Effective DATE: April 1, 2023

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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		
	ALZHEIMER'S AGENTS	
Preferred	Non-Preferred	
donepezil 5mg, 10mg tablet / ODT (generic for Aricept [®] / ODT)	Adlarity (donepezil transdermal system)	
Exelon [®] Patch	Aduhelm [™] Vial Clinical Criteria Apply	
memantine tablet / titration pack (generic for Namenda®)	Aricept [®] Tablet	
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept [®])	
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)	
	memantine ER capsule / solution (generic for Namenda® XR / Solution)	
	Namenda® Titration Pack / XR Capsule / XR Titration Pack	
	Namenda [®] Tablet	
	Nanzaric® Capsule / Titration Pack	
	rivastigmine (Transdermal) (generic for Exelon® Patch)	
	Razadyne® ER Capsule	
ANALGESICS		
OPIOID ANALGESICS		
	Long Acting Opioids	
Clinical	criteria apply to all drugs in this class	
Preferred	Non-Preferred	
Butrans [®] Patch	Belbuca® (Buccal) Film	
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine film (generic for Belbuca [®])	
methadone concentrate / diskets / intensol / tablets / solution	buprenorphine patch (generic for Butrans [®] Patch)	
morphine sulfate ER tablet (generic for MS Contin [®])	Conzip® Capsule	
OxyContin [®] Tablet	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic [®])	
tramadol ER tablet (generic for Ultram ER [®] , Ryzolt [®])	hydrocodone ER capsule (generic for Zohydro [®] ER)	
Xtampza [®] ER Capsule	hydrocodone ER tablet (generic for Hysingla [®] ER Tablet)	
	hydromorphone ER tablet (generic for Exalgo [®])	
	Hysingla [®] ER Tablet	
	Kadian [®] Capsule	
	morphine sulfate ER capsule (generic for Avinza [®] , Kadian [®])	
	MorphaBond* ER	
	MS Contin [®] Tablet	
	Nucynta [®] ER Tablet	
	oxycodone ER tablet (generic for OxyContin [®])	
	oxymorphone ER tablet	
	tramadol ER capsule (generic for Conzip® Capsule)	
	Zohydro [®] ER Capsule	
	egrating / Oral Spray Schedule II Opioids	
Clinical	criteria apply to all drugs in this class	
Preferred	Non-Preferred	
Actiq [®] Lozenge	Dsuvia [™] SL Tablet	
	fentanyl citrate buccal tablet (generic for Fentora $^{\otimes}$)	
	fentanyl citrate lozenge (generic for Actiq®)	
	Fentora® Buccal Tablet	
	ort Acting Schedule II Opioids	
Clinical	criteria apply to all drugs in this class	
Preferred	Non-Preferred	
Endocet [®] Tablet (branded generic for Percocet [®])	Apadaz [™] Tablet	
hydrocodone-acetaminophen solution / tablet (generic for Hycet [®] , Lorcet [®] , Lortab [®] , Norco [®] , Vicodin [®])	benzhydrocodone-acetaminophen tablet (generic for Apadaz TM Tablet)	
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprexain [®] , Vicoprofen [®])	codeine sulfate tablet	
hydromorphone tablet (generic for Dilaudid [®] Tablet)	Dilaudid [®] Liquid / Tablet	
morphine solution / tablet (generic for MSIR [®])	hydromorphone solution / suppository (generic for Dilaudid [®])	
oxycodone solution / tablet (generic for Roxicodone [®])	levorphanol tablet (generic for Levo-Dromoran [®])	
oxycodone-acetaminophen capsules (generic for Tylox®)	Lorcet [®] Tablet / HD Tablet	
oxycodone-acetaminophen tablets (generic for Percocet [®])	Lortab [®] Elixir	
	meperidine solution / tablet (generic for $Demerol^{(0)}$)	
	morphine oral syringe	
	morphine suppositories (generic for Roxanol [®])	
	Nalocet [®] Tablet	
	Nucynta [®] Tablet	
	oxycodone-acetaminophen solution	
	oxycodone-aspirin tablet (generic for Endodan ^{\circ} , Percodan ^{\circ})	
	oxycodone concentrated solution (generic for Roxicodone [®] Intensol)	
	oxycodone oral syringe	
	oxycodone oral syringe	

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wore information on the PDL can be round at. <u>Integrational and an an and an an</u>		
	Percocet [®] Tablet	
	Prolate [®] Tablet	
	Roxicodone [®] Tablet	
	Prolate [®] Tablet	
	Roxicodone [®] Tablet	
Short Acting Schedule III -	- IV Opioids / Analgesic Combinations	
Clinical criteria	apply to all drugs in this class	
Preferred	Non-Preferred	
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®])	
tramadol tablet (generic for Ultram [®])	butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®])	
tramadol-acetaminophen tablet (generic for Ultracet [®])	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®])	
unnador accuminophen autor (generie for oralacet)	butorphanol spray (generic for Stadol [®])	
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS [®])	
	Fioricet with Codeine® Capsule	
	pentazocine-naloxone tablet (generic for Talwin NX [®])	
	Seglentis [®] (Oral)	
	tramadol HCl solution (generic (AG) for Qdolo [®])) Ultracet [®] Tablet	
	Ultram [®] Tablet	
	NSAIDS	
Desformed		
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 (Oral) (Generic for Zipsor®)	
meloxicam tablet (generic for Mobic Tablet [®])	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 [®] Tablet)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)	
sulindac tablet (generic for Clinoril®)	diflunisal tablet (generic for Dolobid®)	
	Duexis® Tablet - Trial and failure of only celecoxib required	
	etodolac capsule / tablet / ER tablet(generic for Lodine [®] / XL)	
	Feldene [®] Capsule	
	fenoprofen capsule/ tablet (generic for Nalfon [®])	
	flurbiprofen tablet (generic for Ansaid®)	
	ibuprofen / famotidine tablet (generic for Duexis [®]) Trial and failure of only celecoxib required	
	indomethacin ER capsule (generic for Indocin SR [®])	
	ketoprofen capsule (generic for Orudis [®])	
	ketoprofen ER capsule (generic for Oruvail [®])	
	ketorolac tromethamine nasal spray (generic for Sprix [®])	
	Lofena (diclofenac potassium) 25 mg tablet	
	meclofenamate capsule (generic for Meclomen [®])	
	mefenamic acid capsule (generic for Ponstel®)	
	meloxicam capsule (generic for Vivlodex [®] Capsule)	
	Mobic [®] Tablet	
	nabumetone tablet (generic for Relafen $^{\otimes}$)	
	Nalfon [®] Capsule / Tablet	
	Naprelan [®] Tablet	
	naproxen sodium ER tablet (generic for Naprelan®)	
	naproxen sodium tablet (generic for Anaprox [®])	
	naproxen suspension (generic for Naprosyn [®])	
	naproxen-esomeprazole tablet (generic for Vimovo® Tablet) - Trial and failure of only celecoxib required	
	oxaprozin tablet (generic for DayPro®)	
	piroxicam capsule (generic for Feldene®)	
	Relafen [™] DS Tablet	
	tolmetin capsule / tablet (generic for Tolectin®)	
	Vimovo® Tablet - Trial and failure of only celecoxib required	
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reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html
More information on the PDL 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		
NEUR	DPATHIC PAIN	
Preferred	Non-Preferred	
duloxetine capsule (generic for Cymbalta®)	Cymbalta [®] Capsule	
gabapentin capsule / solution / tablet (generic for Neurontin®)	Drizalma [™] Sprinkle	
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	duloxetine capsule (generic for Irenka®)	
pregabalin capsule /solution (generic for Lyrica® Capsule / Solution)	Horizant® Tablet	
	Lidoderm [®] Patch - <mark>Clinical criteria apply</mark> Lyrica [®] Capsule / Solution	
	Lyrica Capsule / Solution	
	Neurontin [®] Capsule / Solution / Tablet	
	pregabalin ER tablet (generic for Lyrica [®] CR Tablet)	
	Qutenza [®] Kit	
	Savella® Tablet / Titration Pack	
	ZTLido [™] Patch - Clinical criteria apply	
ANTICONVULSANTS		
	PINE DERIVATIVES m trial and failure criteria and may use any carbamazepine product.	
Preferred	Non-Preferred	
Aptiom [®] Tablet	Carbarol® Capsule	
carbamazepine chewable tablet (generic for Tegretol [®])	carbamazepine suspension / tablet (generic for Tegretol [®])	
carbamazepine ER capsule (generic for Carbatrol [®])	carbamazepine XR tablet (generic for Tegretol XR [®])	
Equetro [®] Capsule	Epitol® Tablet	
oxcarbazepine suspension / tablet (generic for Trileptal [®])	Trileptal [®] Tablet / Suspension	
Oxtellar® XR Tablet		
Tegretol [®] Suspension / Tablet / XR Tablet		
	GENERATION	
	m trial and failure criteria and may use any first generation product.	
Preferred	Non-Preferred	
Celontin [®] Kapseal	Depakote [®] ER Tablet / Sprinkle Capsule Depakote [®] Tablet	
Dilantin [®] Capsule / Infatab / Suspension divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	Depakote Tablet felbamate suspension / tablet (generic for Felbatol [®])	
ethosuximide capsule / solution (generic for Zarontin [®])	Mysoline [®] Tablet	
Felbatol® Suspension / Tablet	Zarontin® Capsule / Solution	
phenobarbital tablet / elixir / solution		
- Phenytek [®] Capsule		
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)		
phenytoin extended capsules (generic for Phenytek®)		
primidone Tablet (generic for Mysoline [®])		
underse in a sid annuale (and the comparis from Denselver and the comparison of the		
valproic acid capsule / solution (generic for Depakene [®])		
SECON) GENERATION	
SECON Patients with a diagnosis of seizure disorder are exempt from	trial and failure criteria and may use any second generation product.	
SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred	trial and failure criteria and may use any second generation product. Non-Preferred	
SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet	t trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin [®] Wafer)	
SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution	t trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet	
SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet	t trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin [®] Wafer)	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Barzel® Suspension / Tablet Briviact@ Tablet and Solution clobazam suspension (generic for Onfi@ Suspension) clobazam tablet (generic for Onfi@ Tablet) clonazepam tablet (generic for Klonopin®)	trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Keppra [®] Tablet / Solution / XR Tablet	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet)	trial and failure criteria and may use any second generation product. Non-Preferred Clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Klonopin® Tablet / Solution / XR Tablet Klonopin® Tablet	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Klonopin®) Diacomi® Capsule / Powder Pack Diastat® Acudia® / Pedi System	trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution	
SECON Patients with a diagnosis of seizure disorder are exempt fror Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam tablet (generic for Onfi® Suspension) clobazam tablet (generic for Confi® Tablet) clobazepam tablet (generic for Klonopin®) Diacomi@ Capsule / Powder Pack Diasta@ Acudia@ / Pedi System diazepam rectal / system (generic for Diasta@ Accudial / Pedi System)	trial and failure criteria and may use any second generation product. Non-Preferred Clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamitedia® Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamited1®) Lyrice® Capsule / Solution J Tablet Neurontin® Capsule / Solution / Tablet	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Banzel® Suspension / Tablet Banzel® Suspension / Tablet Banzel® Suspension (generic for Onfi® Suspension) clobazam tablet (generic for Onfi® Tablet) clonazepant tablet (generic for Klonopin®) Diacomit@ Capsule / Powder Pack Diastat® Accudial® / Pedi System diazepan retal / system (generic for Diastat@ Accudial / Pedi System) Epidolex® Solution - Clinical Criteria Apply	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Keppra [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / Solution Lyrica [®] Capsule / Solution Neurontin [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Banzel® Suspension / Tablet Clobazam suspension (generic for Onfi® Suspension) Clobazam tablet (generic for Onfi® Tablet) clonazepam tablet (generic for Klonopin®) Diacomi® Capsule / Porder Pack Dinstat® Acudial® / Pedi System dinazepam retul / system (generic for Diastat@ Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Eprontia™ Solution	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chewable / Solution / Tablet Lyrica® Capsule / Solution / Tablet Onff® Suspension / Tablet Qudexy® XR Capsule	
SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution elobazam tablet (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Gonfi® Tablet) Diaconit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epitolioles® Solution Epitolioles® Solution Fintepla® Solution	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Keppra [®] Tablet / Solution / XR Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution Neuronin [®] Capsule / Capsule / Tablet Confi [®] Suspension (generic for Banzel [®] Suspension)	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) Eloinazit® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epiofoles © Solution - Clinical Criteria Apply Eprontia™ Solution Finepla® Solution Fycompa® Tablet / Suspension	trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin® Wafer) Elepsin® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Onfi® Suspension / Tablet rufinamide suspension (generic for Banzel® Suspension) rufinamide tablet (generic for Banzel®)	
SECON Patients with a diagnosis of seizure disorder are exempt fror Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam tablet (generic for Onfi@ Suspension) clobazam tablet (generic for Onfi@ Tablet) clonazepam tablet (generic for Klonopin®) Diacomi@ Capsule / Powder Pack Diasta@ Acudia@ / Pedi System diazepam rectal / system (generic for Diastat@ Accudial / Pedi System) Epidioles% Solution - Clinical Criteria Apply Epronta TM Solution Fintepla® Solution Fintepla® Solution Subtion (generic for Neurontin®)	trial and failure criteria and may use any second generation product. Non-Preferred clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet qudexy® XR Capsule rufinamide suspension (generic for Banzel® Suspension)	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) Eloinazit® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epiofoles © Solution - Clinical Criteria Apply Eprontia™ Solution Finepla® Solution Fycompa® Tablet / Suspension	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia [™] XR Tablet Keppra [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution Kurontin [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet Qudexy [®] XR Capsule rufinamide suspension (generic for Banzel [®] Suspension) rufinamide sublet (generic for Banzel [®]) Spritam [®] Tablet	
SECON Patients with a diagnosis of seizure disorder are exempt fror Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam tablet (generic for Onfi® Suspension) clobazam tablet (generic for Onfi® Tablet) clonazepam tablet (generic for Klonopi®) Diacomi® Capsule / Powder Pack Distad® Acudia@ / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Epronta [™] Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution gabapentin capsule / solution (generic for Neurontin®) gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet)	Initial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Kopopin [®] Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kis (generic for Lamictal [®]) Lyrica [®] Capsule / Solution Neuronin [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet Qudexy [®] XR Capsule rufinamide suspension (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) Spritam [®] Tablet Subvenite (lamotrigine) Tab Start Kit	
SECON Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Klonopin®) Diaconii® Capsule / Powder Pack Diastat® Acudia® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Eprontia™ Solution Finepla® Solution Fivegna@ Tablet / Suspension gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet Iacosamide solution / tablet (generic for Vimpat®) Iamotrigine chewable / tablet (generic for Lamictal®)	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chevable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chevable / Solution Neurontin® Capsule / Solution / Tablet Qudexy® XR Capsule rufinamide suspension (generic for Banzel®) Spritam® Tablet Subvenite (Lamotrigine) Tab Start Kit Symparan® Film	
SECON Patients with a diagnosis of seizure disorder are exempt fror Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension (generic for Onf® Suspension) clobazam tablet (generic for Onf® Tablet) clonazepam tablet (generic for Klonopin®) Diaconim® Capaule / Powder Pack Diastat® Acudia® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidolos® Solution - Clinical Criteria Apply Eprontia™ Solution Fintepla® Solution - Clinical Criteria Apply Eprontia™ Solution Fintepla® Solution = Clinical Criteria Apply Epromta Solution gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Vimpat®) Iamotrigine chewable / tablet (generic for Lamictal®) Iamotrigine ER tablet / ODT / ODT Starter Kit (generic for Lamictal® XR / ODT)	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia [™] XR Tablet Koropin [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet / DDT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictaf [®]) Lyrica [®] Capsule / Solution / Tablet Neurontin [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet Qudexy [®] XR Capsule rufinamide subgension (generic for Banzel [®] Suspension) rufinamide subgension (Generic for Banzel [®] Suspension) rufinamide subgension (Generic for Banzel [®] Suspension) Spritan [®] Tablet Subvenite (lamotrigine) Tab Start Kit Sympaza [®] Film tiagabine tablet (Generic for Gabitril [®]) Topanax [®] Sprikle Capsule / Tablet topiramate ER capsule (generic for Qudexy [®])	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution clobzam suspension (generic for Onf@ Suspension) clobazam stapsension (generic for Onf@ Suspension) clobazam tablet (generic for Gnf@ Tablet) clonazepant tablet (generic for Gnf@ Tablet) clonazepant tablet (generic for Klonopin®) Diacomit@ Capsule / Powder Pack Diasta@ Acudial ® / Pedi System diazepan rectal / system (generic for Ibiasta@ Accudial / Pedi System) Epridoles® Solution - Clinical Criteria Apply Eprontia TM Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) Lacosmide solution / tablet (generic for Vimpat®) Lanotrigine chewable / tablet (generic for Lamictal® XR / ODT) Evetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Initial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Koppon [®] Tablet / Solution / XR Tablet Kionopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamotrigine starter Kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet Qudexy [®] XR Capsule Yation (generic for Banzel [®] Suspension) rufinamide suspension (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) Spritam [®] Tablet Subvensite (lamotrigine) Tab Start Kit Sympazan [®] Film tagabite tablet (generic for Gabitril [®]) Topamax [®] Sprinkle Capsule / Tablet	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution elobazam tablet (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Nompin®) Diacomit® Capsule / Powder Pack Diastat® Acudia® / Pedi System diazepam rectal / system (generic for Tablet@ Accudial / Pedi System) Epidioles® Solution - Clinical Criteria Apply Epidioles® Solution Fintepla® Solution Fintepla@ Solution Fintepla® Solution Fin	trial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia [™] XR Tablet Koppna [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal [®] Capsule / Solution / Tablet Qudexy [®] XR Capsule / Solution / Tablet Qudexy [®] XR Capsule rufinamide suspension (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) rufinamide tablet (generic for Ganzel [®] Suspension) rufinamide tablet (generic for Ganzel [®] Suspension) Spritan [®] Tablet Subvenite (Lamotrigine) Tab Start Kit Sympazan [®] Film tagabine tablet (generic for Gabitril [®]) Toparaxe [®] Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy [®]) Trokend [®] XR Capsule vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet)	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) elonazepam tablet (generic for Onfi® Tablet) Eloitonic® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidoles® Solution Epidoles® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Gabriel® Tablet (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine R tablet / ODT / ODT Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / E tablet / solution (generic for Kerpra® / XR) Nayzilam® Nasal Spray Roweepra® 'Tablet	Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia [®] XR Tablet Keppra [®] Tablet / Solution / XR Tablet Konopin [®] Tablet Lamistal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamistal [®]) Lyrice [®] Capaule / Solution / Tablet Neurontin [®] Capsule / Solution / Tablet Onfi [®] Suspension / Tablet Qudexy [®] XR Capsule rufinamide suspension (generic for Banzel [®] Suspension) rufinamide tablet (generic for Banzel [®] Suspension) rufinamide tablet (generic for Ganzel [®] Suspension) rufinamide tablet (generic for Ganzel [®] Suspension) rufinamide tablet (generic for Gabitril [®]) Subvenite (lamotrigine) Tab Start Kit Sympazan [®] Film tiagaibne tablet (generic for Gabitril [®]) Topamax [®] Sprinkle Capsule / Tablet topizamate ER capsule (generic for Qudexy [®]) Trokend [®] XR Capsule vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet) Vigadrone [®] Powder Packet	
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SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension (generic for Onfi@ Suspension) clobazam tablet (generic for Onfi@ Suspension) clobazam tablet (generic for Gnfi@ Tablet) clobazam tablet (generic for Gnfi@ Tablet) clobazam tablet (generic for Klonopin®) Diacomit@ Capsule / Powder Pack Diastaf® Acudial® / Pedi System diazepam rectal / system (generic for Initial Ortiferia Apply Eprontia™ Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution (generic for Neurontin®) gabapentin tablet (generic for Numpat0 Gabitril® Tablet Iacosamide solution / tablet (generic for Lamictal®) Iamotrigine chewable / tablet (generic for Lamictal®) Iamotrigine ER uablet / DT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet Sabril® T	Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Koppna [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution / Tablet Outrin [®] Suspends / Solution / Tablet Qudexy [®] XR Capsule Qudexy [®] XR Capsule Tufinamide suspension (generic for Banzel [®] Suspension) rufinamide sublet (generic for Banzel [®] Suspension) Tufinamide sublet (generic for Gabarel [®] Suspension) Tufinamide sublet (generic for Gabarel [®] Suspension) Sprina [®] Tablet Subvenite (lamotrigine) Tab Start Kit Sympazan [®] Film tiagabine tablet (generic for Gabitril [®]) Topamax [®] Sprinkle Capsule / Tablet topiramate Ex capsule (generic for Sabril [®] Powder Packet / Tablet) Vipadrome [®] Powder Packet Vipadrome [®] Solution, Starter Kit / Tablet	
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SECONI Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension (generic for Onfi@ Suspension) clobazam tablet (generic for Onfi@ Suspension) clobazam tablet (generic for Onfi@ Suspension) clobazam tablet (generic for Klonopin®) Diacomit@ Capsule / Powder Pack Diastat® Acudia® / Pedi System diazepan rectal / system (generic for Diasta@ Accudial / Pedi System) Epidiolex® Solution - Clinical Criteria Apply Epirontia™ Solution Fintepla® Solution Fintepla® Solution Foroma@ Tablet / Suspension gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) gabapentin tablet (generic for Lamictal®) Iacosamide solution / tablet (generic for Lamictal®) Iamotrigine Chevable / Lablet (generic for Vimpat®) Iamotrigine Exevable / Lablet (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet Sabril® Tablet Sabril® Tablet Sabrita@ Tablet Sabrita@ Tablet </td <td>Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin[®] Wafer) Elepsia™ XR Tablet Koppna[®] Tablet / Solution / XR Tablet Klonopin[®] Tablet Lamictal[®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictal[®]) Lyrica[®] Capsule / Solution / Tablet Outrin[®] Suspends / Solution / Tablet Qudexy[®] XR Capsule Qudexy[®] XR Capsule Tufinamide suspension (generic for Banzel[®] Suspension) rufinamide sublet (generic for Banzel[®] Suspension) Tufinamide sublet (generic for Gabarzl[®] Supension) Tufinamide sublet (generic for Gabarzl[®] Supension)</td>	Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Koppna [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution / Tablet Outrin [®] Suspends / Solution / Tablet Qudexy [®] XR Capsule Qudexy [®] XR Capsule Tufinamide suspension (generic for Banzel [®] Suspension) rufinamide sublet (generic for Banzel [®] Suspension) Tufinamide sublet (generic for Gabarzl [®] Supension)	
SECONI Patients with a diagnosis of seizure disorder are exempt fror Preferred Barzel® Suspension / Tablet Briviact® Tablet and Solution elobazam suspension (generic for Onfi® Suspension) elobazam tablet (generic for Distat® Accudial / Pedi System) Epidolese [®] Solution Fintepla [®] Solution Fintepla [®] Solution Fintepla [®] Solution fixet / Suspension gabapentin tablet (generic for Neurontin [®]) gabapentin tablet (generic for Neurontin [®]) agabapentin tablet (generic for Neurontin [®]) agabapentin tablet (generic for Lamictal [®]) lamotrigine chewable / tablet (generic for Lamictal [®]) lamotrigine Chewable / tablet (generic for Lamictal [®]) Roveepra [™] Tablet Sabril [®] Powder Packet Sabril [®] Powder Packet Sabril [®] Powder Packet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Tablet Sabril [®] Tablet Sabril [®] Sault / Saulter Kit (generic for Tamictal [®]) Roveepra [™] Tablet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Powder Packet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Powder Packet Sabril [®] Packet Sabril [®] Powder Packet Sabril [®] Powder Packet Sabril [®] Tablet Sabril [®] Lablet (generic for Topamax [®]) Valuco [®] Nasal Spray	Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Koppna [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution / Tablet Outrin [®] Suspends / Solution / Tablet Qudexy [®] XR Capsule Qudexy [®] XR Capsule Tufinamide suspension (generic for Banzel [®] Suspension) rufinamide sublet (generic for Banzel [®] Suspension) Tufinamide sublet (generic for Gabarzl [®] Supension)	
SECON Patients with a diagnosis of seizure disorder are exempt from Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam tuspension (generic for Onfi® Suspension) clobazam tablet (generic for Onfi® Tablet) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudia® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolest® Solution - Clinical Criteria Apply Epironia™ Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin®) gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Lamicta®) Iacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable (tablet (generic for Lamicta®) Iamotrigine Exewable / DDT / ODT Stater Kit / Stater Kit (generic for Lamicta® XR / ODT) Evertinectam tablet / Ex tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepna® Tablet Sabril® Prowder Packet Sabril® Tablet	Itial and failure criteria and may use any second generation product. Non-Preferred clonazepan ODT (generic for Klonopin [®] Wafer) Elepsia™ XR Tablet Koppna [®] Tablet / Solution / XR Tablet Klonopin [®] Tablet Lamictal [®] Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter Kits (generic for Lamictal [®]) Lyrica [®] Capsule / Solution / Tablet Outrin [®] Suspends / Solution / Tablet Qudexy [®] XR Capsule Qudexy [®] XR Capsule Tufinamide suspension (generic for Banzel [®] Suspension) rufinamide sublet (generic for Banzel [®] Suspension) Tufinamide sublet (generic for Gabarzl [®] Supension)	

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

More information on the PDL can be found at: https://www.ncuacks.nc.dov/content/public/providers/praimaty.num More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
ANTI-INFECTIVES - SYSTEMIC		
ANTIBIOTICS		
	bhalosporins and Related	
Preferred amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	Non-Preferred amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])	
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	cefaclor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)	
ampicillin capsule / injection / vial	cefadroxil tablet (generic for Duricet®)	
ampicillin-subactam injection / vial	cefpodoxime suspension / tablet (generic for Vantin [®])	
Bicillin C-R injection	Keflex® Capsule	
cefadroxil capsule / suspension (generic for Duricef [®]) cefdinir capsule / suspension (generic for Omnicef [®])	Suprax [®] Capsule / Chewable / Suspension	
cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension)		
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 [®] injection / vial		
	es and Oxazolidinones	
Preferred	Non-Preferred	
clindamycin capsules / solution (generic for Cleocin [®]) linezolid suspension (oral) / tablet (generic for Zyvox [®])	Cleocin [®] Capsules / Injection Cleocin [®] Pediatric Solution	
miczona suspension (oral) / tablet (generic tor Zyvox)	clindamycin injection (generic for Cleocin [®] Injection)	
	Lincocin® Vial	
	lincomycin injection (generic for Lincocin Vial®)	
	linezolid IV solution (generic for Zyvox [®])	
	Sivextro® Tablet / Vial	
	Synercid® Vial Zyvox® Tablet / IV Solution / Suspension	
Macroli	des and Ketolides	
Preferred	Non-Preferred	
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL®)	
clarithromycin suspension / tablet (generic for Biaxin [®]) E.E.S. [®] Granules / Filmtab	erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension) eryrthomycin ethylsuccinate 400 suspension (Generic for Eryped®)	
Eryped [®] Suspension	erythromycin ethylsuccinate 400 suspension (Generic (AG) for Eryped®))	
Erythrocin [®] Filmtab	Ery-Tab [®] Tablet	
erythromycin EC capsule (generic for Eryc [®])	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak	
erythromycin filmtab		
erythromycin e.s. tablet (generic for E.E.S [®] Filmtab)		
Nitromidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred	
metronidazole tablet (generic for Flagyl [®])	Aemcolo (rifamycin) DR Tablet	
vancomycin capsule (generic for Vancocin [®])	Dificid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile	
	Firvanq [™] Solution	
	Flagy [®] Capsule / Tablet metronidazole capsule (generic for Flagyl [®])	
	neomycin tablet (generic for Mycifradin [®])	
	nitazoxanide tablet (generic for Alinia [®] Tablet)	
	paromomycin capsule (generic for Humatin [®])	
	Solose [™] Granules	
	tinidazole tablet (generic for Tindamax [®])	
	Vancocin [®] Capsule	
	Vancocin® Capsule Vancomycin Oral Solution	
	Vancocin® Capsule Vancomycin Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Quinolones	
Preferred	Vancocin® Capsule Vancocin® Capsule Vancocnycin Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Non-Preferred	
Preferred Cipro [®] Suspension	Vancocin® Capsule Vancocin® Capsule Vancomycin Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy uinolones Uninolones Baxdela [™] Tablet	
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Vancocin® Capsule Vancomycin Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Luinolones Luinolones Baxdela™ Tablet Cipro® Tablet	
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®)	Vancocin® Capsule Vancomi® Capsule Vancomiw Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Univolones Univolones Baxdela™ Tablet Cipro® Tablet ciprofloxacin suspension (generic for Cipro® XR / Suspension)	
Preferred Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Vancocin® Capsule Vancomycin Oral Solution Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy Luinolones Luinolones Baxdela™ Tablet Cipro® Tablet	

Effective DATE: April 1, 2023

	Tetracycline Derivatives
Preferred	Non-Preferred
cycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
ycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
ocycline 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 Suspension [®]) - Exemption for patients < 12 years of age
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 1
	week supply.
	minocycline ER capsule (Generic for Ximino [™] ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuzyra [™] Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Targadox*
	tetracycline capsule (generic for Sumycin [®])
	Vibramycin® Capsule / Suspension / Syrup
	Ximino [™] ER Capsule
	Antifungals
Preferred	Non-Preferred
otrimazole troche (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
conazole suspension / tablet (generic for Diflucan [®])	Brexafemme® Tablet
	Cresemba [®] Capsule
seofulvin suspension (generic for Grifulvin V [®]) seofulvin ultra tablet (generic for Gris-Peg [®])	Cresemba Capsule Diflucan [®] Suspension / Tablet
statin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
statin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V $^{\otimes}$)
binafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral®)
	Noxafi [®] Suspension / Tablet
	posaconazole tablet (generic for Noxafil [®])
	Sporanox [®] Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	Vivja (obsconzol) capsule
	voriconazole suspension / tablet (generic for Vfend [®])
	Antivirals (Hepatitis B Agents)
D. C. J.	
Preferred	Non-Preferred
tecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera [®])
nivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude® Solution / Tablet
nofovir tablet (generic for Viread [®])	Epivir [®] HBV Tablet / Solution
read® Powder / Tablet	
	Hepsera [®] Tablet
	Hepsera [®] Tablet Vemlidy [®] tablet
	Vemlidy® tablet Antivirals (Hepatitis C Agents)
Preferred	Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred
Preferred gasys [®] Syringe	Vemlidy® tablet Antivirals (Hepatitis C Agents)
gasys [®] Syringe	Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred
Preferred gasys [®] Syringe	Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred
Preferred gasys [®] Syringe	Venlidy® tablet Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Clinical criteria apply to all drugs listed below
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u>	Vemildy® tablet Vemildy® tablet Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> uvyret [™] Tablet (8 weeks of therapy)	Venildy [®] tablet Antivirals (Hepatitis C Agents) Pegasys [®] Vial Pegasys [®] Vial Clinical criteria apply to all drugs listed below Epclusa [®] Pellet Pack/Tablet Harvon [®] Pellet Pack / Tablet
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> vyret [™] Tablet (8 weeks of therapy)	Vemildy® tablet Vemildy® tablet Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> vyret [®] Tablet (8 weeks of therapy) vyret [™] Tablet (8 weeks of therapy)	Vemildy® tablet Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> avyret [™] Tablet (8 weeks of therapy) wyret [™] Tablet (8 weeks of therapy)	Vemildy® tablet Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack/Tablet Idipasvir-sofosbuvir tablet (generic for Harvoni® Tablet)
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis vyrret [™] Tablet (8 weeks of therapy) vyrret [™] Tablet (8 weeks of therapy) vyret [™] Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	Vemidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvoni® Pellet Pack/Tablet bedipasvir sönsbuvir tablet (generic for Harvoni® Tablet) Sovaldi® Pellet Pack/Tablet Veikira [®] Palk
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis vyret [™] Tablet (8 weeks of therapy) vyret [™] Tablet (8 weeks of therapy) vyret [™] Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugh-A)	Vemidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvoni® Pellet Pack/Tablet Ledipasvir sofosburir tablet (generic for Harvoni® Tablet) Sovaldi® Pellet Pack / Tablet
Preferred gasys [®] Syringe virin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis vyret [™] Tablet (8 weeks of therapy) vyret [™] Tablet (8 weeks of therapy) vyret [™] Tablet (generic for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugh-A) vyret [™] Tablet (Up to 12 weeks of therapy)	Vemidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvoni® Pellet Pack/Tablet bedipasvir sönsbuvir tablet (generic for Harvoni® Tablet) Sovaldi® Pellet Pack/Tablet Veikira [®] Palk
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> svyret [™] Tablet (8 weeks of therapy) wyret [™] Tablet (8 weeks of therapy) wyret [™] Tablet (8 weeks of therapy) wyret [™] Tablet (9 meric for Epclusa [®] Tablet) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> swyret [™] Tablet (Up to 12 weeks of therapy) wyret [™] Tablet (Up to 12 weeks of therapy) wyret [™] Pellet Pack	Vemidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvoni® Pellet Pack/Tablet Jedipasvir sönsbuvir tablet (generic for Harvoni® Tablet) Sovaldi® Pellet Pack / Tablet Veikira [®] Palet
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> vyret [®] Tablet (8 weeks of therapy) wyret [®] Tablet (8 weeks of therapy) wyret [®] Tablet (8 weeks of therapy) wyret [®] Tablet (9 meric for Epclusa [®] Tablet) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> wyret [®] Tablet (Up to 12 weeks of therapy) wyret [®] Tablet (Dack	Venildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvoni® Pellet Pack/Tablet Idipasvir.softsohuri tablet (generic for Harvoni® Tablet) Sovald® Pellet Pack/Tablet Viekira [™] Pak
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis</u> avyret [™] Tablet (8 weeks of therapy) vyret [™] Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> avyret [™] Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	Venildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Sovadaf® Pellet Pack / Tablet Vickina® Pale Zepatier® Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Sovadaf® Pellet Pack / Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Sovadaf® Pellet Pack / Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Sovadaf® Pellet Pack / Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Sovadaf® Pellet Pack / Tablet Iedipasvir-sofosbuvir tablet (generic for Harvoni® Tablet) Iedipasvir-sofosbuvir tablet (generic
All genotypes without cirrhosis avyret [™] Tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (9 meric for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugb-A) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (generic for Epclusa [®] Tablet) Augenotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype	Vemildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Sovald® Pellet Pack / Tablet Viekina® Pallet Pack / Tablet Viekina® Pallet Pack / Tablet Viekina® Pallet Zepatier® Tablet a a a b c a c a c a b c
Preferred :gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (9 meric for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugh-A) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Pellet Pack fobuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype previously been treated with an HCV regimen containing sofosbuvir without an NS	Vemildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Sovald® Pellet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Zepatier® Tablet a a a b c a c a c a b c b c c c c c c c c c c c c c c c c c c c
Preferred sayse [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) Avyret [™] Tablet (generic for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugb-A) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (Up to 12 weeks	Vemildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Sovald® Pellet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Zepatier® Tablet a a a b c a c a c a b c b c c c c c c c c c c c c c c c c c c c
Preferred gasys [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) <u>All genotypes without cirrhosis vyret^{NII} Tablet (8 weeks of therapy) vyret^{NII} Tablet (8 weeks of therapy) vyret^{NII} Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa[®] Tablet) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> vyret^{NII} Tablet (Up to 12 weeks of therapy) vyret^{NII} Tablet (Up to 12 weeks of therapy) vyret^{NII} Pellet Pack obuvir-velpatasvir tablet (generic for Epclusa[®] Tablet) All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype previously been treated with an HCV regimen containing sofosbuvir without an NS seevi^{niII} </u>	Venildy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Epcluss® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Sovald® Pellet Pack / Tablet Viekirn® Pak Zepaire® Tablet
Preferred gasys. [®] Syringe avirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) All genotypes without cirrhosis avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (8 weeks of therapy) avyret [™] Tablet (9 meric for Epclusa [®] Tablet) All genotypes with compensated cirrhosis (Child Pugh-A) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (Up to 12 weeks of therapy) avyret [™] Tablet (generic for Epclusa [®] Tablet) All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype previously been treated with an HCV regimen containing sofosbruir without an NS	Vemildy® tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Pegasys® Vial Pegasys® Vial Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Epclusa® Pellet Pack/Tablet Harvon® Pellet Pack / Tablet Sovald® Pellet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Pack / Tablet Viekira® Pallet Zepatier® Tablet a a a b c a c a c a b c b c c c c c c c c c c c c c c c c c c c

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
Antivirals	(Herpes Treatments)	
Preferred	Non-Preferred	
acyclovir capsule / tablet / suspension (generic for Zovirax [®])	Sitavig® Buccal Tablet	
famciclovir tablet (generic for Famvir [®])	Valtrex [®] Caplet	
valacyclovir tablet (generic for Valtrex®)	Zovirax [®] Suspension	
Antiv	irals (Influenza)	
Preferred	Non-Preferred	
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel [®])	
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet	
Tamiflu [®] Capsule / Suspension	Relenza [®] Diskhaler	
	Xofluza [™] Tablet Trial and failure of only one preferred drug required	
Antibiotics, Inhaled		
Trial and failure of o	nly one preferred drug required	
Preferred	Non-Preferred	
Kitabis [™] Pak (tobramycin inhalation solution)	Arikayce [®] Vial	
Bethkis [®] (tobramycin inhalation solution)	Cayston [®] Solution	
	tobramycin solution / pak	
	Tobi TM Podhaler TM / Solution	
BEHAV	IORAL HEALTH	
	DEPRESSANTS	
	Other	
Preferred	Non-Preferred	
bupropion tablet / SR tablet / XL tablet (generic for Wellburrin® Tablet / SR / XL)	Aplenzin [®] Tablet	
desvenlafaxine ER tablet (generic for Pristiq [®])	Bupropion XL tablet (generic for Forfivo [®] XL)	
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule	
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Khedezla®)	
maprotiline tablet (generic for Ludiomil [®])	duloxetine capsule (generic for Irenka®)	
mirtazapine ODT / tablet (generic for Remeron [®])	Emsam [®] Patch	
Nardil® Tablet	Fetzima® Capsule / Titration Pak	
phenelzine tablet (generic for Nardil [®])	Forfivo [®] XL Tablet	
Pristiq® ER Tablet	Marplan [®] Tablet	
tranylcypromine tablet (generic for Parnate®)	nefazodone tablet (generic for Serzone®)	
trazodone tablet (generic for Desyrel [®])	Remeron [®] Soltab [™] / Tablet	
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	Trintellix [®] Tablet	
	venlafaxine besylate ER tablet	
	venlafaxine ER tablet	
	Viibryd [®] Starter Pack / Tablet	
	vilazodone tablet (generic Viibryd)	
	Wellbutrin® SR / XL Tablet	
Selective Serotoni	in Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred	
citalopram solution / tablet (generic for Celexa [®])	Brisdelle [®] Capsule	
escitalopram tablet (generic for Lexapro®)	Celexa [®] Tablet	
fluoxetine capsule / solution (generic for Prozac [®])	citalopram capsule	
fluvoxamine tablet (generic for Luvox [®])	escitalopram solution (generic for Lexapro [®] Solution)	
paroxetine suspension (generic for Paxil® Suspension)	fluoxetine tablet (generic for Prozac [®]) - Exemption for children < 18 years of age	
paroxetine tablet (generic for Paxil®)	fluoxetine DR capsules (generic for Prozac [®] Weekly)	
sertraline concentrated solution / tablet (generic for Zoloft®)	fluvoxamine ER capsule (generic for Luvox CR®)	
	Lexapro [®] Tablet	
	paroxetine capsule (generic for Brisdelle® Capsule)	
	paroxetine CR tablet (generic for Paxil CR®)	
	Paxil [®] Suspension / Tablet / CR Tablet	
	Pexeva® Tablet	
	Prozac [®] Pulvule	
	sertraline capsule	
	Zoloft [®] Solution / Tablet	
	1	

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7

More information on the PDL can be found at: https://medicaid.ncdnhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
	BRKINESIS / ADHD	
Preferred	Non-Preferred	
Adderall [®] Tablet (Generic Product Per FDA)	Adhansia [™] XR Capsule	
Adderall [®] XR Capsule	Adzenys® XR ODT / ER suspension	
amphetamine salt combo tablet (generic for Adderall®)	amphetamine ER suspension (generic for Adzenys®)	
amphetamine salt combo XR capsule (generic for Adderall [®] XR)	amphetamine sulfate tablet (generic for Evekeo [®] Tablet)	
Aptensio [®] XR Capsule	Azstarys [™] Capsule	
atomoxetine capsule (generic for Strattera®)	Cotempla [™] XR-ODT	
clonidine ER tablet (generic for Kapvay®)	Desoxyn® Tablet	
Concerta® Tablet	Dexedrine [®] Spansule [®]	
Daytrana® Patch	dexmethylphenidate tablet / ER capsules (generic for Focalin [®] / XR) dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])	
dextroamphetamine tablet (generic for Dexedrine [®]) Focalin [®] Tablet / XR Capsule	dextroamphetamine EK capsule (generic for Dexearine Spansule) dextroamphetamine solution (generic for ProCentra [®])	
guanfacine ER tablet (generic for Intuniv [®])	dextroampnetamine solution (generic for Procentra) Dyanavel® XR Suspension - Exemption for children < 12 years of age	
Methylin [®] Solution	Dyanavels AK Suspension - Exemption for Children < 12 years or age	
methylphenidate ER tablet (generic for Concerta [®] Tablet)	Evekeo® Tablet / Evekeo® ODT Tablet	
methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	Intuniv [®] Tablet	
Vyvanse [®] Capsule / Chewable Tablet	Jornay PM TM Capsule	
() Tunio Capolico / Cilenticio Tuolec	methamphetamine tablet (generic for Desoxyn [®])	
	methylphenidate CD capsule (generic for Metadate [®] CD)	
	methylphenidate chewable / solution (generic for Methylin [®])	
	methylphenidate ER capsule (generic for Aptensio [®] XR)	
	methylphenidate LA capsule (generic for Ritalin [®] LA)	
	methylphenidate patch (generic for Daytrana)	
	Mydayis [®] ER Capsule	
	ProCentra [®] Solution	
	Qelbree [™] Capsule	
	Quillichew [®] ER Tablet- Exemption for children < 12 years of age	
	Quillivant [®] XR Suspension - Exemption for children < 12 years of age	
	Relexxii [™] ER Tablet	
	Ritalin [®] LA Capsule	
	Ritalin [®] Tablet	
	Strattera [®] Capsule	
	Zenzedi [®] Tablet	
	E ANTIPSYCHOTICS	
Injecta	ble Long Acting	
Preferred	Non-Preferred	
Abilify Maintena® Syringe / Vial		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®])		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldoff elecanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldo [®] decanoate Ampule haloperiol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustema Prefilled Syringe Invega [®] Trinza Syringe		
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldof® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Trinza Syringe Perseris® Syringe		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Sustenna Prefilled Syringe Perseris [®] Syringe Reseris [®] Syringe		
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldof® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Trinza Syringe Perseris® Syringe		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperiol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Trinza Syringe Perseris [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit		
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Trinza Syringe Perseris [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit ATYPICAL	Non-Preferred	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Presreis [®] Syringe Presreis [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit ATYPICAL O	Non-Preferred	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Presreis [®] Syringe Presreis [®] Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit ATYPICAL O	Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Perseris® Syringe Perseris® Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of or Preferred aripiprazole Tablet / Solution (generic for Abilify®)	Non-Preferred Non-Preferred ANTIPSYCHOTICS ANTIPSYCHOTICS ANTIPSYCHOTICS Al / Topical Aly one preferred drug required Non-Preferred Ability® MyCite® Tablet	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Perseris® Syringe Resperta® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of or Preferred	Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmel®)	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Perseris® Syringe Perseris® Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of or Preferred aripiprazole Tablet / Solution (generic for Abilify®)	Non-Preferred Non-Preferred ANTIPSYCHOTICS ANTIPSYCHOTICS ANTIPSYCHOTICS Al / Topical Aly one preferred drug required Non-Preferred Ability® MyCite® Tablet	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Sustenna Prefilled Syringe Invega [®] Sustenna Prefilled Syringe Risperdal [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit ATYPICAL O Trial and failure of or Preferred aripiprazole Tablet / Solution (generic for Abilify [®]) elozapine tablet (generic for Clozaril [®])	Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmel®)	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Sustenna Prefiled Syringe Invega® Sustenna Prefiled Syringe Perseris® Syringe Resperda® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of or Preferred aripiprazole Tablet / Solution (generic for Abilify®) elozapine tablet (generic for Clozari®) Invega® Tablet elanzapine ODT / tablet (generic for Zyprexa®)	Non-Preferred Non-Preferred ANTIPSYCHOTICS a/ Topical b/ One preferred drug required Non-Preferred Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) asenapine tablet (generic for Asphris@ SL Tablet)	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Hafyera Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Perseris® Syringe Perseris® Syringe Zyprexa® Relprevv [™] Vial Kit	Non-Preferred No	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Invega® Sustenna Prefiled Syringe Invega® Sustenna Prefiled Syringe Perseris® Syringe Resperda® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of or Preferred aripiprazole Tablet / Solution (generic for Abilify®) elozapine tablet (generic for Clozari®) Invega® Tablet elanzapine ODT / tablet (generic for Zyprexa®)	Non-Preferred Non-Preferred ANTIPS YCHOTICS al / Topical ty one preferred drug required Ability [®] Tablet / Ability [®] MyCite [®] Tablet aripiprazole ODT (generic for Ability [®] Discnell [®]) sesangine tablet (generic for Saphris@ SL Tablet) Caplyta [™] Capsule clozapine ODT (generic for FazaClo [®])	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule Invega® Hafyera Invega® Hafyera Invega® Sustenna Prefiled Syringe Invega® Sustenna Prefiled Syringe Perseris® Syringe Perseris® Syringe Zyprexa® Relprevv [™] Vial Kit	Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical Jy one preferred drug required Non-Preferred Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmell®) asenapine tablet (generic for Saphris® SL Tablet) Caplyta™ Capsule clozaril® Tablet / Tiration Pack Geodon® Capsule	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule Haldol [®] decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Sustenna Prefilled Syringe Perseris [®] Syringe Perseris [®] Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical ty one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discnelt®) asenapine tablet (generic for Saphris® SL Tablet) Cappita [™] Capsule clozapine ODT (generic for FazaClo®) Clozarif® Tablet Fanapt® Tablet / Titration Pack Geodom® Capsule Lybaixi® Tablet	
Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule Invega® Hafyera Invega® Hafyera Invega® Sustenna Prefiled Syringe Invega® Sustenna Prefiled Syringe Perseris® Syringe Perseris® Syringe Zyprexa® Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPS YCHOTICS al / Topical Jone preferred drug required Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discredt®) senapire tablet (generic for Saphris@ SL Tablet) Captyta™ Capsule clozarit® Tablet Fanapt [®] Tablet / Titration Pack Geodom® Capsule Lybalvä™ Tablet Nuplazid® Capsule	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule Haldol [®] decanoate Ampule / vial (generic for Haldol decanoate [®]) Invega [®] Hafyera Invega [®] Sustenna Prefilled Syringe Invega [®] Sustenna Prefilled Syringe Perseris [®] Syringe Perseris [®] Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPSYCHOTICS al / Topical Hy one preferred drug required Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine tablet (generic for FazaClo®) Clozarit® Tablet Clozarit® Tablet Fanapt® Tablet / Titration Pack Geodom® Capsule Lybaixi® Tablet Nuplazid® Capsule Nuplazid® Tablet Numeric Topical	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred ANTIPS YCHOTICS al / Topical yone preferred drug required Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet aripiprazole ODT (generic for Abilify [®] Discmelt [®]) asenapine tablet (generic for Saphris® SL Tablet) Capyta [®] Capsule Clozarit [®] Tablet Fanapt [®] Tablet / Titration Pack Geodom [®] Capsule Lybaix [®] Tablet Nuplazid [®] Capsule Nuplazid [®] Tablet Nuplazid [®] Capsule Nuplazid [®] Tablet Nuplazid [®] Tablet Nuplazid [®] Tablet	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical Jy one preferred drug required Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine tablet (generic for Saphris® SL Tablet) CapityIn® Capsule clozarif® Tablet / Tiration Pack Geodon® Capsule Lybalv1® Tablet Nuplazid® Tablet Senaple Extended Lybalv1® Tablet Nuplazid® Tablet Senaple Extended Lybalv1® Tablet Nuplazid® Capsule Lybalv1® Tablet Nuplazid® Tablet Capsule Extended (generic for Symbyax®) paliperidone ER tablet (generic for Invegn®)	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred ANTIPSYCHOTICS al / Topical yone preferred drug required Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmel®) asenapine tablet (generic for Saphris® SL Tablet) Caplyta™ Capsule clozarit® Tablet Clozarit® Tablet Nuplazid® Tablet Nuplazid® Tablet Nuplazid® Tablet Nuplazid® Tablet Nuplazid® Tablet Qatzarit® Rubet (generic for Symbyax®) palperidone Et kablet (generic for Symbyax®) Palperidone Et kablet (generic for Symbyax®) Rexulti® Tablet	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPSYCHOTICS al / Topical yone preferred drug required Ability [®] Tablet / Ability [®] MyCite [®] Tablet aripiprazole ODT (generic for Ability [®] Discmelt [®]) assenapine tablet (generic for Saphris® SL Tablet) Capatine ODT (generic for FazaClo [®]) Clozaril [®] Tablet Fanapt [®] Tablet / Tirration Pack Geodom [®] Capsule Lybaix [®] Tablet Nuplazid [®] Capsule Nuplazid [®] Tablet Nuplazid [®] Tablet Rupita [®] Tablet Rupitablet Risperdal [®] Solution / Tablet	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical y one preferred drug required Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenaptic tablet (generic for Saphis® SL Tablet) Captine ODT (generic for FazaClo®) Clozarije Tablet Julpizie® Tablet Julpizie® Tablet Geodon® Capsule Lybaix® Tablet Nuplazie® Tablet (generic for Symbyas®) paliperidone ER tablet (generic for Symbyas®) paliperidone ER tablet (generic for Symbyas®) paliperidone ER tablet (generic for Symbyas®) paliperidone Zensule Secundo® Patch	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred ANTIPSYCHOTICS al / Topical by one preferred drug required Non-Preferred Ability [®] Tablet / Ability [®] MyCite [®] Tablet aripiprazole ODT (generic for Saphris® SL Tablet) Capyta [®] Capsule Cozarite [®] Tablet / Titration Pack Geodon [®] Capsule Lybairs [®] Tablet Nuplazid [®] Capsule Nuplazid [®] Capsule Nuplazid [®] Tablet Rexulte [®] Tablet Rexult [®] Tablet	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Image: Solution of the system	
Abilify Maintena [®] Syringe / Vial Aristada [®] / Initio [™] Syringe fluphenazine decanoate vial (generic for Prolixin decanoate [®]) Haldol [®] decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) Invega [®] Sustenna Prefiled Syringe Invega [®] Sustenna Prefiled Syringe Resperda [®] Consta Syringe Perseris [®] Syringe Resperda [®] Consta Syringe Zyprexa [®] Relprevv [™] Vial Kit	Non-Preferred Non-Preferred Non-Preferred ANTIPSYCHOTICS al / Topical by one preferred drug required Non-Preferred Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet aripiprazole ODT (generic for Saphris® SL Tablet) Capyta [®] Capsule Cozarite [®] Tablet / Tiration Pack Geodon [®] Capsule Lybairs [®] Tablet Nuplazid [®] Capsule Nuplazid [®] Capsule Nuplazid [®] Tablet Rexulte [®] Tablet Rexulte [®] Tablet Rexult [®] Tablet	

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services		
CARDIOVASCULAR		
	INHIBITORS	
Preferred	Non-Preferred	
benazepril tablet (generic for Lotensin®)	Accupril [®] Tablet	
enalapril tablet (generic for Vasotec [®])	Altace® Capsule	
lisinopril tablet (generic for Prinivil [®] and Zestril [®])	captopril tablet (generic for Capoten®)	
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age	
	Epaned [®] Solution - Exemption for children < 12 years of age	
	fosinopril tablet (generic for Monopril [®])	
	Lotensin® Tablet	
	moexipril tablet (generic for Univasc [®])	
	Qbrelis [®] Solution - Exemption for children < 12 years of age	
	perindopril tablet (generic for Aceon [®])	
	quinapril tablet (generic for Accupril [®])	
	trandolapril tablet (generic for Mavik [®])	
	Vasotec [®] Tablet	
	Zestril® Tablet	
	CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred	
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel [®] Capsule	
	trandolapril-verapamil ER tablet (generic for Tarka®)	
	DIURETIC COMBINATIONS	
Preferred	Non-Preferred	
enalapril-HCTZ tablet (generic for Vaseretic [®])	Accuretic [®] Tablet	
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)	
	captopril-HCTZ tablet (generic for Capozide®)	
	fosinopril-HCTZ tablet (generic for Monopril® HCT)	
	Lotensin [®] HCT Tablet	
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])	
	Vaseretic® Tablet	
	Zestoretic [®] Tablet	
	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® Tablet)	Benicar® Tablet	
valsartan tablet (generic for Diovan [®])	candesartan tablet (generic for Atacand [®])	
	Cozar [®] Tablet	
	Diovan® Tablet	
	Edarbi [®] Tablet	
	eprosartan tablet (generic for Teveten [®])	
	Micardis [®] Tablet	
	telmisartan tablet (generic for Micardis®Tablet)	
	PTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred	
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet	
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet	
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Exforge [®] HCT Tablet	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor® Tablet)	telmisartan-amlodipine tablet (generic for Twynsta®)	
	Tribenzor® Tablet	

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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		
ANGIOTE	NSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred	
rbesartan-HCTZ tablet (generic for Avalide®)	Atacand [®] HCT Tablet	
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet	
olmesartan-HCTZ tablet (generic for Benicar® HCT Tablet)	Benicar [®] HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)	
	Diovan [®] HCT Tablet	
	Edarbyclor [®] Tablet	
	Hyzaar [®] Tablet	
	Micardis [®] HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)	
ANGIOTENS	IN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred	
Entresto [®] - Clinical Criteria Apply		
	ANTI-ARRHYTHMICS	
Preferred	Non-Preferred	
amiodarone tablet (generic for Cordarone®)	Multaq [®] Tablet	
disopyramide capsule (generic for Norpace [®])	Norpace® Capsule / CR Capsule	
dofetilide capsule (generic for Tikosyn [®])	Pacerone® Tablet	
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])	
mexiletine capsule (generic for Mexitil [®])	Rythmol SR [®] Capsule	
propafenone tablet (generic for Rythmol [®])	Tikosyn [®] Capsule	
propafenone SR capsule (generic for Rythmol SR [®])		
quinidine sulfate tablet (generic for Quinidex [®] Tablet)		
	BETA BLOCKERS	
Preferred	Non-Preferred	
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)	
carvedilol tablet (generic for Coreg®)	Betapace® Tablet / AF Tablet	
labetalol tablet (generic for Trandate [®])	betaxolol tablet (generic for Kerlone [®])	
metoprolol succinate XL tablet (generic for Toprol XL®)	bisoprolol tablet (generic for Zebeta [®])	
metoprolol tartrate tablet (generic for Lopressor®)	Bystolic [®] Tablet	
propranolol solution / tablet / ER capsule (generic for Inderal [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)	
Sorine [®] Tablet	Coreg [®] Tablet / CR Capsule	
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine®)	Corgard® Tablet	
	Hemangeol® Solution - Exemption for diagnosis of infantile hemangioma	
	Inderal® LA Capsule / XL Capsule	
	Innopran® XL Capsule	
	Kapspargo [™] Sprinkle - Exemption for children < 12 years of age	
	Lopressor [®] Tablet	
	nadolol tablet (generic for $\operatorname{Corgard}^{\oplus}$)	
	nebivola table (generic for Bystolic [®])	
	pindolol tablet (generic for Visken [®])	
	Sotylize [®] Solution	
	Sotytize Solution Tenormin [®] Tablet	
	timolol tablet (generic for Blocadren®)	
	timolol tablet (generic for Blocadren®) Toprol XL® Tablet	
Desfound	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS Non-Preferred	
atenolol-chlorthalidone tablet (generic for Tenoretic®)	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIVRETIC COMBINATIONS Interprolol-HCTZ tablet (generic for Lopressor® HCT)	
	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DURETIC COMBINATIONS DURETIC COMBINATIONS metoprolol-HCTZ tablet (generic for Lopressor® HCT) nadolol-bendroflumethiazide tablet (generic for Corzide®)	
atenolol-chlorthalidone tablet (generic for Tenoretic®)	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DIURETIC COMBINATIONS netoprolol-HCTZ tablet (generic for Lopressor® HCT) nadolol-bendroflumethiazide tablet (generic for Corzide®) propranolol-HCTZ tablet (generic for Inderide®)	
atenolol-chlorthalidone tablet (generic for Tenoretic®)	timolol tablet (generic for Blocadren®) Toprol XL® Tablet BETA BLOCKER DURETIC COMBINATIONS DURETIC COMBINATIONS metoprolol-HCTZ tablet (generic for Lopressor® HCT) nadolol-bendroflumethiazide tablet (generic for Corzide®)	

Effective DATE: April 1, 2023

BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
holestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®] Granules)
	Prevalite [®] Packet / Powder
	Questran [®] Light Powder / Packet / Powder
	Welchol [®] Packet / Tablet
CHOLESTE	ROL LOWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor [®])	Altoprev [®] Tablet
ezetimibe (generic for Zetia [®])	amlodipine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor [®])	Caduet [®] Tablet
pravastatin tablet (generic for Pravachol [®])	Crestor [®] Tablet
rosuvastatin tablet (generic for Crestor [®])	Ezallor TM Capsule
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin [®])
SILLY ASSAULT LADIER (ECHICHOL DOL 2000)	ezetumine-sunvastatin (generic for Vytorin) fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
	Juxtapid [®] Capsule - Clinical criteria apply
	Lescol [®] XL Tablet
	Lescol AL labet Lipitor® Tablet
	Lipitor Tablet Livalo [®] Tablet
	Nexletol [®] Tablet - Clinical Criteria Apply
	Nexicial Tablet - Clinical Criteria Apply Nexilizet [®] Tablet - Clinical Criteria Apply
	Vytorin [®] Tablet
	Zetia® Tablet
	Zetta i ablet Zocor® Tablet
	Zypitamag [™] Tablet
	Zypitamag Tablet
CODON	ARY VASODILATORS
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil [®] Titradose [®] , IsoDitrate [®] , et.al.)	Gonitro [®] Sublingual Powder
isosorbide dinitrate tablet (generic for Isordii 1 Ifradose, IsoDirrate, et.al.) isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®])	Isordil [®] Tablet / Titradose [®] Tablet
Isosoroide mononitrate tablet / ER tablet (generic for Ismo), Monoket, Imaur)	Nitro-Bid [®] Ointment
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , Nitrolingual [®] , Nitromist [®])	Nitro-Dur [®] Patch
inu ogiyeerin EK capsule / palen / spray / subinigual (generic for Nillo-Dur), Mininuan, Millostat, Millostat, Millostat, Millostat, Millostat,	
Niterate [®] CL Table	
Nitrostat [®] SL Tablet	Nitrolingual [®] Spray
Nitrostat [®] SL Tablet	
	Nitrolingual [®] Spray Verquvo™ Tablet
DIHYDROPYRIDINE	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS
DIHYDROPYRIDINE Preferred	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Non-Preferred
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adalat® CC Tablet Adalat® CC Tablet
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adala® CC Tablet felodipine ER tablet (generic for Plendil®)
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adalat® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacire®)
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adalat® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Plendil®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Calata® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacire®) Katerzia® Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS CALcium CHANNEL BLOCKERS Adata® CC Tablet felodipine ER tablet (generic for Plendit®) isradipine capsule (generic for Dynacir®) Katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adala® CC Tablet felodipine ER tablet (generic for Plendi®) isradipine capsule (generic for Plendi®) katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Adala® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Plendil®) katerzia® Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Calait® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacir®) Katerzia® Suspension - Exemption for children <12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Call Composition of the state of
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Call Composition Adalat® CC Tablet felodipine ER tablet (generic for Plendit®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS CALCIUM CHANNEL BLOCKERS Adala® CC Tablet felodipine ER tablet (generic for Plendi®) isradipine capsule (generic for Plendi®) katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Call Composition Adalat® CC Tablet felodipine ER tablet (generic for Plendit®) isradipine capsule (generic for Dynacire®) Katerzia™ Suspension - Exemption for children < 12 years of age
DIHYDROPYRIDINE Preferred anilodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Adalat CC [®] / Procardia XL [®]) nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Calait® CC Tablet felodipine ER tablet (generic for Plendi®) isradipine capsule (generic for Dynacire®) Katerzin® Suspension - Exemption for children <12 years of age
DIHYDROPYRIDINE Preferred anilodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®]) nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®]) DifeC	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Calait® CC Tablet felodipine ER tablet (generic for Plendi®) isradipine capsule (generic for Dynacire®) Katerzia® Suspension - Exemption for children <12 years of age
DIHYDROPYRIDINE Preferred antodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®]) nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Call and a construct the second
DIHYDROPYRIDINE Preferred anlodipine tablet (generic for Norvasc [®]) nifedipine capsule (generic for Procardia [®]) nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®]) DIFEC	Nitrolingual® Spray Verquvo™ Tablet CALCIUM CHANNEL BLOCKERS Calait® CC Tablet felodipine ER tablet (generic for Plendi®) isradipine capsule (generic for Dynacire®) Katerzia® Suspension - Exemption for children < 12 years of age

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

	More information on the PDL can be found at: <u>https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services</u>		
ENDOTHELIN R	ECEPTOR ANTAGONISTS		
	ulmonary Arterial Hypertension only		
Preferred	Non-Preferred		
ambrisentan tablet (generic for Letairis [®] Tablet) Tracleer [®] Tablet	bosentan tablet (generic for Tracleer® Tablet) Letairis® Tablet		
	Opsumit [®] Tablet		
	Tracleer [®] Suspension		
	ISTACYCLIN ANALOGS		
Preferred Tyvaso [®] Refill Kit / Solution / Starter Kit	Non-Preferred TYVASO (treprostinil) DPI		
Ventavis [®] Solution			
	N DERIVATIVES		
Preferred	Non-Preferred		
Niaspan [®] ER Tablet niacin ER tablet (generic for Niaspan®)			
inden Erk tablet (generic tor Maspano)			
NITRAT	E COMBINATION		
Preferred	Non-Preferred		
Bidil [®] Tablet	isosorbide dinit/hydralazine tablet (Oral) (Generic (AG) for Bidil [®])		
	E 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 [®] , Tiaza [®])	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 [®] Capsule (branded generic for Tiazac [®]) Tiadylt [®] ER Capsule	Matzim [®] LA Tablet (generic for Cardizem LA [®]) Tiazae [®] Capsule		
verapamil tablet / ER tablet (generic for Calan [®] / SR)	verapamil 360 mg capsule		
rendamm moret / Ext moret (generie 101 canam / 1534)	verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM)		
	Verelan® Capsule / Verelan® PM Capsule		
	NARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all Preferred) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only Non-Preferred		
Alyq® Tablet (branded generic for tadalafil)	Adcirca [®] Tablet		
sildenafil (generic for Revatio [®]) Tablet	Adempas [®] Tablet		
tadalafil tablet (generic for Adcirca [®] Tablet)	Orenitram [®] ER Tablet		
	Revatio® Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY		
	sildenafil suspension (generic for Revatio [®] Suspension) Exemption for children < 12 years of age		
	Uptravi [®] Tablet		
PLATE	LET INHIBITORS		
	N Des from d		
Preferred	Non-Preferred		
Preferred Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®)		
Preferred Brilinta® Tablet clopidogrel tablet (generic for Plavix®)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet		
Preferred Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®)	aspirin/dipyridamole ER capsule (generic for Aggrenox [®]) Effient [®] Tablet Plavix [®] Tablet		
Preferred Brilints® Tablet clopidogrel tablet (generic for Plavis®) dipyridamole tablet (generic for Persantine®) prasugrel tablet (generic for Effient® Tablet)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavix® Tablet Zontivity® Tablet		
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Preferred Brilints® Tablet elopidogrel tablet (generic for Plavis®) dipyridamole tablet (generic for Persantine®) prasugrel tablet (generic for Effient® Tablet) ANTIANGIN	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavix® Tablet Zontivis® Tablet AL & ANTI-ISCHEMIC Non-Preferred Aspruzyo Sprinkle (ranolazine granules)		
Preferred Brilinta® Tablet elopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persuitne®) prasugrel tablet (generic for Effient® Tablet) ANTIANGIN Preferred	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavix® Tablet Zontivity® Tablet AL & ANTI-ISCHEMIC Non-Preferred		
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Preferred Brilinta® Tablet elopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) prasugrel tablet (generic for Effient® Tablet) ANTIANGIN Preferred anolazine ER tablet (generic for Ranexa® Tablet) SYMPATHOLYT Preferred Catapres® TIS Patch clonidine patch (generic for Catapres®) clonidine patch (generic for Catapres®) clonidine patch (generic for Catapres®)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavix® Tablet Zontivits® Tablet AL & ANTI-ISCHEMIC AL & ANTI-ISCHEMIC Aspruzyo Sprinkle (ranolazine granules) Ranexa® Tablet CS AND COMBINATIONS CCS AND COMBINATIONS Catagres® Tablet		
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Preferred Brilints® Tablet clopidogrel tablet (generic for Persantine®) prasugrel tablet (generic for Persantine®) prasugrel tablet (generic for Ffrient® Tablet) ANTIANGIN Preferred ranolazine ER tablet (generic for Ranexa® Tablet) Catapres® TTS Patch clonidine tablet (generic for Catapres®) clonidine tablet (generic for Catapres®) clonidine tablet (generic for Tenex®) methyldopa tablet (generic for Ticor®)	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Effient® Tablet Plavis® Tablet Zontivity® Tablet Zontivity® Tablet AL & ANTI-ISCHEMIC AL & ANTI-ISCHEMIC Aspruzyo Sprinkle (ranolazine granules) Ranexa® Tablet CS AND COMBINATIONS Catapres® Tablet Catapres® Tablet nethyldopa-HCTZ tablet (generic for Aldornet® Injection) methyldopa injection (generic for Aldornet® Injection) E LOWERING AGENTS Non-Preferred Antara® Capsule		
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Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

inde information on the FDL can be found at. <u>Intp3./Intellicatu.neutins.govp.ovideraprograms-service3prescription-drugs/outpatient-priamacy-service3</u>		
	Vascepa [®] Capsule	
CARDIOV	ASCULAR, OTHER	
Preferred	Non-Preferred	
Camzyos (mavacamten)		
	NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS		
	its apply to all triptans	
Preferred	Non-Preferred	
rizatriptan ODT (generic for Maxalt MLT®)	almotriptan tablet (generic for Axert [®])	
rizatriptan tablet (generic for Maxalt [®])	Amerge® Tablet	
sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	eletriptan (generic for Relpax [®] Tablet) Elyxyb (celecoxib) Solution - Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the	
	Antimigraine Agents class required for coverage	
	Frova® Tablet	
	frovatriptan tablet (generic for $\operatorname{Frova}^{\oplus}$)	
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet / Vial	
	Maxalt® Tablet / MLT Tablet	
	naratriptan tablet (generic for Amerge [®])	
	Onzetra [™] Xsail [™] Nasal Powder	
	Relpax [®] Tablet	
	Reyvow [™] Tablet	
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)	
	sumatriptan/naproxen (generic for Treximet [®] Tablet)	
	Tosymra [™] Nasal Spray	
	Treximet [®] Tablet	
	Zembrace [®] SymTouch [®]	
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)	
	Zomig [®] Nasal Spray / Tablet / ZMT [®] Tablet	
	GRAINE AGENTS	
	odulators PREVENTATIVE	
	pply to all drugs in this class	
Preferred	Non-Preferred	
Aimovig [™] (erenumab-aooe) Injection	Ajovy [™] (fremanezumab-vfrm) Injection	
Emgality [®] (galcanezumab-gnlm) Injection	Nurtec [™] (rimegepant) ODT Tablet	
0. 7. 0	Qulipta (atogenat) Tablet	
	Vyepti TM (eptinezumab-ijimr) Vial	
	Vyepti (eptinezumao-jjimr) viai	
	I GRAINE AGENTS	
	ulators ACUTE TREATMENT	
	pply to all drugs in this class	
Preferred	Non-Preferred	
Ubrelvy [™] (ubrogepant) Tablet	Nurtec (rimegepant) ODT Tablet	
ANTI	NARCOLEPSY	
Clinical criteria a	pply to all drugs in this class	
Preferred	Non-Preferred	
Nuvigil [®] Tablet	armodafinil tablet (generic for Nuvigil®)	
Provigii [®] Tablet	modafinil tablet (generic for Provigil [®])	
	Sunosi [™] Tablet	
	Wakix [®] Tablet	
l		

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Revised 7.1.2023 for addition of Dexcom G7

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	Irugs in the classes not included are considered Preferred. In addition to pply. 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 re	equiring prior authorization, clinical criteria and prior authorization request forms can be found at:	
	content/public/providers/pharmacy.html v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services	
ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS		
Preferred	Non-Preferred	
amantadine capsule / solution (generic for Symmetrel [®])	Apokyn [®] Injection	
benztropine tablet (generic for Cogentin®)	apomorphine (subcutaneous) (generic for Apokyn [®])	
bromocriptine tablet (generic for Parlodel [®])	Azilect® Tablet	
carbidopa-levodopa ODT (generic for Parcopa [®]) carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	carbidopa tablet (generic for Lodosyn [®]) carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])	
pramipexole tablet (generic for Mirapex [®])	Contan® Tablet	
ropinirole tablet (generic for Requip [®])	Dhivy Tablet TM	
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 ^M Inhalation	
	Kynmobi [™] SL Film	
	Lodosyn [®] Tablet	
	Mirapex [®] ER Tablet	
	Neupro® Patch	
	Nourianz [™] Tablet	
	Ongentys [®] Capsule	
	Osmolex ER [™] Tablet - Clinical criteria apply Parlodel® Capsule / Tablet	
	pranipexole 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 [®] Tablet	
	Zelapar® ODT	
	PLE SCLEROSIS	
Preferred	Injectable Non-Preferred	
Avonex® Pack / Pen / Syringe	Extavia® Kit / Vial	
Betaseron [®] Kit / Vial	glatiramer syringe (generic for Copaxone [®] Syringe)	
Copaxone [®] Syringe	Glatopa [®] Syringe	
Rebif [®] Rebidose [®] / Titration Pack / Syringe	Kesimpta® Injection	
	Lemtrada [®] Vial	
	Ocrevus® Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents	
	Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri [®]	
	i yauni	
MULTI	PLE SCLEROSIS	
	Oral	
Preferred	Non-Preferred	
dalfampridine ER tablet (generic for Ampyra®)	Ampyra [®] Tablet	
Gilenya® Capsule dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet Bafiertam TM Cansule	
and a second sec	Banertam Capsule Mavenclad [®] Tablet	
	Mayzent [®] Starter Pack / Tablet	
	Ponvory [™] Starter Pack / Tablet	
	Tascenso (fingolimod) ODT	
	Tecfidera® Capsule / Starter Pack	
	Vumerity [™] Capsule	
	Zeposia® Starter Pack / Capsule	
SEDAT	IVE HYPNOTICS	
	oply to all sedative hypnotics	
Preferred	Non-Preferred	
flurazepam capsule (generic for Dalmane [®])	Ambien [®] Tablet / CR Tablet	
	Belsomra [®] Tablet	
temazepam 15mg, 30mg capsule (generic for Restoril®)	Deisonita Tablet	

zolpidem tablet (generic for Ambien®)

Dayvigo[™] Tablet

Halcion[®] Tablet

Lunesta[®] Tablet Quviviq (daridorexant) tablet ramelteon tablet (generic for Rozerem® Tablet)

Restoril® Capsule Rozerem[®] Tablet Silenor[®] Tablet

doxepin tablet (generic for Silenor®) Edluar[®] SL Tablet

estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®)

Hetlioz[®] Capsule Clinical criteria apply Hetlioz[®] LQ Suspension Clinical criteria appl

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temazepam 7.5, 22.5 mg capsule (generic for Restori)®)
triazolam tablet (generic for Halcion®)
zaleplon capsule (generic for Sonata [®])
zolpidem ER tablet (generic for Ambien® CR)
zolpidem SL tablet (generic for Intermezzo [®])

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More information on the PDL can be found at: <u>https://medicaid.ne</u>	gov/providers/programs-services/prescription-drugs/outpatient-pl	harmacy-services
	OKING CESSATION	
Preferred	Non-Preferre	d
bupropion SR tablet (generic for Zyban® Tablet)	Nicotrol® Inhaler / NS Nasal Spray	
Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months		
nicotine gum / lozenge (buccal) / patch varenicline starting month box (generic for Chantix® Starting Month Box) - Quantity limited to 6 months per 12 months		
varencime starting month box (generic for Chantix's starting Month box) - Quantity minted to 6 months per 12 months		
varenicline tablet (generic for Chantix [®] Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions a	red.	
	DOCRINOLOGY	
	OWTH HORMONE	
	a apply to all drugs in this class	,
Preferred Genotropin® Cartridge / MiniQuick®	Non-Preferre	8
Norditropin® Flexpro®	Nutropin [®] AQ NuSpin [®]	
Serostim [®] Vial	Omnitrope [®] Cartridge / Vial	
	Saizen® Click-Easy® Cartridge / Vial	
	Skytrofa [®] Cartridge	
	Zomacton [®] Vial	
	Zorbtive [®] Vial	
117/1		
HYI	CEMICS - INJECTABLE apid Acting Insulin	
Trial and f	f only one preferred drug required	
Preferred	Non-Preferre	d
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior	Admelog [®] SoloStar [®] / Vial	-
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Afrezza [®] Inhalation Powder	
Humalog® U-100 Junior KwikPen®	Apidra [®] SoloStar [®] / Vial	
Humalog [®] U-100 KwikPen [®] / Vial	Fiasp [®] FlexTouch [®] / Penfill [®] / Vial	
Novolog [®] U-100 Cartridge / FlexPen [®] / Vial	Humalog® U-100 Cartridge	
	Humalog [®] U-200 KwikPen [®]	
	insulin aspart U-100 cartridge / FlexPen [®] / vial (generic for Novolog [®]) Lyumjev [™] U-100 KwikPen [®] / Vial	
	Lyumjev [™] U-200 KwikPen [®]	
	Lyunjev 0-200 KwikPen	
	nort Acting Insulin	
Trial and f	f only one preferred drug required	
Preferred	Non-Preferre	d
Humulin [®] R Vial	Myxredlin [™] Injection	
Humulin [®] R U-500 KwikPen [®] / U500 Vial	Novolin [®] R Vial / ReliOn [®] R Vial	
	Novolin R FlexPen®	
	nediate Acting Insulin	
Preferred	Non-Preferre	d
Humulin [®] N Vial	Humulin [®] N KwikPen [®]	
	Novolin [®] N Vial / ReliOn [®] N Vial	
	ong Acting Insulin	
	f only one preferred drug required	-
Preferred	Non-Preferre	d
insulin glargine vial/SoloStar® (authorized biologic for Lantus) Lantus® SoloStar® / Vial	Basaglar [®] KwikPen [®] insulin degludec pen/vial (generic for Tresiba)	
Levemir [®] FlexTouch [®] / Vial	insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)	
	Semglee Men / Vial	
	Semglee Mygn Pen / Vial	
	Toujeo [®] SoloStar [®] / Max SoloStar [®]	
	Tresiba [®] FlexTouch [®] / Vial	
	Rapid Combination Insulin	
Preferred	Non-Preferre	d
Humalog [®] 50/50 Mix KwikPen [®] / Vial	insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix) Novolog® Mix 70/30 Vial	
Humalog [®] 75/25 Mix KwikPen [®] / Vial insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)		
Novolog [®] Mix 70/30 FlexPen [®]		
Pre	70/30 Combination Insulin	
Preferred	Non-Preferre	d
Humulin [®] 70/30 KwikPen [®] / Vial	Novolin [®] 70/30 FlexPen [®] / Vial / ReliOn [®] 70/30 Vial	
	A well's A well as	
	Amylin Analogs	
Requires trial and failure or insufficient response to metformin containing product u	ontraindicated or documented adverse event when using either a preferred	or non-preferred Amylin Analog
Preferred	Non-Preferre	đ
		-
Symlin [®] Pen Injector		
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	Receptor Agonists and Combinations
	eficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non- GLP-1 Receptor Agonist and Combination
Preferred	Non-Preferred
	Continuation of therapy requires documentation that clinical goals have been met
Bydureon [®] Pen	Adlyxin [®] Injection
Byetta [®] Pen	Bydureon [®] BCise [™]
Trulicity [®] Pen	Rybelsus [®] Tablet
Victoza [®] Pen	Soliqua® Injection
Ozempic® Injection	Xultophy [®] Injection
	Mounjaro (tirzepatide) PEN
	HYPOGLYCEMICS - ORAL
	2nd Generation Sulfonylureas
Preferred	Non-Preferred
Amaryl [®] Tablet	
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol [®] / XL)	
Glucotrol [®] XL Tablet	
glyburide micronized tablet (generic for Micronase [®] , Glynase [®])	
glyburide tablet (generic for Diabeta [®])	
Glynase [®] Tablet	
•	
	Alpha-Glucosidase Inhibitors
Preferred	Non-Preferred
acarbose tablet (generic for Precose [®])	miglitol tablet (generic for Glyset [®])
	Precose® Tablet
	Biguanides and Combinations
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip [®])	Fortamet [®] Tablet
glyburide-metformin tablet (generic for Glucovance [®])	Glumetza [®] Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
metformin tablet / ER tablet (generic for Glucophage [®] / ER)	metformin solution (generic for Riomet [®] Solution) Exemption for children < 12 years of age
ministrian metri (generic car examplinge) may	metformin ER tablet (generic for Fortamet [®])
	metrormin ER tablet (generic for Glumetza ^{\otimes})
	Riomet [®] Solution / ER Suspension
	Konice Jonation / Lix Dispersion
DP	P-IV Inhibitors and Combinations
Requires trial and failure or insufficient response to metformin containing products unless cont	traindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
Preferred	Non-Preferred
Janumet [®] Tablet	alogliptin tablet (generic for Nesina [®])
Janumet [®] XR Tablet	alogliptin-metformin tablet (generic for Kazano [®])
Janunia [®] Tablet	alogiptin-netorimit ablet (generic for Kazano) alogliptin-pioglitazone tablet (generic for Oseni [®])
Jentadueto [®] Tablet	Glyxambi® Tablet
Onglyza® Tablet	Jentadueto [®] XR Tablet
Tradjenta [®] Tablet	Kazano [®] Tablet
ringjoniu ruizior	Kazalo Tablet Kombiglyze [®] XR Tablet
	Notionglyze AK rablet
	Oseni [®] Tablet
	Otem [®] Tablet
	Qrem Tablet Steglujan [®] Tablet
	Steguijan Lablet Trijardy [®] XR Tablet
	Injaruy AR Tablet
	Meglitinides
Preferred	Non-Preferred
reterred nateglinide tablet (generic for Starlix [®])	repaglinide-metformin tablet (generic for Prandimet®)
nateglinide tablet (generic for Starlix) repaglinide tablet (generic for Prandin [®])	repagninge-menorium ander (genera tor randimeres)
repagninue tablet (generic for rfandin)	

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Sod	ium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations
	etformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using
	Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required.
Preferred	Non-Preferred
Farxiga [®] Tablet	Invokamet [®] Tablet / XR Tablet
Invokana® Tablet	Segluromet [™] Tablet
Jardiance [®] Tablet	Steglatro Tablet
Synjardy® Tablet	Synjardy [®] XR Tablet
	Xigduo® XR Tablet
	Thiazolidinediones and Combinations
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos [®])	ActoPlus Met® Tablet / XR Tablet
	Actos® Tablet
	Duetact [®] Tablet
	pioglitazone-glimepiride tablet (generic for Duetact [®])
	pioglitazone-metformin tablet (generic for ActoPlus Met [®])
	GASTROINTESTINAL
	ANTIEMETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply	Akynzeo [®] Capsule / Vial
Diclegis [®] Tablet	Aloxi® Vial
dimenhydrinate vial (generic for Dramamine [®])	Antivert tablet/chewable tablet
meclizine tablet (generic for Antivert [®])	Anzemet® Tablet
metoclopramide solution / tablet (generic for Reglan [®])	Barbensy® Vial
ondansetron ODT / solution / tablet (generic for Zofran [®])	Bonjesta [®] Tablet
prochlorperazine tablet (generic for Compazine [®])	Cinyan [®] Injectable Emulsion
protential promotion of the comparation of the promotion	Compro [®] Rectal
promethazine 12.5 mg, 25 mg recta (generic for Phenergan [®])	doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet)
promethazine synup / tablet (generic for Phenergan [®])	dronabinol capsule (generic for Marinol [®])
Transderm-Scop [®] Patch	Emend® Capsule - Clinical criteria apply
Transderni-Scop Faich	Emend® Powder Packet / Trifold Pack - Clinical criteria apply
	Emend [®] Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti [™] Nasal Spray
	granisetron injection (generic for Kytril [®])
	granisetron tablets (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron vial
	palonosetron injection (generic for Aloxi [®])
	Phenergan [®] injection
	prochlorperazine injection
	prochlorperazine rectal (generic for Compazine [®])
	promethazine 50 mg rectal (generic for Phenergan®)
	Reglan® Tablet
	Sancuso [®] Patch
	scopolamine patch (generic for Transderm-Scop [®])
	Sustol® Injection
	Tigan [®] Capsule / Injection
	trimethobenzamide capsule (generic for Tigan [®])

Effective DATE: April 1, 2023 Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until PDL Panel These drugs are included on the PDL Panel powing prior putperside plicing and entire and their content form of

More information on the PDL can be found at: https://medicaid.ncdhhs.go	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	ACID SALTS
	nly one preferred drug required
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®]) ursodiol tablet (generic for Urso [®])	Bylvay [®] Capsule / Pellet - Exemption for diagnosis of PFIC Chenodal [®] Tablet
	Chehodal Tablet Cholbam [®] Capsule
	Ocaliva [®] Tablet
	Reltone TM Capsule
	Urso® Tablet / Urso® Forte Tablet
	Livmarli (maralixibat) oral solution
H. PYLOR	I COMBINATIONS
Preferred	Non-Preferred
Pylera [®] Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
HISTAMINE-2 RI	ECEPTOR ANTAGONISTS
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid [®])	cimetidine solution / tablet (generic for Tagamet®)
ranitidine syrup/tablet (generic for Zantac*)	nizatidine capsule / solution (generic for Axid [®]) Pepcid [®] Tablet
PANCRI	ATIC ENZYMES
Preferred	Non-Preferred
Creon® Capsule	Pancreaze [®] Capsule
Zenpep® Capsule	Pertzye® Capsule
	Viokase [®] Tablet
PROGESTINS	USED FOR CACHEXIA
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace [®])	megestrol ES suspension (generic for Megace [®] ES)
	PUMP INHIBITORS
Preferred esomeprazole magnesium capsule (generic for Nexium [®] Rx)	Non-Preferred Exemption for children < 12 years of age
esomeprazole magnesium tablet OTC (generic for Nexium® OTC)	Dexilant [®] Capsule
lansoprazole capsule (generic for Prevacid [®] Rx)	dexlansoprazole capsules (generic/AG for Dexilant [®])
Nexium [®] Rx Packet	esomeprazole magnesium capsule OTC (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec [®] Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®) Protonix® Suspension	lansoprazole capsule (generic for Prevacid [®] OTC)
rioonix Suspension	lansoprazole ODT (generic for Prevacid® SoluTab [™]) Nexium [®] Rx Capsule
	omeprazole / sodium bicarbonate capsule (generic for Zegerid [®] Rx / OTC)
	omeprazole ODT (OTC)
	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid [®] Rx / OTC Capsule / Solutab Prilosec [®] Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex [®])
	Zegerid [®] Rx / Capsule / Packet
(DE DOMER OF	NETIDATION ACENTS
Preferred SELECTIVE CO	ONSTIPATION AGENTS Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex [®] Tablet)
Linzess [®] Capsule	Ibsrela® Tablet (Oral)
Movantik [®] Tablet	Lotronex® Tablet
	lubiprostone capsule (generic for Amitiza [®] Capsule)
	Motegrity [™] Tablet
	Relistor [®] Syringe / Vial / Oral Tablet Clinical Criteria Apply Symproic [®] Tablet
	Trulance®
	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCER	ATIVE COLITIS
Desformed	Oral Non-Preferred
Preferred Apriso® Capsule	Non-Preferred Asacol [®] HD Tablet
Apriso Capsule balsalazide capsule (generic for Colazal [®])	Asacoi HD Tablet Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Colazal® Capsule
sulfasalazine IR tablet (generic for Azulfidine®)	Delzicol [®] Capsule
	Dipentum [®] Capsule
	mesalamine DR capsule (generic for Delzicol [®] Capsule)
	mesalamine DR capsule (generic for Delzicol [®] Capsule) mesalamine ER capsule (generic for Apriso [®] Capsule) mesalamine ER capsule (generic for Pentasa® Capsule)

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mesalamine tablet (generic for Asacol® HD / Lialda® Tablet)
Pentas [®] Capsule
Uceris® Tablet
RATIVE COLITIS
Rectal
nly one preferred drug required
Non-Preferred
mesalamine kit (generic for Rowasa® Kit)
mesalamine suppository (generic for Canasa® Suppository)
Rowasa [®] Kit
SF Rowasa [®] Enema
Uceris® Rectal Foam
PLETERS (KIDNEY DISEASE)
Non-Preferred
Auryxia® Tablet
Fosrenol [®] Chewable
Fosrenol [®] Powder Pack
MagneBind [®] 400 Rx Tablet
Phoslyra [®] Solution
Renagel [®] Tablet
Renvela® Powder Pack
sevelamer hydrochloride tablet (generic for Renagel®)
sevelamer carbonate tablet (generic for Renvela*)
Velphoro [®] Chewable
lanthanum carbonate chewable tablet (oral) (generic for Fosrenol® Chewable)
URINARY/RENAL
HYPERPLASIA TREATMENTS
Non-Preferred
Avodart [®] Sofigel
Cardura® Tablet / XL Tablet
Cialis® Tablet (2.5mg and 5mg strengths only) Clinical criteria apply
dutasteride/ tamsulosin capsule (generic Jalyn capsule®)
Flomax [®] Capsule
Jalyn [®] Capsule
Proscar [®] Tablet
Rapaflo [®] Capsule

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More information on the PDL can be found at: https://medicaid.ncdhhs.	
	RY ANTISPASMODICS
Preferred oxybutynin syrup / tablet (generic for Ditropan®)	Non-Preferred darifenacin ER tablet (generic for Enablex [®])
oxybutynin Syrup / aobet (generic for Ditropan XL [®])	Detrol [®] (tolterodine) Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®] Tablet)	Ditropan [®] (oxybutynin) XL Tablet
Toviaz [®] (fesoterodine) Tablet	fesoterodine ER tablet (generic for Toviaz)
	flavoxate tablet (generic for Urispas®)
	Gelnique® (oxybutynin) Gel / Gel Sachets
	Gemtesa® (vibegron) Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment
	Myrbetriq [®] (mirabegron) Granules / ER Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment
	Oxytrol® (oxybutynin) Patch
	tolterodine tablet / ER capsule (generic for Detrol [®] / LA)
	trospium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] (solifenacin) LS Suspension
	Vesicare [®] (solifenacin) Tablet
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	colchicine capsule (generic for Mitigare [®])
colchicine tablet (generic for Colcrys®)	Colcrys [®] Tablet
probenecid tablet(generic for Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
probenecid-colchicine tablet (generic for Col-Benemid [®])	Gloperba [®] Solution
	Krystexxa [®] Injection
	Mitigare® (branded colchicine 0.6mg) Capsules
1	Uloric [®] Tablet
	Zyloprim® Tablet
	EMATOLOGIC
	ITICOAGULANTS
	Injectable
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra® Syringe
Fragmin [®] Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
	Lovenox [®] Syringe / Vial
	Oral
Preferred	Non-Preferred
Eliquis® Tablet and Starter Dose Pack	dabigatran capsule (generic for Pradaxa® Capsule)
Jantoven [®] (branded generic for Coumadin [®])	Savaysa® Tablet
Pradaxa® Capsule warfarin tablet (generic for Coumadin®)	Xarelto [®] Suspension
Xarelto® Starter Pack / Tablet	
COLONY	STIMULATING FACTORS
Preferred	Non-Preferred
Neupogen [®] Vial / Syringe	Fulphila TM Syringe
Nivestym™ Syringe	Granix® Injection Syringe/Vial
Nyvepria TM Syringe	Leukine® Injection
Udenyca [™] Syringe	Neulasta® Syringe / Kit
	Nivestym TM Vial
	Releuko [®] Syringe (Subcutaneous) Releuko [®] Vial (Injection)
	Releuko [®] Vial (Injection) Zarxio® Injection
	Ziextenzo [®] Syringe
	and a funde
HEMA	TOPOIETIC AGENTS
	a apply to all drugs in this class
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epogen [®] Vial
Procrit [®] Vial	Mircera [®] Syringe
	Reblozyl [®] Vial
	Retacrit [®] Vial
Τμοωνολιά	ESIS STIMULATING AGENTS
Preferred	Non-Preferred
rreierreu Nplate [®] Vial	Tavalisse [™] Tablet
- F	
Promacta [®] Suspension / Tablet	
Promacta [®] Suspension / Tablet	
	OPHTHALMIC
	OPHTHALMIC CONJUNCTIVITIS AGENTS
ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops
ALLERGIC C Preferred	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops Alomide® Drops
ALLERGIC (ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops Alomide® Drops Alrex® Drops
ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocrif [®] Drops Alomide [®] Drops Alex [®] Drops azelastine drops (generic for Optivar [®])
ALLERGIC (ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops Alomid® Drops Alrex® Drops azelastine drops (generic for Optivar®) bepotastine drops (generic for Bepreve® Drops)
ALLERGIC (ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops Alomid® Drops Alrex® Drops azelastine drops (generic for Optivar®) bepotastine drops (generic for Bepreve® Drops) Bepreve® Drops
ALLERGIC (ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocrit [®] Drops Alomide [®] Drops Alrex [®] Drops azelastine drops (generic for Optivar [®]) bepotatine drops (generic for Bepreve [®] Drops) Bepreve [®] Drops epinastine drops (generic for Elestat [®])
ALLERGIC (Preferred cromolyn sodium drops (generic for Crolom [®])	CONJUNCTIVITIS AGENTS Non-Preferred Alocril® Drops Alomid® Drops Alrex® Drops azelastine drops (generic for Optivar®) bepotastine drops (generic for Bepreve® Drops) Bepreve® Drops

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	тм
	Zerviat [™] Drops
	ANTIBIOTICS
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	Azasite® Drops
bacitracin-polymyxin ointment (generic for Polysporin [®])	bacitracin ointment (generic for AK-Tracin®)
ciprofloxacin solution drops (generic for Ciloxan [®])	Besivance [®] Suspension
erythromycin ointment (generic for Ilotycin®)	Ciloxan® Drops / Ointment
Gentak [®] Ointment (branded generic for Garamycin [®])	gatifloxacin drops (generic for Zymaxid [®])
gentamicin drops (generic for Garamycin [®])	levofloxacin drops (generic for Quixin [®])
moxifloxacin ophthalmic solution (generic for Vigamox® Drops)	moxifloxacin ophthalmic solution (generic for Moxeza®)
ofloxacin drops (generic for Ocuflox®)	Natacyn [®] Drops
Polycin [®] Ointment (branded generic for Polysporin [®])	neomycin/bacitracin/polymyxin oint (ophthalmic) (generic/AG for Neosporin® Opth Oint)
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 [®])	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
tobramycin drops (generic for Tobrex [®])	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
	Ocuflox® Drops
	Polytrim [®] Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex [®] Ointment/ Drops
	Vigamox [®] Drops
	Zymaxid [®] Drops
ANTIBIOT	ICS-STEROID COMBINATIONS
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Blephamide [®] S.O.P. Ointment
Tobradex [®] Drops / Ointment	Maxitrol® Drops / Ointment
	Neo-Polycin [®] HC (branded generic for Cortisporin®)
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®)
	Pred-G [®] S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex [®] ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex [®] Suspension)
	Zylet [®] Drops

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Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvail [®] Solution
Durezol® Drops	bromfenac drops (generic for Xibrom [®])
Flarex [®] Drops	Bromsite [™] Solution
fluorometholone drops (generic for FML [®])	Dextenza [®] Insert
flurbiprofen drops (generic for Ocufen [®])	Dexycu ^{IM} Vial
Ilevro [®] Drops	difluprednate drops (generic for Durezol [®])
ketorolac solution (generic for Acular [®] / LS)	FML [®] Forte Drops / S.O.P. Ointment
Lotemax [®] Drops	FML [®] Liquifilm [®] Drops
Pred Mild [®] Drops	Iluvien [®] Implant
prednisolone acetate drops (generic for Pred Forte [®])	Inveltys [™] Drops
	Lotemax [®] Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax [®])
	Maxidex [®] Drops
	Nevanac [®] Droptainer
	Ozurdex [®] Implant
	Pred Forte [®] Drops
	prednisolone sodium phosphate drops (generic for Inflamase Forte®)
	Prolensa [®] Drops
	Retisert [®] Implant
	Triesence [®] Vial
	Xipere TM (Intraocular)
	Yutiq [™] Implant
ANTI-INFLAMMA	TORY/IMMUNOMODULATOR
Preferred	Non-Preferred
Preferred	Non-Preferred
Preferred Eysavis [™] Drops	Non-Preferred Cequa [™] Drops
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®)
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvaya® Nasal Spray
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis® (ophthalmic))
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvaya® Nasal Spray
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2 . Preferred Alphagan [®] P Drops	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvaya® Nasal Spray ADRENERGIC AGENTS
Preferred Eysuvis [™] Drops Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis®) (ophthalmic)) Tyrvaya® Nasal Spray ADRENERGIC AGENTS apraclonidine drops (generic for Iopidine [®]) brimonidine P drops (generic for Alphagan [®] P)
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2 . Preferred Alphagan [®] P Drops	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) eyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvay® Nasal Spray ADRENERGIC AGENTS Apraclonidine drops (generic for Iopidine [®])
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2 . Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®])	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvaya® Nasal Spray ADRENERGIC AGENTS Apraclonidine drops (generic for Iopidine®) brimonidine P drops (generic for Alphagan® P) lopidine® Drops
Preferred Eysuvis [™] Drops Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2 ALPHA 2 Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) eyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvay@ Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS paraclonidine drops (generic for Iopidine®) brimonidine P drops (generic for Alphagan® P) lopidine® Drops RAGENTS / COMBINATIONS
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI BETA BLOCKEI Preferred	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) eyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvay@ Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS apraclonidine drops (generic for Iopidine [®]) brimonidine P drops (generic for Alphagan [®] P) Iopidine [®] Drops R AGENTS / COMBINATIONS
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI Preferred Combigan [®] Drops	Non-Preferred Cequa TM Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis®) (ophthalmic)) Tyrvay@ Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS brimonidine drops (generic for lopidine [®]) brimonidine P drops (generic for Alphagam [®] P) lopidine [®] Drops RAGENTS / COMBINATIONS Non-Preferred betaxolol drops (generic for Betoptic [®])
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI BETA BLOCKEI Preferred	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis®) cyclosporine (generic/AG for Restasis®) tyrvaya® Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS brimonidine P drops (generic for Iopidine [®]) brimonidine P drops (generic for Alphagan [®] P) Iopidine [®] Drops RAGENTS / COMBINATIONS Non-Preferred betaxolol drops (generic for Betoptic [®]) Betimol Drops®
Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI Preferred Combigan [®] Drops	Non-Preferred Cequa ™ Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis®) (ophthalmic)) Tyrvaya® Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS Image: Spray Image: Spray Image: Spray ADRENERGIC AGENTS Image: Spray Image: Spray Image: Spray Spray Image: Spray Image: Spray Spray Image: Spray Image: Spray Spray Spray Image: Spray Image: Spray Image: Spray Spray Spray Image: Spray
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Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI Preferred Combigan [®] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) eyclosporine (generic/AG for Restasis® (ophthalmic)) Tyrvay@ Nasal Spray Image: Spray ADRENERGIC AGENTS ADRENERGIC AGENTS Image: Spray Image: Spray ADRENERGIC AGENTS ADRENERGIC AGENTS ADRENERGIC AGENTS Approx/spray Approx/spray Approx/spray ADRENERGIC AGENTS ADRENERGIC AGENTS ADRENERGIC AGENTS Approx/spray Approx/spray Approx/spray Approx/spray Approx/spray brimonidine drops (generic for Jopidine [®]) brimonidine drops (generic for Betoptic [®]) Betapolic [®] S Drops brimonidine tartrate/timolol drops (Generic (AG) for Combigan®)) brimonidine tartrate/timolol drops (ophthalmic) (generic for Combigan®))
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Preferred Eysuvis [™] Drops Restasis [®] Drops / Restasis [®] Multidose [™] Drops Xiidra [®] Drops ALPHA 2. Preferred Alphagan [®] P Drops brimonidine drops (generic for Alphagan [®]) BETA BLOCKEI Preferred Combigan [®] Drops	Non-Preferred Cequa [™] Drops cyclosporine (ophthalmic) (generic for Restasis®) cyclosporine (generic/AG for Restasis®) (ophthalmic)) Tyrvay@ Nasal Spray ADRENERGIC AGENTS ADRENERGIC AGENTS ADRENERGIC AGENTS Define® Drops apraclonidine drops (generic for lopidine®) brimonidine P drops (generic for Alphagan® P) lopidine® Drops AGENTS / COMBINATIONS AGENTS / COMBINATIONS Betimol Drops® Betoptic® S Drops brimonidine tartrate/timolol drops (Generic (AG) for Combigan®)) brimonidine tartrate/timolol drops (opentic for Detagan®) brimonidine tartrate/timolol drops (opentic for Combigan®)) brimonidine tartrate/timolol drops (opentic for Combigan®)) brimonidine tartrate/timolol drops (opentic for Combigan®) brimonidine tartrate/timolol drops (opentic for Combigan®) brimonidine tartrate/timolol drops (opentic for Detagan®) brimonidine tartrate/timolol drops (opentic for Detagan®) brimonidine tartrate/timolol drops (opentic for Detagan®) brimonidi
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CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred	Non-Preferred	
dorzolamide drops (generic for Trusopt [®])	Azopt [®] Drops	
dorzolamide-timolol drops (generic for Cosopt [®])	brinzolamide drops (generic for Azopt® Drops)	
Simbrinza® Drops	Cosopt [®] Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
	Trusopf® Drops	
	PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred	
atanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)	
Travatan [®] Z Drops	Lunigan [®] Drops	
	transport drops (generic for Travatan [®] Z)	
	Vyzulta* Drops	
	Xalata® Drops	
	Xelpros [®] Drops	
	Ziopta [®] Drops	
	and an a state	
	RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred	
Rhopressa [®] Drops		
Rocklatan [®] Drops		
Kockiaan Diops		
	OSTEOPOROSIS	
	BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred	
alendronate tablet (generic for Fosamax [®])	Actonel [®] Tablet	
raloxifene tablet (generic for Evista [®])	Alcoher Larget alendronate solution (generic for Fosamax [®] Solution)	
anoxicie able (generie for Evista)	Atelvia [®] Tablet	
	Alexia ranei Bonia Tablet	
	calcitonin salmon nasal spray (generic for Miacalcin [®])	
	Evenity TM Syringe	
	Evisita [®] Tablet	
	Evista Tablet Forteo [®] Pen Injection	
	Forteo [®] Pablet / Plus D Tablet	
	ibandronate tablet (generic for Boniva®)	
	Prolia [®] Syringe	
	risedronate tablet (generic for Actonel®)	
	teriparatide injection (generic for Forteo [®] Injection)	
	Tymlos [®] Injection	

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	OTIC
	ANTIBIOTICS
Preferred	Non-Preferred
Ciprodex [®] Suspension	Cipro® HC Suspension
eomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	ciprofloxacin solution (generic for Cetraxal®)
floxacin drops (generic for Floxin [®])	ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®])
	ciprofloxacin-fluocinolone drops (generic for Otovel [®])
	Cortisporin-TC [®] Suspension
	Otovel® Drops
	· · · ·
	ANTI-INFECTIVES AND ANESTHETICS
Preferred	Non-Preferred
cetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
celle acid solution (generic for vosor)	aceuc acut-nyurocortusone solution (generic tor vosor HC)
	ANTI-INFLAMMATORY
Ductowed	
Preferred	Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic [®])
	RESPIRATORY
	BETA-ADRENERGIC HANDHELD, LONG ACTING
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Striverdi [®] Respimat [®] Inhalation Spray
B	ETA-ADRENERGIC HANDHELD, SHORT ACTING
Preferred	Non-Preferred
/entolin [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
	Proair® Digihaler [™]
	Proair [®] RespiClick [®]
	Proventil [®] HFA Inhaler
	Xopenex [®] HFA Inhaler
	BETA-ADRENERGIC, NEBULIZERS
Preferred	Non-Preferred
lbuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana [®] Solution)
lbuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana [®] Solution
lbuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist [®] Solution)
Ibuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate)
lbuterol sulfate 5mg / ml solution	Performist [®] Solution
-	Xopenex [®] Solution / Concentrate Solution
	BETA-ADRENERGIC, ORAL
Preferred	Non-Preferred
lbuterol syrup (generic for Ventolin [®] Syrup)	albuterol tablets (generic for Proventil [®] Repetabs)
netaproterenol syrup (generic for Alupent [®] Syrup)	albuterol ER tablets (generic for VoSpire [®] ER)
erbutaline 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		
	NHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred	
noro [®] Ellipta [®] Inhaler	Daliresp [®] Tablet	
trovent® HFA Inhaler	Duaklir [®] Pressair [®]	
evespi® Aerosphere®	Incruse [®] Ellipta [®] Inhaler	
'ombivent [®] Respimat [®] Inhalation Spray	Lonhala [®] Magnair [®]	
pratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	Seebri® Neohaler®	
pratropium-albuterol solution (generic for Duoneb [®])	Tudorza [®] Pressair [®] Inhaler	
piriva® Handihaler®	Yupelri TM Solution	
piriva® Respimat® Inhalation Spray		
tiolto [®] Respinat [®] Inhalation Spray		
tono Respirat Instantion Spriy		
	INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred	
adesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Resputes)	Alvesco® Inhaler	
lovent [®] Diskus	ArmonAir Digihaler	
lovent [®] HFA Inhaler	Arnuity® Ellipta® Inhaler	
	Asmanex® HFA Inhaler	
	Asmanex [®] Twisthaler [®]	
	fluticasone propionate HFA (generic for Flovent® HFA)	
	Pulmicort [®] Flexhaler	
	Pulmicort® Resputes 0.25mg, 0.5mg, 1mg	
	QVAR [®] RediHaler	
INHA	ALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred	
udvair® Diskus®	AirDuo [®] Digihaler ^M / RespiClick [®]	
dvair [®] HFA Inhaler	Breo [®] Ellipta [®]	
Dulera [®] Inhaler	Breztr [™] Aerosphere [™]	
Symbicort [®] Inhaler	budesonide/formoterol inhalation (generic for Symbicort [®])	
sympicort innaier		
	fluticasone/salmeterol inhalation (generic for Advair® Diskus®)	
	fluticasone/salmeterol inhalation (generic for AirDuo®)	
	fluticasone-vilanterol inhalation (generic for Breo® Ellipta®)	
	Trelegy [®] Ellipta [®]	
	Wixela [™] Inhub [™]	
	INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred	
zelastine spray (generic for Astelin®)	Exemption for steroids applies to children < 4 years of age	
luticasone spray (generic for Flonase®)	azelastine nasal spray (generic for Astepro [®])	
pratropium spray (generic for Atrovent [®] Nasal)	azelastine-fluticasone nasal spray (generic for Dymista®)	
lopatadine nasal spray(generic for Patanase [®])	Beconase [®] AQ Nasal Spray	
	Dymista [®] Nasal Spray	
	flunisolide nasal spray (generic for Nasalide [®])	
	mometasone nasal spray (generic for Nasonex $^{(0)}$)	
	Omnaris [®] Nasal Spray	
	Patanase [®] Nasal Spray	
	QNasl [®] Nasal Spray / Children's Spray	
	Ryaltris® (olopatadine and mometasone) Nasal Spray	
	Sinuva [™] Implant	
	Xhance TM Nasal Spray	
	Zetonna [®] Nasal Spray	
	LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred	
	Accolate [®] Tablet	
	montelukast granules (generic for Singulair [®]) Singulair [®] Chewable/ Granules / Tablet	
montelukast chewable / tablet (generic for Singulair®)	montelukast granules (generic for Singulair [®]) Singulair [®] Chewable / Granules / Tablet	
	montelukast granules (generic for Singulair [®]) Singulair [®] Chewable / Granules / Tablet zafirlukast tablet (generic for Accolate [®])	
	montelukast granules (generic for Singulair [®]) Singulair [®] Chewable / Granules / Tablet	

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trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until
reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:
https://www.nctracks.nc.gov/content/public/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

cetirizine Rx syrup (generic for Zyrtec [®] Syrup) cetiriz cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets) Clarin levocetirizine OTC tablet (generic for Xyzal® OTC Tablet) deslor levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) fexofe loratadine tablet OTC (generic for Claritin® OTC) levocetirizine LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred cetiriz loratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz Clarinin fexofe	12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D® OTC) rinex-D® Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D® Capsule
cetirizine Rx syrup (generic for Zyrtec [®] Syrup) cetiriz cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets) Clarin levocetirizine OTC tablet (generic for Xyzal® OTC Tablet) deslor levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) fexofe loratadine tablet OTC (generic for Claritin® OTC) levocetirizine LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred cetiriz loratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz Clarinin fexofe	rizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup) rinex [®] Tablet - Exemption for children < 2 years of age foratadine ODT / Tablet (generic for Carinex [®]) ofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) certizine Rs Solution (generic for Xyzul [®] Rs Solution) stadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) STAMINE COMBINATIONS 12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D [®] OTC) rinex-D [®] Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine-D seudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) nprex-D [®] Capsule
cetirizine tablets OTC (generic for Xyrat® OTC Tablets) Clarin levocetirizine OTC tablet (generic for Xyrat® OTC Tablet) deslor levocetirizine Rs tablet (generic for Xyrat® Rs Tablet) fexofe loratadine tablet OTC (generic for Claritin® OTC) levoce loratadine tablet OTC (generic for Claritin® OTC) loratac loratadine tablet OTC (generic for Claritin® OTC) loratac loratadine tablet OTC (generic for Claritin® OTC) loratac loratadine tablet OTC (generic for Claritin® OTC) cetiriz loratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz loratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz	rinex® Tablet - Exemption for children < 2 years of age loratadine ODT / Tablet (generic for Clarinex®) ofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) occetizine Rx solution (generic for Xyzal® Rx Solution) tadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC) STAMINE COMBINATIONS 12 months apply to all drugs in this class I2 mon
evocetirizine OTC tablet (generic for Xyzal® OTC Tablet) deslor. evocetirizine Rs tablet (generic for Xyzal® Rx Tablet) fexofe foratadine tablet OTC (generic for Claritin® OTC) levoce LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred foratadine-D OTC tablet (generic for Claritin-D® OTC) claritin fexofe fexofe	loratadine ODT / Tablet (generic for Clarinex [®]) ofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC) occutrizine Rx solution (generic for Xyzal [®] Rx Solution) tadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) STAMINE COMBINATIONS 12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D [®] OTC) rinex-D [®] Tablet ofenadine- D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine- J seudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) nprex-D [®] Capsule
evocetirizine Rx tablet (generic for Xyzal® Rx Tablet) fexofe toratadine tablet OTC (generic for Claritin® OTC) levoce LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred cetiriz Ioratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz Claritin fexofe	ofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) ocetirizine Rx solution (generic for Xyzal® Rx Solution) tadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC) STAMINE COMBINATIONS 12 months apply to all drugs in this class 12 months apply to all drugs in this class 12 months apply to all drugs of the class 12 months apply to all drugs of the class 13 months apply to all drugs of the class 14 months apply to all drugs of the class 15 months apply to all drugs of the class 15 months apply to all drugs of the class 16 months apply to all drugs of the class 17 months apply to all drugs of the class 18 mon-Preferred 19 months apply to all drugs of the class 19 months apply to all drugs of the class 19 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs of the class 12 months apply to all drugs of the class 13 months apply to all drugs of the class 14 months apply to all drugs of the class 15 months apply to all drugs of the class 15 months apply to all drugs of the class 16 months apply to all drugs of the class 17 months apply to all drugs of the class 18 mon-Preferred 18 months apply to all drugs of the class 19 months apply to all drugs of the class 19 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs of the class 12 months apply to all drugs of the class 13 months apply to all drugs of the class 14 months apply to all drugs of the class 15 months apply to all drugs of the class 15 months apply to all drugs of the class 16 months apply to all drugs of the class 17 months apply to all drugs of the class 18 months apply to all drugs of the class 19 months apply to all drugs of the class 19 months apply to all drugs of the class 19 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs of the class 10 months apply to all drugs
Ioratadine tablet OTC (generic for Claritin® OTC) levoce lorataa LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred oratadine-D OTC tablet (generic for Claritin-D® OTC) cetiriz Clarine fexofe	ocetirizine Rx solution (generic for Xyzal [®] Rx Solution) tadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC) STAMINE COMBINATIONS 12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D [®] OTC) rinex-D [®] Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine-D seudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) nprex-D [®] Capsule
LOW SEDATING ANTIHIST Quantity limit of 102 days supply per 12 Preferred Ioratadine-D OTC tablet (generic for Claritin-D® OTC) Claritin fexofe	STAMINE COMBINATIONS 12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D® OTC) rinex-D® Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) ofenadine-Dseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D® Capsule
Quantity limit of 102 days supply per 12 Preferred Ioratadine-D OTC tablet (generic for Claritin-D [®] OTC) cetiriz Clarin fexofe	12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D® OTC) rinex-D® Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D® Capsule
Quantity limit of 102 days supply per 12 Preferred Ioratadine-D OTC tablet (generic for Claritin-D [®] OTC) cetiriz Clarin fexofe	12 months apply to all drugs in this class Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D® OTC) rinex-D® Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D® Capsule
Preferred cetiriz	Non-Preferred rizine-D OTC tablet (generic for Zyrtec-D [®] OTC) rinex-D [®] Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine-D seudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) nprex-D [®] Capsule
oratadine-D OTC tablet (generic for Claritin-D [®] OTC) cetiriz Clarin fexofe	rizine-D OTC tablet (generic for Zyrtee-D [®] OTC) rinex-D [®] Tablet ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D [®] 24 hour) nprex-D [®] Capsule
fexofe	ofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D [®] Capsule
	ofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour) nprex-D [®] Capsule
	nprex-D [®] Capsule
Sentr	ICALS
TOPIC	
ACNE AC	
Preferred	Non-Preferred
	nnya® Gel Pump zone® Gel
-	palene / benzoyl peroxide (generic for Epiduo [®] Gel)
	reno [®] Lotion (Topical)
Epiduo [®] Gel Amzee	izeeq [™] Foam
	Izlo [™] Lotion
	alin [®] Gel
	rr [®] Cleanser / Cleansing Pads rr [®] LS Cleanser / LS Cleansing Pads / LS Foam
	ar-E [®] Emollient Cream / Green Emollient Cream
	ita® Cream / Gel
	laic acid gel (generic for Finacea®)
	nzamycin [®] Gel
	¹⁰ 10-1 Wash / Cleansing Wash
	ocin [®] T Lotion ndacin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit
	ndagel [®] Gel
clindar	damycin / tretinoin (generic for Veltin [®])
	damycin phosphate foam (generic for Evoclin®)
	damycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®])
	damycin-benzoył peroxide gel (generic for Neuac [®]) damycin-benzoył peroxide gel / pump (generic for Benzaclin [®])
	damycin-benzoyl peroxide ger/ pump (generic for Acanya [®])
	sone gel (generic for Aczone [®] Gel)
Ery [®] F	
	gel [®] Gel
	thromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) xclin [®] Foam
	ior [®] Foam
	acea [®] Foam / Gel
Klaror	ron [®] Lotion
	uac [®] Gel / Kit
	exton® Gel / Gel Pump
	ace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash miseb [*] Topical Cream
	sula [®] Cloths / Wash
	ium sulfacetamide cleanser / cream (generic for Avar® / LS)
	ium sulfacetamide lotion (generic for Klaron [®])
	ium sulfacetamide shampoo, wash (generic for Ovace [®] / Plus)
	ium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®]) ium sulfacetamide-sulfur kit / wash (generic for Sumadan [®])
	ium sulfacetamide-sulfur kit / wash (generic for Sumadan) ium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®])
	ium sufacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®])
SSS®	S [®] 10-5 Cream / Foam
	facetamide-sulfur 9-4% cleanser (generic for Zencia)
	acetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5)
	nadan [®] Kit / Wash / XLT Kit naxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	arotene cream (generic for Tazorac [®])
	arotene foam (generic for Fabior®)
	arotene gel (generic for Tazorac gel)
	zorac [®] Cream / Gel
	inoin cream / gel (generic for Retin-A®)
	inoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) tin-X [™] Combo Pack / Cream
	ni-x Conto Fack Cream
Ziana [®]	na [®] Gel

Effective DATE: April 1, 2023

More information on the PDL can be found at: https://medica	aid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	ANDROGENIC AGENTS
Preferred	Non-Preferred
Androgel®Pump	Androderm [®] Patch
testosterone gel pump (generic for Androgel [®] Pump, Fortesta [®])	Androgel [®] Packet
	Fortesta® Gel Pump
	Natesto [®] Nasal Gel
	Testim [®] Ge!
	testosterone gel / packet (generic for Testim [®] , Vogelxo [®])
	testosterone packet (generic for Androgel [®] packet)
	Vogelxo [®] Gel / Packet / Pump
	NC ATDS
	NSAIDS
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren [®] Gel)	diclofenac epolamine patch (generic for Flector [®] Patch)
	diclofenac solution pump (generic for Pennsaid® pump)
	diclofenac solution (generic for Pennsaid®)
	Flector [®] Patch
	Licart [™] Patch
	Pennsaid [®] Solution Packet / Pump
	ANTIBIOTICS
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban [®] Ointment)	mupirocin cream (generic for Bactroban® Cream)
	Xepi [™] Cream
	ANTIBIOTICS - VAGINAL
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin [®] Vaginal Cream
Clindesse [®] Vaginal Cream	clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel)	Metrogel® Vaginal Gel
Nuvessa [®] Vaginal Gel	Vandazole® Vaginal Gel
	Xaciato" (clindamycin phosphate) vaginal gel
	Xaciato [®] (clindamycin phosphate) vaginal gel
Preferred	ANTIFUNGALS
Preferred	ANTIFUNGALS Non-Preferred
ciclopirox cream (generic for Loprox [®] Cream)	ANTIFUNGALS Non-Preferred Bensal HP* Ointment
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution)	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrimin [®] Rx)	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrimin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream)	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrimin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrinin® Rx)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rs cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) cicloritmazole Rx solution (generic for Lotrisone® lotion) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / olintment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) ciclorimazole Rx solution (generic for Lotrisone® lotion) ciclotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rs cream (generic for Lotrisine [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodam ⁶ Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodam [®] Kit) clotrimazole Rx solution (generic for Lotrinin [®] Rx) clotrimazole betamethasone lotion (generic for Lorisone [®] lotion) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) cclotrimazole-betamethasone lotion (generic for Lotrisone® lotion) cconazole cream (generic for Spectazole®) Erracxo® Cream Exelderm® Cream / Solution
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrinin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exclderm® Cream / Solution Extina® Foam
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox reatment kit (generic for Ciclodan® Kit) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exelderm® Cream / Solution Extina® Foam Jublia® Topical Solution
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrinin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exclderm® Cream / Solution Extina® Foam
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox reatment kit (generic for Ciclodan® Kit) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exelderm® Cream / Solution Extina® Foam Jublia® Topical Solution
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox reatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotrisone [®] lotion) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Exclderm [®] Cream / Solution Exclderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution ketoconazole foam (generic for Extina [®] Foam)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / olintment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotronx®) clotrimazole Rx solution (generic for Lotrisonc® lotion) econazole cream (generic for Spectazole®) Ertaczo® Cream Exclderm® Cream / Solution Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution ketocanaveler for Extina® Foam) Ketodan® foam/foam kit
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Lopros [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lorisone [®] lotion) console-betamethasone lotion (generic for Lorisone [®] lotion) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Exclderm [®] Cream / Solution Exclderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution ketoconazole foam (generic for Extina [®] Foam) Ketodan [®] foam/foam Kit Loprox [®] shampoo / suspension / cream / kit
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / olintment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodar® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Lopros®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econzole cream (generic for Spectazole®) Extacxs® Cream Extederm® Cream / Solution Exciderm® Cream / Solution Extina® Foam Jublia® Topical Solution ketocanazole for Extina® Foam) ketocanazole form kit Lopros® shampoo / suspension / cream / kit luliconazole cream (generic for Luru® Cream)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) mystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Lopros®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole Rx solution (generic for Lotrisone® lotion) econzole cream (generic for Spectazole®) Ertaczo® Cream Exelderm® Cream / Solution Exciderm® Cream / Solution Extina® Foam Jublia® Topical Solution Ketonazole for Extina® Foam) Ketonazole form Kit Lopros® shampoo / suspension / cream / kit luliconazole cream (generic for Luzu® Cream) Luzu® Cream
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole Rx solution (generic for Lotrinin [®] Rx) clotrimazole-betamethasone lotion (generic for Lotrisone [®] lotion) econazole cream (generic for Spectazole [®]) Extelderm [®] Cream Extelderm [®] Topical Solution Extina [®] Foam Jublia [®] Topical Solution Kertodan [®] foam/foam kit Loprox [®] shampoo / suspension / cream / kit luliconazole cream (generic for Lotrina [®] Foam) Ketodan [®] foam/foam kit Loprox [®] shampoo / suspension / cream / kit luliconazole cream Larva [®] Cream
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) mystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotroins) [®] Rs) clotrimazole-betamethasone lotion (generic for Lotroins) [®] Rol econazole cream (generic for Spectazole [®]) Extederm [®] Cream Exelderm [®] Cream / Solution Exelderm [®] Topical Solution Ketodan [®] Topical Solution Ketodan [®] Topical Solution Ketodan [®] foarn Jublia [®] Topical Solution Ketodan [®] foarn (generic for Extina [®] Foam) Ketodan [®] foarn kit Loprox [®] shampoo / suspension / cream / kit luliconazole cream (generic for Extina [®] Cream) Luzz [®] Cream Mentage Cream
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole Patament konne lotion (generic for Lorisone [®] lotion) contrimazole Patamethasone lotion (generic for Lorisone [®] lotion) econazole cream (generic for Spectazole [®]) Extederm [®] Cream Extederm [®] Cream / Solution Extelderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam kit Loprox [®] shampoo / suspension / cream / kit Iuliconazole cream (generic for Luzza [®] Cream) Luz [®] Cream Mentax [®] Cream Informazole / zinc cxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafilifine cream / gel (generic for Nafili [®] Cream / Gel)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotroins) [®] Rs) clotrimazole-betamethasone lotion (generic for Lotroins) [®] Rol econazole cream (generic for Spectazole [®]) Extederm [®] Cream Exelderm [®] Cream / Solution Exelderm [®] Topical Solution Ketodan [®] Topical Solution Ketodan [®] Topical Solution Ketodan [®] foarn Jublia [®] Topical Solution Ketodan [®] foarn (generic for Extina [®] Foam) Ketodan [®] foarn kit Loprox [®] shampoo / suspension / cream / kit luliconazole cream (generic for Extina [®] Cream) Luzz [®] Cream Mentage Cream
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole Patament konne lotion (generic for Lorisone [®] lotion) contrimazole Patamethasone lotion (generic for Lorisone [®] lotion) econazole cream (generic for Spectazole [®]) Extederm [®] Cream Extederm [®] Cream / Solution Extelderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam kit Loprox [®] shampoo / suspension / cream / kit Iuliconazole cream (generic for Luzza [®] Cream) Luz [®] Cream Mentax [®] Cream Informazole / zinc cxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafilifine cream / gel (generic for Nafili [®] Cream / Gel)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Crean / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Lopros [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotroins) [®] Rs.) clotrimazole-cream (generic for Spectazole [®]) Exclorm [®] Cream Exclorm [®] Cream / Solution Exclorm [®] Topical Solution Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam (generic for Extina [®] Foam) Ketodan [®] foam kit Loprox [®] shampoo / suspension / cream / kit Iuliconazole cream (generic for Luza [®] Cream) Luza [®] Cream Mentas [®] Cream Mentas [®] Cream Mentas [®] Cream Mentas [®] Cream Mittin [®] Gel Natifi [®] Gel Nystatin-triancinolone cream / ointment (generic for Mycolog II [®])
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodam® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Lopros®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole-betamethasone lotion (generic for Lorisone® lotion) contrimazole-betamethasone lotion (generic for Lorisone® lotion) econazole cream (generic for Spectazole®) Ertazzo® Cream Exclderm® Cream / Solution Exclderm® Cream / Solution Exclderm® Cream / Solution Exclderm® Cream / Solution Ketydin® Topical Solution Ketodan® foam / Jublia® Topical Solution ketoconazole foam (generic for Extina® Foam) Ketodan® foam/foam kit Loprox® shampoo / suspension / cream / kit Iuliconazole ream (generic for Luza® Cream) Luza® Cream Mentax® Cream Matin® Gel Natin® Gel
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) mystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole Rx solution (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole Rx solution (generic for Lotronin [®] Rx) clotrimazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Exclderm [®] Cream / Solution Exclderm [®] Cream Exclderm [®] Cream Jublia [®] Topical Solution Kerydin [®] Topical Solution Ketodan [®] foam/foam kit Loprox [®] shampoo / suspension / cream / kit Iuliconazole cream (generic for Luzu [®] Cream) Luzu [®] Cream Mentax [®] Cream Mentax [®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply naftifine cream / gel (generic for Naftin [®] Cream / Gel) Naftin [®] Gel nystattin-triancinolone crean / ointment (generic for Mycolog II [®]) oxiconazole cream (generic for Oxista [®]) Oxistat [®] Cream / Lotion
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nizoral [®]) Nyamyc [®] Powder (kranded generic for Nysotp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Gream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox teatment kit (generic for Ciclodan® Kit) ciclopirox teatment kit (generic for Ciclodan® Kit) colorinazole. clotrinazole.betamethasone lotion (generic for Lotrons® lotion) econazole cream (generic for Spectazole®) Eratczo® Cream Exelderm® Cream / Solution Exelderm® Cream Solution Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution Kerydin® Topical Solution Ketodan® foam/foam kit Lopros® shampoo / suspension / cream / kit lutionazole cream (generic for Extima® Foam) Ketodan® foam/foam kit Lopros® shampoo / suspension / cream / kit lutionazole cream (generic for Luzu® Cream) Luzu® Cream Mentas® Cream Mentas® Cream Mentas® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply nattline cream / gel (generic for Matin® Cream / Gel) Nattin® Gel nystatin-triancinolone cream / ointment (generic for Mycolog II®) Oxistat® Cream / Lotion sulconazole nitrate cream (generic for Cixit
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamye [®] Powder (branded generic for Nizoral [®]) Nyamye [®] Powder (branded generic for Nysorp [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox tratment kit (generic for Ciclodan® Kit) chorimazole ks solution (generic for Lotrisone® lotion) ecouzole cream (generic for Lotrisone® lotion) ecouzole cream (generic for Spectrazole®) Ertuczo® Cream Exclderm® Cream / Solution Lyblin® Topical Solution Ketodan® foam Jublin® Topical Solution Ketodan® foam/foam kit Loprox® shampoor suspension / cream / kit htticonazole cream (generic for Laza® Cream) Laza® Cream miconazole dream (generic for Laza® Cream) Laza® Cream Mentax® Cream miconazole dream (generic for Vusion®) - Clinical criteria apply naffifie cream / gel (generic for Nycolog II®) oxista® Cream / Lotion sulconazole nitrate cream (generic for Cistaf®) Oxista® Cream / Lotion sulconazole nitrate cream (generic for Mycolog II®) oxista® Cream / Lotion sulconazole nitrate cream (generic for Exelderm®)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / olintment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gol / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) chtrimazole Rx solution (generic for Lotrisone® lotion) econzole cream (generic for Spectazole®) Ertaczo® Cream Extederm® Cream / Solution Extederm® Cream / Solution Extederm® Cream / Solution Kerydin® Topical Solution Ketotona Riti Loprox® shampoor / suspension / cream / kit Iulionavole foam (generic for Luzri® Cream) Ketodan® foam/foam kit Loprox® shampoor / suspension / cream / kit Iuliconzole cream (generic for Naftin® Cream / Gel) Mentax® Cream micionazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftine cream / gel (generic for Matin® Cream / Gel) Naftin® Gel nystatin+triancincolone cream / ointment (generic for Mycolog II®) Oxista® Cream (generic for Coxista®) Oxista® Cream (generic for Coxista®) Oxista® Cream (generic for Scielderm®) sulconazole nitate cong (generic for Keydlerm®)
ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrinin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / olintment / powder (generic for Mycostatin [®] , Nystop [®])	ANTIFUNGALS Non-Preferred Bensal HP* Ointment Ciclodam® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox tratment kit (generic for Ciclodam® Kit) chorimazole ks solution (generic for Lotrison® lotion) ecourazole cream (generic for Lotrison® lotion) ecourazole cream (generic for Spectrazole®) Ertaczo® Cream Exclderm® @ream / Solution Extima® Feam Jubin® Topical Solution Ketodam® foram / Solution Ketodam® foram/foam kit Loprox® shampoor suspension / cream / kit luticonazole cream (generic for Laza® Cream) Laza® Cream miconazole dream (generic for Laza® Cream) Laza® foram/foam kit Loprox® shampoor suspension / cream / kit luticonazole cream (generic for Laza® Cream) Laza® Cream Mentax® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply nafitine cream / gel (generic for Nycolog II®) oxista® Cream (Lotion suconazole nitrate cream (generic for Texelderm®) oxista® Cream (Lotion

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7 Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

More information on the	More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services	
	ANTI	PARASITICS
	Trial and failure of on	ly one preferred drug required
Preferred	1	Non-Preferred
Natroba [®] Topical Suspension		Crotan [™] Lotion
permethrin cream (generic for Elimite®)		Eurax [®] Cream / Lotion
		ivermectin lotion (generic for Sklice® Lotion)
		lindane shampoo
		malathion lotion (generic for Ovide [®])
		Ovide [®] Lotion
		Sklice [®] Lotion
		spinosad topical suspension (generic for Natroba®)
	A	NTIVIRAL
Preferred	1	Non-Preferred
acyclovir ointment (generic for Zovirax® Ointment)		acyclovir cream (generic for Zovirax [®] Cream)
Zovirax [®] Cream		Denavir [®] Cream
		Xerese [®] Cream
		Zovirax® Ointment
	IMMUN	DMODULATORS
		Dermatitis
		oply to all drugs in this class
Preferred		Non-Preferred
		Adbry TM (Subcutaneous)
Elidel® Cream		Addry ^{(M} (Subcutaneous) Dupixent [®] Injection
Eucrisa® 2% Ointment		
tacrolimus ointment (generic Protopic®)		Dupixent [®] Pen
		Opzelura ^{IM} Cream
		pimecrolimus cream (generic for Elidel [®] Cream)
	×	
		oquinolinamines
Preferred	1	Non-Preferred
imiquimod cream packet (generic for Aldara®)		Condylox [®] Gel
imiquimod cream pump (generic for Aldara®)		Hyftor (sirolimus) gel
		imiquimod cream (generic for Zyclara®) (topical)
		imiquimod cream pump (generic for Zyclara [®]) (topical)
		podofilox solution (generic for Condylox [®] Solution)
		Veregen [®] Ointment
		Zyclara® Cream and Cream Pump
	D'	SORIASIS
Preferred		Non-Preferred
_	8	calcipotriene ointment / solution (generic for Dovonex [®])
calcipotriene cream (generic for Dovonex [®])		calcipotrene ointment / solution (generic for Dovonex) calcipotriene foam (generic for Sorilux® Foam)
		calcipotriene-betamethasone suspension / ointment (generic for Talconex®)
		calcitriol ointment (generic for Vectical [®])
		Duobrii [™] Lotion
		Enstilar [®] Foam
		Sorilux® Foam
		Taclonex [®] Ointment / Suspension
		Vtama® (tapinarof) cream
		Zorvye [®] (rofumilast) cream
		CEA AGENTS
Preferred	1	Non-Preferred
metronidazole cream (generic for MetroCream®)		azelaic acid gel (generic for Finacea®)
metronidazole gel / pump (generic for MetroGel®)		Epsolay® (benzoyl peroxide) 5% Cream Pump
		Finacea® Foam / Gel
		ivermectin cream (generic for Soolantra®)
		metronidazole lotion (generic for MetroLotion®)
		Noritate [®] Cream
		Rhofade [®] Cream
		Rosadan [®] Cream / Gel / Kit
		Zilxi TM Foam
		1

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe [®] FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)
hydrocortisone cream / lotion / ointment (generic for Hytone®)	Aqua Glycolic [®] HC Kit
	desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
	desonide lotion (generic for DesOwen [®] Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil)
	Texacort [®] Solution
	Medium Potency
Preferred	Non-Preferred
luticasone cream / ointment (generic for Cutivate®)	Beser TM Lotion / Kit
nometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream / pump (generic for Cloderm [®])
() () () () () () () () () () () () () (Cloderm [®] Cream / Pump
	Crown Crean / Lotion
	fluocinolone cream / ointment / solution (generic for Synalar [®])
	flurandrenolide cream/lotion (generic for Cordran [®] SP cream and Cordran [®] lotion)
	flurandrenolide circaminonia (generic for Cordran [®] ointment)
	fluticasone lotion (generic for Cutivate [®] Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort [®])
	Locoid [®] Lipocream / Lotion
	Luxiq [®] Foam
	Pandel [®] Cream
	prednicarbate cream / ointment (generic for Dermatop [®])
	Synalar® Cream / Ointment / Kit / Solution / TS Kit
	High Potency
Preferred	Non-Preferred
petamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream / lotion (generic for Cyclocort [®])
riamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam (generic for Valisone [®])
	betamethasone valerate lotion (generic for Valisone [®])
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone [®])
	Diprolene [®] Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E)
	fluocinonide ointment (generic for Lidex [®] Ointment)
	fluocinonide solution (generic for Lidex [®] / Lidex [®])
	halcinonide cream (generic for Halog [®])
	Halog [®] Cream / Ointment / Solution
	Kenalog [®] Spray
	Sanaderm [®] Rx Solution
	Topicott [®] Cream / Gel / Ointment / Spray / LP
	triancinolone spray (generic for Kenalog [®] Spray)
	Trianes [®] Ontment Vanos [®] Cream

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Very High Potency		
Preferred	Non-Preferred	
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	Bryhali [™] Lotion	
clobetasol solution (generic for Cormax [®])	clobetasol foam / emollient foam / emulsion foam (generic for Olux [®] / Olux-E [®])	
halobetasol propionate cream / ointment (generic for Ultravate®)	clobetasol lotion (generic for Clobex [®])	
clobetasol shampoo (generic for Clobex)	clobetasol propionate spray (generic for Clobex [®] spray)	
	Clodan [®] Kit / Shampoo	
	halobetasol propionate foam (generic for Lexette [®] Foam)	
	Impeklo [™] Lotion	
	Lexete [®] Foam	
	Olux® Foam / E-Foam	
	Temovate [®] Cream / Ointment	
	Tovet [™] Foam / Foam Kit	
	Ultravate [®] Lotion	
	CELLANEOUS	
ANTIP	SORIATICS, ORAL	
Preferred	Non-Preferred	
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)	
	INE, SELF INJECTED	
Quantity limits	apply to all drugs in this class	
Preferred	Non-Preferred	
Epi-Pen® Auto Injector	epinephrine auto injector (generic for Adrenaclick®)	
Epi-Pen® JR Auto Injector	Symjepi™	
	epinephrine auto injector (generic for Epi-Pen® Auto Injector)	
	epinephrine JR (generic for Epi-Pen® JR Auto Injector)	
ESTROGEN A	GENTS, COMBINATIONS	
Preferred	Non-Preferred	
Activella [®] Tablet	Bijuva [®] Capsule	
Amabelz Tablet	Prefest® Tablet	
estradiol/norethindrone tablet (generic for Activella®)		
Fyavolv [™] Tablet		
Jinteli [®] (branded generic for FemHRT [®])		
Mimvey [®] / Lo (branded generic for Activella [®])		
norethindrone-ethinyl estradiol (generic for FemHRT [®])		
Premphase [®] Tablet		
Prempro [®] Tablet		
PROGES	TATIONAL AGENTS	
Preferred	Non-Preferred	
Compounded 17 P		

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

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

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

wore momator on the FDE can be found at. mtps.//medicald.itcums.go	wprovidera/programs-servicea/prescription-drugs/outpatient-pharmacy-services
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara® Pro Patch	Climara [®] Patch
CombiPatch®	Divigel [®] Gel Packet
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Dotti [™] Patch
estradiol tablet (generic for Estrace [®])	Duavee® Tablet
Evamist [®] Spray	Elestrin [®] Gel
Menest [®] Tablet	Estrace® Tablet
Premarin [®] Tablet	Lyllana [™] Patch
	Menostar [®] Patch
	Minivelle [®] Patch
	Vivelle-Dot [®] Patch
ESTROGEN AGENT	S, VAGINAL PREPARATIONS
Preferred	Non-Preferred
Estring [®] Vaginal Ring	Estrace [®] Cream

Premarin® Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace®)
Vagifem [®] Vaginal Tablet	Femring [®] Vaginal Ring
	Invexxy® Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
GLUCOCORTIC	COID STEROIDS, ORAL
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Alkindi [®] Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron [®])	Cortef® Tablet
dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patisone®)

hydrocortisone tablet (generic for Cortef [®])	dexamethasone tablet dosepack
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	dexamethasone Intensol® Drops
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Emflaza [®] Suspension / Tablet Clinical criteria apply
prednisolone solution (generic for Prelone [®] , Millipred [®])	Hemady [™] Tablet
prednisone dose pack (generic for Sterapred®)	Medrol® Dose Pack / Tablet
prednisone solution / tablet (generic for Deltasone®)	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	Ortikos Capsule
	prednisolone ODT (generic for Orapred® ODT)
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex [®] Tablet
	Tarpeyo™ Capsule - Exemption for diagnosis of IgA nephropathy
IMMUNOMOE	DULATORS, SYSTEMIC
Clinical criteria a	pply to all drugs in this class
Trial and failure of or	ly one Preferred drug required
Preferred	Non-Preferred
Cosentyx [®] Pen / Syringe	Actemra® ACTPen TM / Syringe / Vial
Enbrel® Kit / Mini Cartridge / Sureclick® Syringe / Syringe / Vial	Arcalyst [®] SQ Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Avsola [®] Injection
	Cibinqo™ Tablet (Oral)
	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Enspryng [™] Injection
	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya® Injection
	Inflectra TM Vial
	infliximab (injection) (generic for Remicade®)
	Kevzara [®] Injection
	Kineret® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumian([®] Tablet
	Orencia® Clickjet® / Syringe / Vial
	Otezla® Starter Pack / Tablet
	Remicade® Injection
	Renflexis [™] Injection
	Rinvoq [™] ER Tablet
	Siliq [®] Injection
	Simponi [®] Aria Vial / Pen Injector / Syringe
	Skyrizi® (risankizumab-rzaa) On-Body
	Skyrizi® (risankizumab-rzaa) Vial
	Skyrizi [™] Pen / Syringe
	Sotyktu® (deucravacitinib) Tablet
	Spevigo® (spesolimab-sbzo) Vial
	Stelara® Syringe / vial
	Taltz® Auto-injector / Syringe
	Tremfya [®] Injection
	Uplizna [®] Vial
	Xeljanz® Tablet / Solution / XR Tablet
IMMUNO	OSUPPRESSANTS

Astagraf[®] XL Capsule

Preferred

Non-Preferred

Effective DATE: April 1, 2023

Azasan [®] Tablet	
azathioprine tablet (generic for Imuran [®])	
Cellcept [®] Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®])	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus [®] XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic [®] Tablet	
Neoral [®] Capsule / Solution	
Prograf [®] Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock Tablet	
Sandimmune [®] Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®] Solution / Tablet)	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®])	
Tavneos® capsule (oral)	
Zortress [®] Tablet	

Effective DATE: April 1, 2023

More information on the PDL can be found at: https://medicaid.ncdnhs.go	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
MOVEN	ENT DISORDERS
Clinical criteria a	pply to all drugs in this class
Preferred	Non-Preferred
Austedo [™] Tablet	Xenazine® Tablet
Ingrezza [®] Capsule	
Ingrezza [®] Initiation Pack	
tetrabenazine tablet	
OPIOII	ANTAGONISTS
Preferred	Non-Preferred
Kloxxado [™] Nasal Spray	
naloxone ampule / syringe / vial (generic for Narcan [®])	
naloxone unipue/ synings/ van (generic to r vareau / naloxone spray (nasal) (Generic (AG) for Narcan [®] Nasal Spray))	
naltrexone (oral)	
Narcan [®] Nasal Spray	
Vivitrol® Injection	
Zimhi [™] (injection)	
OPIOI	DEPENDENCE
Clinical criteria	apply to all drugs in this class
Trial and failure of Suboxone® SL film or buprenorphine-naloxone	SL tablet (generic Suboxone®) required for coverage of non-preferred options
For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have initiated treat	nent with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.
Preferred	Non-Preferred
buprenorphine-naloxone sl tablet (generic for Suboxone®)	
	buprenorphine sl tablet (generic for Subutex [®]) buprenorphine-naloxone sl film (generic for Suboxone®)
Suboxone [®] SL Film	
Sublocade	Lucemyra® Tablet (oral) - Exemption for diagnosis of opioid withdrawal symptoms
	Zubsolv® Tablet SL
SKELETAL 1	
	/USCLE RELAXANTS
Preferred	/USCLE RELAXANTS Non-Preferred
Preferred baclofen tablet (generic for Lioresal®)	AUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®])	AUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	AUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®])	AUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Austrian® Capsule / Vial
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Aurix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fequeury™ Suspension (Oral)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flequyuy™ Suspension (Oral) Lorzone® Tablet
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution ehlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flequevy/M Suspension (Oral) Lorzone® Tablet Lyvispah@ (baclofen) granule packet (10 mg)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix® ER Capsule baclofen (AG) oral solution ehlorzoazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flequivy™ Supension (Oral) Lorzon® Tablet Lyvispah® (baclofen) granule packet (10 mg) netaxalone tablet (generic for Skelaxin®)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amix® ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy™ Suspension (Oral) Lorzon® Tablet Lyvispah® (baclofen) granule packet (10 mg) metaxalone tablet (generic for Skelaxin®) Norgesic [™] Forte Tablet
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexnid [®] Tablet Flequory™ Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metaxalone tablet (generic for Skelaxin [®]) Norgesic [®] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®])
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Feesmid [®] Tablet Flequivy TM Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [®] Forte Tablet orphemadrine cirtat tablet / vial (generic for Norflex [®]) Robaxin [®] Vial
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Auscile Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Flequoyu [™] Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine cirtate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet Skelaxin [®] Tablet
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Non-Preferred Amix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Floqsuvy [™] Suspension (Oral) Lorzon [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metaxalone tablet (generic for Skelaxin [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizznidine capsules (generic for Zanaflex [®] Capsule)
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Flexeril [®]) methocarbamol tablet (generic for Robaxin [®])	Auscile Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Flequoyu [™] Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine cirtate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet Skelaxin [®] Tablet
Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex® Tablet)	Image: Constraint of the second s
Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex® Tablet)	Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Festmid [®] Tablet Flequory™ Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) netazone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet
Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex® Tablet)	AUSCLE RELAXANTS Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Fleqsury TM Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet
Preferred baclofen tablet (generic for Lioresal [®]) cyclobenzaprine tablet (generic for Robaxin [®]) tizanidine tablet (generic for Zanaflex [®] Tablet)	AUSCLE RELAXANTS Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Fleqsury TM Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet
Preferred baclofen tablet (generic for Flexeril [®]) nethocarbamol tablet (generic for Robaxin [®]) tizanidine tablet (generic for Zanaflex [®] Tablet)	AUSCLE RELAXANTS Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Fleqsury TM Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Norflex [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet
Preferred baclofen tablet (generic for Lioresa®) cyclobenzaprine tablet (generic for Robaxi®) trzanidine tablet (generic for Zanaflex® Tablet) trzanidine tablet (generic for Zanaflex®	AUSCLE RELAXANTS Non-Preferred Amrix [®] ER Capsule baclofen (AG) oral solution chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) Dantrium [®] Capsule / Vial dantrolene sodium capsule (generic for Dantrium [®]) Fexmid [®] Tablet Fleqsury TM Suspension (Oral) Lorzone [®] Tablet Lyvispah® (baclofen) granule packet (10 mg) metazalone tablet (generic for Skelaxin [®]) Norgesic [™] Forte Tablet orphenadrine citrate tablet / vial (generic for Norflex [®]) Robaxin [®] Vial Skelaxin [®] Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet tizandine capsules (generic for Zanaflex [®] Capsule) Zanaflex [®] Capsule / Tablet

Effective DATE: April 1, 2023

Revised 7.1.2023 for addition of Dexcom G7

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

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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

DIABETIC CONTINUOU	S GLUCOSE MONITOR SUPPLIES
	apply to all items in this class
Continuous Glucose Monit	tor Transmitters / Receivers / Readers
Preferred	Non-Preferred
Dexcom G6 [®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader
Dexcom G7 [®] Receiver	
Freestyle Libre [™] 2 Reader	
Continuous C	Glucose Monitor Sensors
Preferred	Non-Preferred
Dexcom G6 [®] Sensor 3 Pack	Freestyle Libre [™] 14 day Sensor
Dexcom G7 [®] Sensor	
Freestyle Libre [™] 2 Sensor	
Freestyle Libre [™] 3 Sensor	

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choiceprimary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. ***All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.***

Meters	Lancing Devices
ACCU-CHEK [®] Guide Retail care kit * (see above for billing)	ACCU-CHEK [∞] Softclix lancing device kit (Blue)
ACCU-CHEK [®] Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Softclix lancing device kit (Black)
Test Strips	ACCU-CHEK [®] Multiclix lancing device kit
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Fastclix lancing device kit
ACCU-CHEK® SMARTVIEW 50 ct test strips	Control Solutions
ACCU-CHEK [®] Guide 50 ct test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® Guide 100 ct test strips	ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
Lancets	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Multiclix 102 ct Lancets	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Softelix 100 ct Lancets	
ACCU-CHEK® Fastclix 102 ct Lancets	