Oxytrol® Patch
	trospium tablet / ER capsule (generic for Sanctura® / XR)  Vesicare® LS Suspension / Tablet
	Vesicare LS Suspension / Taniet
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)	Colcrys® Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
	Gloperba® Solution
	Krystexxa® Vial
	Mitigare (branded colchicine 0.6mg) Capsules
	Uloric® Tablet
	Zyloprim® Tablet
	I TO LOCAL
	HEMATOLOGIC NTICOAGULANTS
A	Injectable
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)	Arixtra® Syringe
Fragmin® Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
This of the control o	Lovenox® Syringe / Vial
	- Annual Appropriate Control of the
	Oral
Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa® Capsule)
Jantoven® (branded generic for Coumadin®)	Pradaxa® Pellet Pack
Pradaxa <sup>®</sup> Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	Xarelto® Suspension
Xarelto® Starter Pack / Tablet	
gov ove	
	STIMULATING FACTORS
Preferred	Non-Preferred
Fulphila® Syringe	Fylnetra® Syringe
Neupogen® Vial / Syringe Udenyca® Autoinjector / Syringe	Granix® Safe Syringe / Syringe / Vial Leukine® Vial
Odenyca Adiomjector/Syringe	Neulasta® Syringe / Kit
	Nivestym Nyringe / Vial
	Nyvepria M Syringe
	Releuko® Syringe / Vial
	Rolvedon™Syringe
	Stimufend® Syringe
	Udenyca® On-Body
	Zarxio <sup>®</sup> Syringe
	Ziextenzo <sup>®</sup> Syringe
	ATODOIFTIC ACENTO
	ATOPOIETIC AGENTS
	ria apply to all drugs in this class  Non-Preferred
Preferred	
Arangen® Syringe / Vial	
Aranesp® Syringe / Vial	Jesduvroq® Tablet
Epogen® Vial	Jesduvroq®Tablet Mircera®Syringe
	Jesduvroq®Tablet Mircera®Syringe Procrii®Vial
Epogen® Vial	Jesduvroq®Tablet Mircera®Syringe
Epogen <sup>®</sup> Vial Retacrit <sup>®</sup> Vial	Jesduvroq®Tablet Mircera®Syringe Procrii®Vial
Epogen <sup>®</sup> Vial Retacrit <sup>®</sup> Vial	Jesduvroq®Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial
Epogen <sup>®</sup> Vial Retacrit <sup>®</sup> Vial THROMBOPC	Jesduvroq®Tablet Mircera®Syringe Procrit®Vial Reblozyl®Vial IESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet
Epogen® Vial Retacrit® Vial  THROMBOPO Preferred	Jesduvroq®Tablet Mircen® Syringe Procrit® Vial Reblozyl® Vial  JESIS STIMULATING AGENTS  Non-Preferred
Epogen® Vial Retacrit® Vial  THROMBOPO Preferred Nplate® Vial	Jesduvroq®Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  DESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet Tavalisse™ Tablet
Epogen® Vial Retacrit® Vial  THROMBOPO  Preferred  Nplate® Vial  Promacta® Suspension / Tablet	Jesduvroq® Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  DIESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet Tavalisse™ Tablet  OPHTHALMIC
Epogen® Vial Retacrit® Vial  THROMBOPO  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC	Jesduvroq®Tablet Mircera® Syringe Procri® Vial Reblozyf® Vial Reblozyf® Vial  IESIS STIMULATING AGENTS  Non-Preferred  Alvaiz™ Tablet Tavalisse™ Tablet  OPHTHALMIC  CONJUNCTIVITIS AGENTS
Epogen® Vial Retacrit® Vial  THROMBOPC  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC  Preferred	Jesduvroq® Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  IESIS STIMULATING AGENTS  Non-Preferred  Alvaiz™ Tablet  Tavalisse™ Tablet  ToPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred
Epogen® Vial Retacrit® Vial  THROMBOPC  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC  Preferred  romolyn sodium drops (generic for Crolom®)	Jesduvroq® Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  DESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet Tavalisse™ Tablet  CONJUNCTIVITIS AGENTS  Non-Preferred Alocri® Drops
Epogen® Vial Retacrit® Vial  THROMBOPC  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom®) olopatadine drops (generic for Pataday®, Patanol®) (RX)	Jesduvroq® Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  DESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet Tavalisse™ Tablet  OPHTHALMIC CONJUNCTIVITIS AGENTS  Non-Preferred Alocri® Drops Alonide® Drops
Epogen® Vial Retacrit® Vial  THROMBOPC  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC  Preferred  romolyn sodium drops (generic for Crolom®)	Jesduvroq® Tablet Mircera® Syringe Procri® Vial Reblozyl® Vial  IESIS STIMULATING AGENTS  Non-Preferred Alvaiz® Tablet Tavalisse® Tablet  OPHTHALMIC  CONJUNCTIVITIS AGENTS  Non-Preferred Alocri® Drops Alomid® Drops Alomid® Drops Alies® Drops Alies® Drops Alies® Drops
Epogen® Vial Retacrit® Vial  THROMBOPC  Preferred  Nplate® Vial  Promacta® Suspension / Tablet  ALLERGIC  Preferred  cromolyn sodium drops (generic for Crolom®) olopatadine drops (generic for Pataday®, Patanol®) (RX)	Jesduvroq® Tablet Mircen® Syringe Procri® Vial Reblozyl® Vial  DESIS STIMULATING AGENTS  Non-Preferred Alvaiz™ Tablet Tavalisse™ Tablet  OPHTHALMIC CONJUNCTIVITIS AGENTS  Non-Preferred Alocri® Drops Alonide® Drops

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

	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat®)
	loteprednol drops (generic for Alrex®)
	Zerviate Drops
	ANTIBIOTICS
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	Besivance Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment
moxifloxacin ophthalmic solution (generic for Vigamox <sup>®</sup> )	gatifloxacin drops (generic for Zymaxid <sup>®</sup> )
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
Polycin® Ointment (branded generic for Polysporin®)	Natacyn <sup>®</sup> Drops
polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 <sup>®</sup> )	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
tobramycin drops (generic for Tobrex®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Vigamox® Drops
	Zymaxid® Drops
ANTIBIOTIC	S-STEROID COMBINATIONS
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex <sup>®</sup> Drops / Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex <sup>®</sup> ST Drops
	Zylet <sup>®</sup> Drops

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Preferred  Anathr Dogs (18 Soutions)  Anathr Dog	ΔΝΤ	T-INFLAMMATORY
Academ   Deep of 1.5 Sections		
Accounts "Solutions" Accounts		
datapoetate deper (genetic for Patenness*)    Patens** Deper   Deper** Deper		
Bourstile   Bour		
Destrona		
Despoy   Valid		
Lancade Drops   Part   Propose   Pr	• • •	
Despt   Desp		
Bown Popes   Bown Popes   Barrier Supplied	-	
Deed Middle Drope   Deed		
pediniolone acetate drops (generic for Peed Fore **)  Locanse **Golf Mod Johnson**  Locanse **Golf Mod Johnson**  Modola** Drops  Annotate **Drops  Preferred  Restausi** Drops  Restausi** Drop		
Lements of els / SM Gel / Ontment    Expressed Gel / SM Gel / Ontment   Expressed Gel / SM Gel / Ontment   Masker, Props   Generic for Lisenax*		
segretod drope / gri (generic for Lotennas*)   Matiola** Drops   Ozandes* Implant   Pref Force** Drops   Preferred   Preferred Segretor (and segretor for Inflamase Force*)   Single Props   Single Props   Single Preferred Segretor (and segretor for Inflamase Force*)   Single Props   Single Pr	predinsolone acetate drops (generic for Fied Forte )	
Maisée Porps   Capabia   Implair		
Countes Implant   Countes Implant		
Ped Forte® Drops		·
pednisolane sodium phosphate drops (generic for Inflamase Forte®) Probensa® Drops Retires® Implant Insense® Vala Insense® Non-Preferred  ANT-INFLAM/ATORY / IMMUNOMODULATOR  Retasis® Drops / Restasis® Multidose® Drops Insense® Vala Insense® Vala Insense® Vala Insense® Vala Insense® Vala Insense® Vala Insense Insense® Vala Insense Insense® Vala Insense Insense Insense® Vala Insense Insense® Vala Insense Insense Insense Insense® Vala Insense Ins		
Preferred Props  ANT-INFLAMMATORY / IMMUNOMODULATOR  Restasis Drops / Restasis Multidose Drops  ANT-INFLAMMATORY / IMMUNOMODULATOR  Preferred Non-Preferred  Restasis Drops / Restasis Multidose Drops  ANT-INFLAMMATORY / IMMUNOMODULATOR  Preferred Props  Coqua Drops		·
Resiser® Implant Triesence Vala Triesence Vala Triesence Vala Norman Valage Implant  ANTH-NFLAMMATORY / IMMUNOMODULATOR  ANTH-NFLAMMATORY / IMMUNOMODULATOR  Preferred  ANTH-NFLAMMATORY / IMMUNOMODULATOR  Restasis® Drops / Restasis® Multidose® Drops Xidna® Drops  Xidna® Drops  Xidna® Drops  Eywavis® Drops  Eywavis® Drops  Eywavis® Drops  Tyraya® Nasal Spray  Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Vesye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred  Alphagas® P Drops  brimonidine drops (generic for Alphagas® P) Irimonidine Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Desaxol drops (generic for Betoptus®)  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Petaxol drops (generic for Betoptus®)		
Trissence® Vial  Aipere® (Intracular)  Yorig® (Intracular)  ANTI-INFLAMMATORY / Immunat  ANTI-INFLAMMATORY / Immunat  ANTI-INFLAMMATORY / Immunat  Restasis® Drops / Restasis® Multidose® Drops  Xiidn® Drops  Cequa® Drops  Syclosoporine emulsion (generic for Restasis®)  Eyeswas® Drops  Miebo® Drops  Tyrvay® Nasal Spray  Verkazia® Eye Emulsion - TF of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Vevye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred  Alphagan® P Drops  brimonidine drops (generic for Iopidine®)  brimonidine drops (generic for Iopidine®)  brimonidine P drops (generic for Iopidine®)  Drops  BETA BLOCKE AGENTS / COMBINATIONS  Preferred  Oombigan® Drops  Beta Alcoker Agents (or Betoptie®)  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Beta BLOCKE AGENTS / COMBINATIONS  Preferred  Detaxolo drops (generic for Betoptie®)		·
Xiper® (Intraocular)   Yuii; Implant		
Yutiq   Minhant		
ANTI-INFLAMMATORY / IMMUNOMODULATOR  Preferred  Restasis ® Drops / Restasis ® Multidose ® Drops  Xidm® Drops  Cequa ® Drops  syclosporine emulsion (generic for Restasis ®)  Expansis® Drops  Alphagam® P Drops  Preferred  Alphagam® P Drops  Alphagam® P Drops  Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Ocombigam® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Combigam® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Combigam® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Detaxolol drops (generic for Betoptic®)		
Restasis® Drops / Restasis® Multidose™ Drops  Cequim® Drops Cequim® Drops Cequim® Drops Cyclosporine emulsion (generic for Restasis®) Eysun's® Drops Micheo™ Drops Tyrvaya® Nasal Spray Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops Apracionidine drops (generic for Iopidine®) brimonidine drops (generic for Alphagan® P) Iopidine® Drops BETA BLOCKER AGENTS / COMBINATIONS  Preferred Betaxold drops (generic for Betoptic®) Non-Preferred Combigan® Drops  Non-Preferred Non-Preferred Betaxold drops (generic for Betoptic®)		Yutq Implant
Restasis® Drops / Restasis® Multidose™ Drops  Cequim® Drops Cequim® Drops Cequim® Drops Cyclosporine emulsion (generic for Restasis®) Eysun's® Drops Micheo™ Drops Tyrvaya® Nasal Spray Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops Apracionidine drops (generic for Iopidine®) brimonidine drops (generic for Alphagan® P) Iopidine® Drops BETA BLOCKER AGENTS / COMBINATIONS  Preferred Betaxold drops (generic for Betoptic®) Non-Preferred Combigan® Drops  Non-Preferred Non-Preferred Betaxold drops (generic for Betoptic®)	ANTU INTELAMA	ATORY (BAHINOMODIII ATOR
Restasis® Drops / Restasis® Multidose™ Drops  Xiidn® Drops  cyclosporine emulsion (generic for Restasis®)  Eysuvis® Drops  Miebo™ Drops  Tyrvaya® Nasal Spray  Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Vevye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred  ALPHA 2 ADRENERGIC AGENTS  Non-Preferred  Alphagan® P Drops  brimonidine drops (generic for Alphagan®)  brimonidine drops (generic for Alphagan® P)  lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Non-Preferred  Ocombigan® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Non-Preferred  Non-Preferred  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred		
Xiidra® Drops cyclosporine emulsion (generic for Restasis®)  Eysuris® Drops Miebo® Drops Tyrvaya® Nasal Spray Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Vevye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops apraclonidine drops (generic for Iopidine®) brimonidine drops (generic for Alphagan® P) Iopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred Oombigan® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred Oombigan® Drops Detayold drops (generic for Betoptic®) Detayold drops (generic for Betoptic®) Detayold drops (generic for Betoptic®) Dono-Preferred Oombigan® Drops Detayold drops (generic for Betoptic®)		
Eysuvis ® Drops Miebo** Drops Tyrvaya® Nasal Spray Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Verye® Drops  ALPHA 2 ADRENERGIC AGENTS  ALPHA 2 ADRENERGIC AGENTS  Preferred Alphagan® P Drops apraclonidine drops (generic for lopidine®) brimonidine drops (generic for Alphagan® P) lopidine® Drops BETA BLOCKER AGENTS / COMBINATIONS  Preferred Combigan® Drops betavolod drops (generic for Betoptic®)  Non-Preferred Combigan® Drops  Beta betavolod drops (generic for Betoptic®)		
Miebo™ Drops Tyvaya® Nasal Spray  Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Verye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred  Alphagan® P Drops  brimonidine drops (generic for Alphagan®)  brimonidine drops (generic for Alphagan® P)  Lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Combigan® Drops  betaxolo drops (generic for Betoptic®)  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred  Non-Preferred	Xiidra T Drops	
Tyrwaya® Nasal Spray  Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)  Verye® Drops  ALPHA 2 ADRENERGIC AGENTS  Preferred  Alphagan® P Drops  brimonidine drops (generic for Alphagan®)  brimonidine drops (generic for Alphagan® P)  Lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Combigan® Drops  betavoled drops (generic for Betoptic®)  Non-Preferred  Non-Preferred  Non-Preferred  Onn-Preferred  Non-Preferred  Non-Preferred		
Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)       Verye® Drops       ALPHA 2 ADRENERGIC AGENTS       Non-Preferred       Alphagan® P Drops       primonidine drops (generic for Alphagan® P)       brimonidine P drops (generic for Alphagan® P)       Lopidine® Drops       BETA BLOCKER AGENTS / COMBINATIONS       Preferred       Combigan® Drops     Non-Preferred       Combigan® Drops     betaxolod drops (generic for Betoptic®)		
Veyye® Drops  ALPHA 2 ADRENERGIC AGENTS  Alphagan® P Drops Aphagan® P Drops Apraclonidine drops (generic for Alphagan® P) I topidine® Drops I topidine® Drops BETA BLOCKER AGENTS / COMBINATIONS  Preferred Combigan® Drops Beta Succession of the Betoptic® Drops		Tyrvaya" Nasal Spray
ALPHA 2 ADRENERGIC AGENTS  Preferred  Alphagan® P Drops  brimonidine drops (generic for Alphagan® P)  Lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Combigan® Drops  betaxolol drops (generic for Betoptic®)  Non-Preferred  Non-Preferred  Non-Preferred		Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
Preferred Alphagan® P Drops apraclonidine drops (generic for Alphagan® P) brimonidine drops (generic for Alphagan® P) lopidine® Drops lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred Combigan® Drops betaxolol drops (generic for Betoptic®)		Vevye® Drops
Preferred Alphagan® P Drops apraclonidine drops (generic for Alphagan® P) brimonidine drops (generic for Alphagan® P) lopidine® Drops lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred Combigan® Drops betaxolol drops (generic for Betoptic®)	AI DUA 1	) ADDENIEDGIC ACENTS
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brimonidine drops (generic for Alphagan® P)  Lopidine® Drops  BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Combigan® Drops  betaxolod drops (generic for Betoptic®)		
Iopidine® Drops		
BETA BLOCKER AGENTS / COMBINATIONS  Preferred  Combigan® Drops  betaxolol drops (generic for Betoptic®)		
Preferred Non-Preferred  Combigan® Drops betaxolol drops (generic for Betoptic®)		порише торя
Preferred Non-Preferred  Combigan® Drops betaxolol drops (generic for Betoptic®)	DETA DI OCCU	ER AGENTS / COMBINATIONS
Combigan Drops betaxolod drops (generic for Betoptic )		
unionoi urops / Gra ger-sonunon (generic noi i imopue / i imopue AE )  Betimol "Drops		
D	unioioi drops / Grs get-solution (generic for Timopuc / Timopuc AE")	
Betoptic® S Drops		
brimonidine tartrate / timolol drops (generic for Combigan®)		
carteolol drops (generic for Ocupress®)		
Istalol® Drops		
levobunolol drops (generic for Betagan*)		
timolol drop (generic for Istalol® Drops)		
timolol maleate drop (generic for Timoptic® Ocudoss® Drops)		
Timoptic® Drops / Ocudose® Drops / XE® Solution		Imoptic Drops / Ocuaose Drops / AE* Solution
L I		

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	CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt <sup>®</sup> Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt <sup>®</sup> Drops)
Simbrinza <sup>®</sup> Drops	Cosopt® Drops / PF Drops
·	dorzolamide-timolol PF drops (generic for Cosopt <sup>®</sup> PF)
	PROSTAGLANDIN AGONISTS
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta <sup>®</sup> Implant
	iDose <sup>®</sup> TR Implant
	Iyuzeh <sup>™</sup> Drops
	Lumigan <sup>®</sup> Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta <sup>®</sup> Drops
	Xalatan <sup>®</sup> Drops
	Xelpros <sup>®</sup> Drops
	Zioptan <sup>®</sup> Drops
	RHO KINASE MODIFIERS / COMBINATIONS
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
	OSTEOPOROSIS
	BONE RESORPTION SUPPRESSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia <sup>®</sup> Tablet
	Binosto <sup>®</sup> Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity <sup>™</sup> Syringe
	Evista® Tablet
	Forteo® Pen
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	risedronate DR tablet (generic for Atelvia®)
	teriparatide pen (generic for Forteo®)  Tymlos® Pen

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	OTIC
	ANTIBIOTICS
Preferred	Non-Preferred
Ciprodex® Suspension	Cipro® HC Suspension
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	ciprofloxacin solution (generic for Cetraxal <sup>®</sup> )
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofoxacin soutou (generic for Otorel®)
ofloxacin drops (generic for Floxin®)	Cortisporin-Tre <sup>®</sup> Suspension
onoracin diops (generic for Frontin)	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 <sup>®</sup> Oil	Flac® Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic®)
	RESPIRATORY
	BETA-ADRENERGIC HANDHELD, LONG ACTING
Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respinant® Inhalation Spray
	DETAIL ADDRESS OF A STATE OF A ST
	BETA-ADRENERGIC HANDHELD, SHORT ACTING
Preferred	Non-Preferred
ProAir® HFA inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
Ventolin® HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
Xopenex® HFA Inhaler	Proair® Digitaler™
	Proatr® RespiClick®
	Proventil® HFA Inhaler
	BETA-ADRENERGIC, NEBULIZERS
	T/F of only one preferred drug required
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
albuterol 0.05mg / 3ml solution (generic for Accuneb ) albuterol 1.25mg / 3ml solution (generic for Accuneb ®)	arromoteroi solution (generic for Brovana )  Brovana® Solution
albuterol 1.25mg / 5ml solution (generic for Accuneb ) albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution	Ivaluation statutout (or Learning view of the solution (generic for Xopenex® / Concentrate )
g	Performis® Solution Performis® Solution
	BETA-ADRENERGIC, ORAL
Preferred	Non-Preferred
albuterol tablets (generic for Proventil <sup>®</sup> Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	
terbutaline tablet (generic for Brethine®)	

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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

ORALLY INHALED A	ANTICHOLINERGICS / COPD AGENTS
Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrovent® HFA Inhaler	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duaklir® Pressair®
Incruse® Ellipta® Inhaler	tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium nebulizer solution (generic for Atrovent®)	Tudorza® Pressair® Inhaler
ipratropium / albuterol solution (generic for Duoneb <sup>®</sup> )	Yupelr <sup>™</sup> Solution
roflumilast tablet (generic for Daliresp®)	s spens someon
Spiriva® Handihaler® / Respimat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	
onor respirate intention opiny	
INHAL	ED CORTICOSTEROIDS
Preferred	Non-Preferred
Alvesco® Inhaler	ArmonAir™ Digihaler™
Arnuity® Ellipta® Inhaler	Pulmicort® Flexhaler
Asmanex® HFA Inhaler / Twisthaler®	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	
Flovent® Diskus / HFA Inhaler	
fluticasone propionate HFA / diskus (generic for Flovent <sup>®</sup> HFA / Diskus)	
QVAR® RediHaler™	
	TICOSTEROID COMBINATIONS
Preferred	Non-Preferred
Advair® Diskus®	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair® HFA Inhaler	AirSupra <sup>™</sup> Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	Breyna <sup>™</sup> Inhaler
	Breztri™ Aerosphere™
	budesonide / formoterol inhalation (generic for Symbicort®)
	fluticasone / salmeterol HFA inhaler (generic for Advair® HFA)
	fluticasone / salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone / salmeterol inhalation (generic for AirDuo®)
	fluticasone / vilanterol inhalation (generic for Breo® Ellipta®)
	Trelegy® Ellipta®
	Wixela Minhub Mi
	TOTAL AND STATE OF THE STATE OF
INTRAN	ASAL RHINITIS AGENTS
Preferred	Non-Preferred
azelastine spray (generic for Astelin®)	T/F of preferred agents not required in children < 4 years of age for steroid-containing products
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
	Nyauris Nasar Spray Sinuva ™ Implant
	Xhance Nasal Spray
	Zetonna® Nasal Spray
	Zeronna i vasai spray
T DIT	COTRIENE 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
	1

### Effective Date: October 1, 2024

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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

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

T/F criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. 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

wore information on the roc can be found at. https://medicalcinedins.gov/providers/programs-services/prescription-drugs/outpatient-prantiacy-services	
LOW SEE	ATING ANTIHISTAMINES
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinex <sup>®</sup> Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
	levocetirizine Rx solution (generic for Xyzal® Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin® OTC)
LOWATENATING	L THE CONTROL TO SECTION OF THE SECTION OF THE CONTROL TO SECTION OF THE CONTROL TO SECTION OF T
	ANTIHISTAMINE COMBINATIONS
	oply per 12 months apply to all drugs in this class  Non-Preferred
Preferred  loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC)
Ioranamie-Dorc lablet (generic for Claritin-Dorc)	Clarinex-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D <sup>®</sup> 24 hour)
	newnemonie-pseudephedinie ER 24 noai word (genetic to Anegu-D 24 noai)
FIRST GEN	ERATION ANTIHISTAMINES
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal <sup>™</sup> ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RyClora <sup>™</sup> Solution
	RyVent <sup>™</sup> Tablet
	Vistaril® Capsule
	TOPICALS
	ACNE AGENTS
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
adapalene cream / gel (generic for Differin®)	Altreno® Lotion (Topical)
azelaic acid gel (generic for Finacea®)	Arazlo <sup>™</sup> Lotion
clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)	Atralin® Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Avar® Cleanser / LS Cleanser
clindamycin-benzoyl peroxide gel (generic for Duac <sup>®</sup> )	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	Benzamycin® Gel
erythromycin solution (generic for Emcin <sup>®</sup> , EryDerm <sup>®</sup> , EryMax <sup>®</sup> , et. al)  erythromycin-benzoyl peroxide gel (generic for Benzamycin <sup>®</sup> )	BP <sup>®</sup> 10-1 Wash / Cleansing Wash Cabtreo <sup>™</sup> Gel
Finacea® Gel	Cleocin® T Lotion
Retin-A <sup>®</sup> Cream / Gel	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Retin-A <sup>®</sup> Micro Gel	Clindagel <sup>®</sup> Gel
	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin <sup>®</sup> )
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin <sup>®</sup> )
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin <sup>w</sup> ) clindamycin-benzoyl peroxide pump (generic for Acanya <sup>w</sup> )
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads
	clindamycin-benzoyl peroxide pump (generic for Acanya <sup>®</sup> ) clindamycin-benzoyl peroxide pump (generic for Onexton <sup>®</sup> ) dapsone gel / gel pump (generic for Aczone <sup>®</sup> Gel) Ery <sup>®</sup> Pads Erygel <sup>®</sup> Gel
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Finacea® Foam
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Klaron® Lotion Neuac® Gel / Kit
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Exygel® Gel Evoclin® Foam Fabior® Foam Finacca® Foam Kilaron® Lotion Neusc® Gel / Kit Onexton® Gel / Gel Pump
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)  Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuae® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pus Celasning Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finaces® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuae® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pus Celasning Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finaca® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Kit Onexton® Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® (Loths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash Sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuae® Gel / Kit Onexton® Gel / Gel Pump Ovace® Puts Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide eleanser / cream (generic for Avar® / Su sodium sulfacetamide eleanser / cream (generic for Ovace® / Plus)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)  Ery® Pads  Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / kit Onexton® Gel / Gel Pump Ovace® Pus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash odium sulfacetamide cleaner / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Claron®) sodium sulfacetamide shampoo, wash (generic for Novace® / Plus) sodium sulfacetamide shampoo, wash (generic for Novace® / Plexion®, Zetacee®) sodium sulfacetamide sulfur lotion / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Fabion® Foam Flation® Foam Klaron® Lotion Neuae® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pus Celansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide elonser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Rlaron®) sodium sulfacetamide shampoo, wash (generic for Novace® / Plexion®, Zetacet®) sodium sulfacetamide-sulfur lotion / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zenciam®) sodium sulfacetamide-sulfur pad / suspension (wash (generic for Sumaxin®) SSSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zenciam®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plux Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide deinner / cream (generic for Novace® / Plux) sodium sulfacetamide sulfur pad / suspension (generic for Novace® / Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash Sodium sulfacetamide cleanser / cream (generic for Ava® / LS) sodium sulfacetamide lotion (generic for Ovace® / Plus) sodium sulfacetamide-sulfur pad / suspension (generic for Novace® , Zetacea®) sodium sulfacetamide-sulfur pad / suspension / generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide (generic for Zencia) Sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / suspensio
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)  Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Flaioce® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide clother (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Naron®) sodium sulfacetamide shampoo, wash (generic for Novace® / Plus) sodium sulfacetamide sulfur (poton / Suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur cream (generic for Zencia") sulfacetamide-sulfur cream (generic for Texnen") sulfacetamide-sulfur cream (generic for Texnen") sulfacetamide-sulfur retam (generic for Texnen") sulfacetamide-sulfur retam (generic for Texnen") sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)  Exy® Pads Erygel® Gel Evoclin® Foam Fabion® Foam Fabion® Foam Finacea® Foam Klaron® Lotion Neuse® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide eleanser / cream (generic for Avar® / LS) sodium sulfacetamide delanser / cream (generic for Novace® / Plus) sodium sulfacetamide shampoo, wash (generic for Novace® / Plexion®, Zetace®) sodium sulfacetamide sulfur Iotion / suspension (generic for Sumaxin®) SSS® 10.5 Gream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) sulfacetamide-sulfur 9-4% cleanser (generic for Avar® E, SSS® 10.5) Sumadan® Kit / XLT Kit / Wash Sumadan® Kit / XLT Kit / Wash Sumaxin® (Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Exy® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Pus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide eleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Narone) sodium sulfacetamide shampoo, wash (generic for Novace® / Plus) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin®) sodium sulfacetamide-sulfur (generic for Avar® E, SSS® 10-5) Sumadan® Kit / XLT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Ratone®, Fabior®) tretinoin cream / gel (generic for Retin-A®) tretinoin cream / gel (generic for Retin-A®) tretinoin cream / gel (generic for Retin-A®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuro® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide botion (generic for Avar® / Plus) sodium sulfacetamide-sulfur Jotion / suspension (generic for Novace® / Plexion®, Zetacet®) sodium sulfacetamide-sulfur Jotion / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Novace®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novace®, Plexion®) sulfacetamide-sulfur pad / suspension / wash (generic for Novace®, F. SSS® 10-5) Sumadan® Kit / XLT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tuzarotene cream / foam / gel (generic for Tazona®, Fabior®) tretinoin cream / gel (generic for Tazona®, Fabior®)
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel)  Ery® Pads  Erygel® Gel Evoclin® Foam Fabior® Foam Flinacea® Foam Klaron® Lotion Neuae® Gel / Kit Onexton® Gel / Gel Pump  Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide clother (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Naron®) sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus) sodium sulfacetamide shampoo, wash (generic for Novace® , Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencia®) sulfacetamide-sulfur 9-4% cleanser (generic for Tazona®, Fabior®) sulfacetamide-sulfur pad / Suspension / Wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / Suspension / Wash (generic for Sumaxin®) Sumaan® Kit, VAIT Kit / Wash Sumaan® Kit, VAIT Kit / Wash Sumaan® (Kit, VAIT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotenc cream / foam / gel (generic for Retin-A®) tretinoin incream / gel (generic for Retin-A®) tretinoin incream / gel (generic for Retin-A®) tretinoin incream / gel (generic for Retin-A®) tretinoin increaphere gel / microsphere gel pump (generic for Retin-A® Micro) Winley® Cream
	clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsone gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabior® Foam Finacea® Foam Klaron® Lotion Neuac® Foam Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Retin-A® Micro Pump Gel Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Novace® / Plus) sodium sulfacetamide-sulfur Jotion / suspension (generic for Novace® / Plexion®, Zetacet®) sodium sulfacetamide-sulfur Jotion / suspension (generic for Novace® / Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension (generic for Novace®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Novacet®, Plexion®, Zetacet®) sodium sulfaceta

# Effective Date: October 1, 2024

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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

	ANDROGENIC AGENTS
Preferred	Non-Preferred
Androgel <sup>®</sup> Pump	Androderm® Patch
testosterone gel pump (generic for Androgel®)	Androgel® Packet
	Fortesta® Gel Pump
	Natesto® Nasal Gel
	Testim <sup>®</sup> Gel
	testosterone gel / packet (generic for Testim®, Vogelxo®)
	testosterone gel pump (generic for Fortesta®, Axiron®)
	testosterone packet (generic for Androgel®)
	Vogelxo® Gel / Packet / Pump
	NSAIDS
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector®)
diciolenac topical get (generic for voltaren Get)	diclofenac solution / pump (generic for Pennsaid®)
	dictorera sommon' pump (generic for remission ) Flector Patch
	Licat <sup>™</sup> Patch
	Pennsaid® Solution Packet / Pump
	remisara Sommon Facket/ rump
	ANTIBIOTICS
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 <sup>N</sup> Cream
	Zep Ceun
	ANTIBIOTICS - VAGINAL
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin <sup>®</sup> Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Vandazole® Vaginal Gel
Nuvessa® Vaginal Gel	Xaciato® Vaginal Gel
	ANTIFUNGALS
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamyc® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop <sup>®</sup> Powder	Ertaczo® Cream
	Extina® Foam
	Jublia <sup>®</sup> Topical Solution
	ketoconazole foam (generic for Extina®)
	Ketodan <sup>®</sup> Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	Luzu® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog $\Pi^{\oplus}$ )
	oxiconazole cream (generic for Oxistat*)
	Oxistat <sup>®</sup> Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kerydin <sup>®</sup> )
	Triamazole <sup>™</sup> Combo Pack
	Vusion® Ointment - Clinical criteria apply

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	ANTIPARASITICS	
		one preferred drug required
	Preferred	Non-Preferred
Natroba® Topical Suspension		Crotan Lotion
permethrin cream (generic for Elimite®)		Eurax® Cream / Lotion
		lindane shampoo
		malathion lotion (generic for Ovide <sup>®</sup> )
		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 <sup>®</sup> Cream
		penciclovir cream (generic for Denavir®)
		Xerese® Cream
		Zovirax® Ointment
		UNOMODULATORS
		Atopic Dermatitis
		ria apply to all drugs in this class
	Preferred	Non-Preferred
Adbry® Syringe		Opzelura <sup>™</sup> Cream
Dupixent® Pen / Syringe		pimecrolimus cream (generic for Elidel <sup>®</sup> )
Elidel® Cream		
Eucrisa® 2% Ointment		
Protopic® Ointment		
tacrolimus ointment (generic for Protopic®)		
	Im	idazoquinolinamines
	Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)		Condylox® Gel
		Hyftor <sup>™</sup> Gel
		imiquimod cream / cream pump (generic for Zyclara®)
		podofilox gel / solution (generic for Condylox®)
		Veregen <sup>®</sup> Ointment
		Zyclara® Cream / Cream Pump
		Eyemu Cream? Cream? ump
		PSORIASIS
	Duefermed	Non-Preferred
	Preferred	
calcipotriene cream / solution (generic for Dovonex®)		calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®)
		calcitriol ointment (generic for Vectical®)  Duobrii™ Lotion
		Enstilar® Foam
		Sorilux® Foam
		Taclonex® Ointment / Suspension
		Vtama® Cream
		Zoryve <sup>®</sup> Cream
	n n	OCACEA ACENTO
		OSACEA AGENTS
	Preferred	Non-Preferred
azelaic acid gel (generic for Finacea®)		brimonidine gel pump (generic for Mirvaso®)
Finacea® Gel		Finacea® Foam
metronidazole cream (generic for MetroCream®)		ivermectin cream (generic for Soolantra®)
metronidazole gel / pump (generic for MetroGel®)		metronidazole lotion (generic for MetroLotion®)
Rosadan® Cream / Gel		Noritate® Cream
		Rhofade <sup>®</sup> Cream
		Rosadan® Kit

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	STEROIDS
	Low Potency
Preferred	Non-Preferred
ermaSmoothe® FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)
esonide cream / ointment (generic for DesOwen®)	Aqua Glycolic® HC Kit
ydrocortisone cream / lotion / ointment (generic for Hytone®)	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)
	Hydroxym <sup>™</sup> Gel
	Texacort® Solution
	Medium Potency
Preferred	Non-Preferred
uticasone cream / ointment (generic for Cutivate®)	Beser ™ Lotion / Kit
nometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)
	Clodern® Cream / Pump
	fluccinolone 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
	Pandel <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar <sup>©</sup> Cream / Ointment / Kit / Solution / TS Kit
	High Potency
Preferred	Non-Preferred
etamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocort®)
uocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
iamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam / lotion (generic for Valisone®)
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene® Ointment
	fluocinonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Halog®)
	Halog® Cream / Ointment / Solution
	Kenalog <sup>®</sup> Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog <sup>®</sup> )
	Vanos® Cream

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	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 <sup>®</sup> Kit / Shampoo
	halobetasol propionate foam (generic for Lexette®)
	Impeklo <sup>™</sup> Lotion
	Lexette® Foam
	Olux® Foam
	Temovate® Ointment
	Tovet <sup>™</sup> Foam / Foam Kit
	Ultravate® Lotion
	MISCELLANEOUS
	T MANAGEMENT AGENTS
	Incretin Mimemetics
	eria apply to all drugs in this class
Preferred	Non-Preferred
Wegovy <sup>®</sup> Pen	Saxenda® Pen
	Zepbound <sup>®</sup> Pen
	Non-Incretin Mimetics
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical®)
phentermine tablet / capsule	Xenical® Capsule
prenermine tablet / capsule	Actical Capsure
IMMUN	OMODULATORS, ASTHMA
	eria apply to all drugs in this class
Preferred	Non-Preferred
Fasenra® Pen / Syringe	Cinqair® Vial
Xolair® Syringe	Nucala® Syringe / Vial / Autoinjector
	Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair <sup>®</sup> Vial
	TIPSORIATICS, ORAL
Preferred	Non-Preferred
acitretin (generic for Soriatane <sup>®</sup> )	methoxsalen rapid (generic for Oxsoralen-Ultra®)
- Photos	DUDINE CELEBRICATED
	PHRINE, SELF INJECTED nits apply to all drugs in this class
Preferred  Eni Dan® Auto Injector / 2 Dale / Ir. Auto Injector / Ir. 2 Dale	Non-Preferred
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr.)	Auvi-Q®Auto Injector epinephrine auto injector (generic for Adrenaclick®)
ерипериине аито пуссол (денене тот при-теп / при-теп / л.)	
	Symjepi <sup>™</sup> Syringe
FORTEGOR	ACTIVITY COMPRIATIONS
	N AGENTS, COMBINATIONS
Preferred	Non-Preferred
Activella® Tablet	Bijuva® Capsule
Amabelz <sup>™</sup> Tablet	Prefest® Tablet
estradiol/norethindrone tablet (generic for Activella®)	
Fyavolv <sup>™</sup> Tablet	
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase® Tablet	
Prempro <sup>®</sup> Tablet	-
	1

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	GEN AGENTS, ORAL / TRANSDERMAL
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)  estradiol tablet (generic for Estrace®)	Dotti <sup>M</sup> Patch Duavee <sup>®</sup> Tablet
Evamist® Spray	Elestrin® Gel
Menest <sup>®</sup> Tablet	Estrace® Tablet
Premarin ® Tablet	estradiol gel packet (generic for Divigel®)
Helianii Tabee	Lyllana Patch
	Menostar® Patch
	Minivelle <sup>®</sup> Patch
	Osphena® Tablet
	Veozah™ Tablet
	Vivelle-Dot® Patch
ESTRO	GEN AGENTS, VAGINAL PREPARATIONS
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> )
Vagifem® Vaginal Tablet	Femring® Vaginal Ring
	Imvexxy <sup>®</sup> Vaginal Inserts
	Yuvafem® Vaginal Tablet
	LICOCORTICOID STEPOIDS OR AL
	JUCOCORTICOID 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®)  Emflaza® Tablet - Clinical criteria apply	cortisone tablet (generic for Patisone®)
	deflazacort tablet (generic for Emflaza®) - Clinical criteria apply
hydrocortisone tablet (generic for Cortef®)	dexamethasone tablet dosepack / Intensol® Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age.
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Eohilia® Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisolone solution (generic for Prelone®, Millipred®)	Example 1 to a preferred agents not required for diagnosis of cosmophinic esophagnis  Hemady Tablet
prednisone dose pack (generic for Sterapred®)	Medrol® Dose Pack / Tablet
prednisone dose pack (generic for Stefapled )  prednisone solution / tablet (generic for Deltasone®)	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
pediasone solution / tablet (generic to Deltasone )	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex® Tablet
	Tarpeyo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
CYTOKINE AND CAM AN	TAGONISTS (previously listed as Immunomodulators, Systemic)
	nical criteria apply to all drugs in this class
	I/F of only one Preferred drug required
Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada" Pen / Syringe
adalimumab-fkjp Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	adalimumab-aacf Pen
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima Syringe / PushTouch	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryvk Autoinjector
infliximab vial (generic for Remicade®)	Amjevita <sup>™</sup> Syringe / Autoinjector
Otezla <sup>®</sup> Starter Pack / Tablet	Arcalyst <sup>®</sup> SQ Syringe
	Avsola® Vial
	Bimzelx <sup>®</sup> Autoinjector / Syringe
	Cibinqo" Tablet  Cipyio® Startor Vit / Syringo Vit / Viol Vit
	Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial
	Cyltezo <sup>™</sup> Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	m.
	Enspryng ** Syringe Entyvio** Pen / Vial
	Hyrimoz <sup>™</sup> Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Hulio <sup>™</sup> Pen / Syringe
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Inflectra Vial
	Kevzara® Syringe / Pen
	normal Opinge/100
	Kineret <sup>®</sup> Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant <sup>®</sup> Tablet
	Omvoh™ Pen / Vial
	Orencia® Clickjet®/Syringe / Vial
	Remicade® Vial
	Renflexis Vial

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	Rinvoq <sup>™</sup> ER Tablet
	Siliq <sup>®</sup> Syringe
	Simlandi® Autoinjector
	Simponi® Pen / Syringe / Aria® Vial
	Skyrizi <sup>®</sup> On-Body / Vial / Pen / Syringe
	Sotyktu <sup>®</sup> Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial
	Taltz <sup>®</sup> Auto-injector / Syringe
	Tremfya® Syringe / Injector
	Tyenne® Vial
	Uplizna <sup>®</sup> Vial
	Velsipity® Tablet
	Xeljanz® Tablet / Solution / XR Tablet
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry <sup>™</sup> Pen
	Zymfentra <sup>™</sup> Pen / Syringe
IMN	UNOSUPPRESSANTS
Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran <sup>®</sup> )	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock <sup>™</sup> Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune®)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
Tavneos® Capsule	
Zortress <sup>®</sup> Tablet	

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	MOVEMENT DISORDERS
Clinical	criteria apply to all drugs in this class
Preferred	Non-Preferred
Austedo® Tablet	Xenazine® Tablet
Austedo® XR Tablet / Titration Kit	
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	
HEDEDITADY AN	GIOEDEMA (HAE) PROPHYLAXIS AGENTS
	criteria apply to all drugs in this class
Preferred	Non-Preferred
Haegarda <sup>®</sup> Vial	Cinryze <sup>®</sup> Vial
Orladeyo® Capsule	Takhzyro® Vial / Syringe
Ornacyo Capsan	Takazyto viar, Syringe
HEDEDITARY AN	GOODDEMA GIADA TREATMENT A CENTRO
	GIOEDEMA (HAE) TREATMENT AGENTS
Clinical	criteria apply to all drugs in this class
Preferred	Non-Preferred
Berinert® Vial / Kit	Firazyr® Syringe
_	
icatibant syringe (generic for Firazyr®)	Ruconest® Vial
Kalbitor® Vial	
Sajazir <sup>™</sup> Syringe (branded generic for icatibant)	
	OPIOID ANTAGONISTS
D 6 1	
Preferred	Non-Preferred
Kloxxado <sup>™</sup> Nasal Spray	
LifEMS™ naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan®)	
naltrexone tablet	
Narcan® Nasal Spray (OTC)	
Opvee® Nasal Spray	
Vivitrol® Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
	OPIOID DEPENDENCE
Preferred	
Preferred  Prior Approval Not Required for Coverage of Preferred Agents	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi ™ Weekly Syringe / Monthly Syringe  buprenorphine-naloxone SL tablet (generic for Suboxone®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi™ Weekly Syringe / Monthly Syringe  buprenorphine-naloxone SL tablet (generic for Suboxone®)  buprenorphine SL tablet (generic for Subutex®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®)  Suboxone® SL Film	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi™ Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subotxone®) Suboxone® SL Film Sublocade® Syringe  SKEI	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS
Prior Approval Not Required for Coverage of Preferred Agents Birxadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Subusxone®) buprenorphine SL tablet (generic for Subutxon) Suboxone® SL Film Sublocade® Syringe  SKEI Preferred	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - TF of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi™ Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subotxone®) Suboxone® SL Film Sublocade® Syringe  SKEI	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI Preferred baclofen tablet (generic for Lioresal®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule baclofen oral solution
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amrix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy™)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Parafon Forte®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amrix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy™)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Parafon Forte®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amix® ER Capsule baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsuvy®) cholzozozaparine ER (capsule (generic for Amix® ER) Dantrium® Capsule / Vial
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  bactefor oral solution  bactofen suspension (generic for Fleqsuvy®)  chlorzoxazone tablet (generic for Parafon Forte®)  cyclobenzaprine ER capsule (generic for Amix® ER)  Dantrium Capsule / Vial  dantrolene sodium capsule (generic for Dantrium®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Parafon Forte®)  cyclobenzaprine ER capsule (generic for Amix® ER)  Dantrium® Capsule (Vial  dantrolene sodium capsule (generic for Dantrium®)  Fexmid® Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsuvy)®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Parafon Forte®)  cyclobenzaprine ER capsule (generic for Amix® ER)  Dantrium® Capsule (Vial  dantrolene sodium capsule (generic for Dantrium®)  Fexmid® Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsury)®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolen® sodium capsule (generic for Dantrium®) Fexmid® Tablet Lozzone® Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy®)  chlorzoxazone tablet (generic for Parafon Forte®)  cyclobenzamp* Capsule / Vial  dantrolene sodium capsule (generic for Dantrium®)  Fexmid® Tablet  Fleqsuvy® Suspension  Lorzon® Tablet  Lyvispah® Granule Packet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsury) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsury" Suspension Lorzone® Tablet Lyxispah® Granule Packet metaxalone tablet (generic for Skelaxin®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL.  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsuvy)®) chlorzoxazone tablet (generic for Parafon Forte®) cycloebazzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lozzone® Tablet Lyxipah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL.  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsuvy)® chlorzoxazone tablet (generic for Parafon Forte®) cyclobanzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolen® sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyxispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL.  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen oral solution baclofen suspension (generic for Fleqsuvy)®) chlorzoxazone tablet (generic for Parafon Forte®) cycloebazzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lozzone® Tablet Lyxipah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy®)  chlorzoxazone tablet (generic for Parafon Forte®)  cyclobenzaprine ER capsule (generic for Amix® ER)  Dantrium® Capsule / Vial  dantolene sodium capsule (generic for Dantrium®)  Fexnid® Tablet  Fleqsuvy® Suspension  Lozzone® Tablet  Lyvispah® Granule Packet  metaxalone tablet (generic for Skelaxin®)  Norgesic® Tablet (generic for Skelaxin®)  Norgesic® Tablet / vial (generic for Norgesic®)  orphenadrine citrate tablet / vial (generic for Norgesic®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsury®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (generic for Amix® ER) Dantrium® Capsule (generic for Dantrium®) Fexnid® Tablet Fleqsyry® Suspension Lorzon® Tablet Lyvisph® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / your Caffeine tablet (generic for Norgesic®) ophenadrine citrate tablet / vial (generic for Norgesic®) Orphengesic® Forte Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solute baclofen oral solute baclofen oral solute baclofen oral solute baclofen suspension (generic for Fleqsuvy™) cholozoxazone tablet (generic for Fleqsuvy™) cholozoxazone tablet (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolen sodium capsule (generic for Dantrium®) Fexenid® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (yial (generic for Norgesic®) Orphengesic® Forte Tablet Robaxin® Vial
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amrix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Farafon Forte®)  cyclobenzaprine ER capsule (generic for Amrix® ER)  Dantrium  dantrolene sodium capsule (generic for Dantrium®)  Fexmid® Tablet  Fleqsury® Tablet  Lyvispah® Granule Packet  metaxalone tablet (generic for Skelaxin®)  Norgesic® Tablet (generic for Skelaxin®)  Norgesic® Tablet (generic for Skelaxin®)  Orphengadrine / aspirin / caffcine tablet (generic for Norgesic®)  orphenadrine dirate tablet / vial (generic for Norflex®)  Otphengesic® Forte Tablet  Robaxin® Vial  tizanidine capsules (generic for Zanaflex®)
Prior Approval Not Required for Coverage of Preferred Agents  Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®) Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred Amrix® ER Capsule baclofen oral solute baclofen oral solute baclofen oral solute baclofen oral solute baclofen suspension (generic for Fleqsuvy™) cholozoxazone tablet (generic for Fleqsuvy™) cholozoxazone tablet (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolen sodium capsule (generic for Dantrium®) Fexenid® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine / aspirin / caffeine tablet (yial (generic for Norgesic®) Orphengesic® Forte Tablet Robaxin® Vial
Prior Approval Not Required for Coverage of Preferred Agents Brixadi** Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Subusxone*) buprenorphine SL tablet (generic for Subutax®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal**) cyclobenzaprine tablet (generic for Robaxin**) tizanidine tablet (generic for Zanaflex**)	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy®)  chlorzoxazone tablet (generic for Preferred of Prarafon Forte®)  cyclobrangrine ER capsule (generic for Amix® ER)  Dantrium® Capsule (generic for Amix® ER)  Dantrium® Capsule (generic for Dantrium®)  Fexmid® Tablet  Fleqsyvy® Suspension  Lorzone® Tablet  metaxalone tablet (generic for Skelaxin®)  Norgesic® Tablet / yoir (affeine tablet (generic for Norgesic®)  Orphenadrine / asprin / caffeine tablet (generic for Norgesic®)  Orphengesic® Forte Tablet  Robaxin® Vial  tizanidine capsules (generic for Zanaflex®)  Zanaflex® Capsule / Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi** Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Subusxone*) buprenorphine SL tablet (generic for Subutax®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal**) cyclobenzaprine tablet (generic for Robaxin**) tizanidine tablet (generic for Zanaflex**)	Non-Preferred  Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amrix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsury®)  chlorzoxazone tablet (generic for Farafon Forte®)  cyclobenzaprine ER capsule (generic for Amrix® ER)  Dantrium  dantrolene sodium capsule (generic for Dantrium®)  Fexmid® Tablet  Fleqsury® Tablet  Lyvispah® Granule Packet  metaxalone tablet (generic for Skelaxin®)  Norgesic® Tablet (generic for Skelaxin®)  Norgesic® Tablet (generic for Skelaxin®)  Orphengadrine / aspirin / caffcine tablet (generic for Norgesic®)  orphenadrine dirate tablet / vial (generic for Norflex®)  Otphengesic® Forte Tablet  Robaxin® Vial  tizanidine capsules (generic for Zanaflex®)
Prior Approval Not Required for Coverage of Preferred Agents Brixadi** Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone*) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal*) cyclobenzaprine tablet (generic for Floresil*) methocarbamol tablet (generic for Robaxin*) tizanidine tablet (generic for Zanaflex*)  DISPOSAB	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsulto  baclofen oral solution  baclofen oral solution  baclofen suspension (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Amix® ER)  Dantrium® Capsule (Vial  dantrolene Sodium capsule (generic for Dantrium®)  Fermine® Tablet  Lzyvispah® Granule Packet  metaxaolie tablet (generic for Skelaxin®)  Norgesic® Tablet (Forte Tablet  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  Zanaflex® Capsule / Tablet  LE INSULIN DELIVERY DEVICES
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresaf®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®)  Itzanidine tablet (generic for Zanaflex®)  DISPOSAB Preferred	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsule  baclofen oral solution  baclofen suspension (generic for Fleqsuvy®)  chlorzoxazone tablet (generic for Preferred of Prarafon Forte®)  cyclobrangrine ER capsule (generic for Amix® ER)  Dantrium® Capsule (generic for Amix® ER)  Dantrium® Capsule (generic for Dantrium®)  Fexmid® Tablet  Fleqsyvy® Suspension  Lorzone® Tablet  metaxalone tablet (generic for Skelaxin®)  Norgesic® Tablet / yoir (affeine tablet (generic for Norgesic®)  Orphenadrine / asprin / caffeine tablet (generic for Norgesic®)  Orphengesic® Forte Tablet  Robaxin® Vial  tizanidine capsules (generic for Zanaflex®)  Zanaflex® Capsule / Tablet
Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Toresal®) tizanidine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex®)  DISPOSAB  Preferred  DISPOSAB  Omnipod 5® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Into Kit	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsulto  baclofen oral solution  baclofen oral solution  baclofen suspension (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Amix® ER)  Dantrium® Capsule (Vial  dantrolene Sodium capsule (generic for Dantrium®)  Fermine® Tablet  Lzyvispah® Granule Packet  metaxaolie tablet (generic for Skelaxin®)  Norgesic® Tablet (Forte Tablet  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  Zanaflex® Capsule / Tablet  LE INSULIN DELIVERY DEVICES
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Prior Approval Not Required for Coverage of Preferred Agents Brixadi Weekly Syringe / Monthly Syringe buprenorphine-naloxone SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe  SKEI  Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Toresal®) tizanidine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex®)  DISPOSAB  Preferred  DISPOSAB  Omnipod 5® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Into Kit	Non-Preferred Clinical Criteria Apply to Non-Preferred Agents  buprenorphine-naloxone SL film (generic for Suboxone®)  Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal  Zubsolv® Tablet SL  ETAL MUSCLE RELAXANTS  Non-Preferred  Amix® ER Capsulto  baclofen oral solution  baclofen oral solution  baclofen suspension (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Fleqsuvy™)  chlorzoxuzone tablet (generic for Amix® ER)  Dantrium® Capsule (Vial  dantrolene Sodium capsule (generic for Dantrium®)  Fermine® Tablet  Lzyvispah® Granule Packet  metaxaolie tablet (generic for Skelaxin®)  Norgesic® Tablet (Forte Tablet  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  orphenadrine / aspirin / caffeine tablet (generic for Norgesic®)  Zanaflex® Capsule / Tablet  LE INSULIN DELIVERY DEVICES

# Effective Date: October 1, 2024

Revised 10.23.2024 for removing Vascepa® and moving icosapent ethyl capsule (generic for Vascepa®) to preferred for access and adding Freestyle Libre™ 3 Plus Sensor Revised 12.06.2024 Olopatadine (OTC) was added to the PDL

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

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

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

reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. 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

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 <sup>™</sup> 14 day Reader	
Dexcom G7 <sup>®</sup> Receiver		
Freestyle Libre <sup>™</sup> 2 Reader		
Freestyle Libre ™ 3 Reader		
Continuo	ous Glucose Monitor Sensors	
Preferred	Non-Preferred	
Freestyle Libre <sup>™</sup> 2 Sensor	Freestyle Libre <sup>™</sup> 14 day Sensor	
Freestyle Libre <sup>™</sup> 3 Sensor		
Freestyle Libre™ 3 Plus Sensor		
Dexcom G6 <sup>®</sup> Sensor		
Dexcom G7 <sup>®</sup> Sensor		
DI	ABETIC SUPPLIES	
N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.*		
Meters	Lancing Devices	
ACCU-CHEK® Guide Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)	
ACCU-CHEK <sup>®</sup> 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 100 ct test strips

ACCU-CHEK® Softclix 100 ct Lancets ACCU-CHEK® Fastclix 102 ct Lancets Lancets

ACCU-CHEK® Guide 2-Level control solution (2-levels)