

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred usteknumab is required
Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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Revised 02.19.2026 Off Cycle Change: Added Elquis® Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.
Revised 03.18.2026 Off Cycle Change: Moved Navolac® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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NSAIDS	
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®)	Arthrotec® Tablet
diclofenac sodium tablet (generic for Voltaren®)	Celebrex® Capsule
ibuprofen suspension / tablet (generic for Motrin®)	Daypro® Caplet
indomethacin capsule (generic for Indocin®)	diclofenac potassium capsule (generic for Zipsor®)
ketorolac tablet (generic for Toradol®)	diclofenac potassium tablet (generic for Cataflam®)
meloxicam tablet (generic for Mobic®)	diclofenac sodium ER tablet (generic for Voltaren® XR)
naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
naproxen sodium tablet (generic for Anaprox®)	diffunisal tablet (generic for Dolobid®)
naproxen tablet (generic for Naprosyn®)	Dolobid tablet
sulindac tablet (generic for Clinoril®)	etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)
	Feldene® Capsule
	fenoprofen capsule/ tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Ansaid®)
	ibuprofen / famotidine tablet (generic for Duexis®) - T/F of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR®)
	indomethacin suppository
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvail®)
	Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®)
	Lofena® Tablet
	meclofenamate capsule (generic for Meclomen®)
	mefenamic acid capsule (generic for Ponstel®)
	meloxicam capsule (generic for Vivlodex®)
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule / Tablet
	Naprelan® Tablet
	Naprosyn® Suspension
	naproxen sodium ER tablet (generic for Naprelan®)
	naproxen suspension (generic for Naprosyn®)
	naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required
	oxaprozin tablet (generic for DayPro®)
	piroxicam capsule (generic for Feldene®)
	Relafen™ DS Tablet
	Tolectin® (tolmetin) Tablet
	tolmetin tablet / capsule (generic for Tolectin® / DS)
	Vimovo® Tablet - T/F of only celecoxib required
NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	Drizalma™ Sprinkle
pregabalin capsule /solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gabapentin ER tablet (generic for Gralise®)
	Gralise® Tablet
	Horizant® Tablet
	Lidocan™ Patch - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply
	Lyrica® Capsule / Solution / CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica® CR)
	Quenza® Kit
	Savella® Tablet / Titration Pack
	Tridacaine™ Patch
	ZTLido™ Patch - Clinical criteria apply
ANTICONVULSANTS	
CARBAMAZEPINE DERIVATIVES	
Plans may not apply additional utilization management or prior authorization criteria to this category Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom® Tablet	carbamazepine ER capsule (generic for Carbatrol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol® Capsule
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	eslicarbazepine acetate Tablet (generic for Aptiom®)
Oxtellar® XR Tablet	Oxcarbazepine ER (generic for Oxtellar® XR)
Tegretol® Suspension / Tablet / XR Tablet	Trileptal® Tablet
Trileptal® Suspension	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any first generation product.	
Preferred	Non-Preferred
Celontin® Kapsceal	Depakote® ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension	Depakote® Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)
felbamate suspension (generic for Felbatol®)	Sezaby® Vial
Felbatol® Suspension / Tablet	Zarontin® Capsule / Solution
phenobarbital tablet / elixir / solution	
Phenytek® Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	

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Revised 01.30.2026 Added tenofovir disoproxil fumarate tablet (generic for Viread®) to preferred in the Antivirals (Hepatitis B Agents) category.

Revised 02.19.2026 Off Cycle Change: Added Eluqis® Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.

Revised 03.18.2026 Off Cycle Change: Moved Novolog® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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

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

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

reviewed by the PDL Panel. These drugs are listed as **TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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SECOND GENERATION

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

Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.

Preferred	Non-Preferred
Brivact® Tablet / Solution	Banzel® Suspension
clobazam suspension / tablet (generic for Onfi®)	Banzel® Tablet
clonazepam tablet (generic for Klonopin®)	clonazepam ODT (generic for Klonopin® Wafer)
Diaconit® Capsule / Powder Pack	Diastat® Rectal Gel
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Elepsia® XR Tablet
Eprontia® Solution	Epidiolex® Solution - Clinical criteria apply
Fintepla® Solution	Gabaronet™ Tablet
Fycompa® Tablet / Suspension	Keppra® Tablet / Solution / XR Tablet
gabapentin capsule / solution / tablet (generic for Neurontin®)	Klonopin® Tablet
lacosamide tablet (generic for Vimpat®)	lacosamide solution (generic for Vimpat®)
lamotrigine chewable / tablet / ODT (generic for Lamictal®)	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine ER tablet (generic for Lamictal® XR)	lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Levetiracetam tablet (generic for Spritam®)
Nayzilam® Nasal Spray	Libervant™ (diazepam) Buccal Film
Qudexy® XR Capsule	Lyrica® Capsule / Solution
Rowepra® Tablet	Motopoly XR™ (lacosamide extended release) Capsule
rufinamide suspension (generic for Banzel®)	Neurontin® Capsule / Solution / Tablet
rufinamide tablet (generic for Banzel®)	Onfi® Suspension / Tablet
Sabril® Tablet / Powder Packet	perampanel Tablet (generic for Fycompa®)
Subvenite® Tablet / Tab Start Kit	Spritam® Tablet
tiagabine tablet (generic for Gabitril®)	Sympazan® Film
topiramate sprinkle capsule / tablet (generic for Topamax®)	Topamax® Sprinkle Capsule / Tablet
Valtoco® Nasal Spray	topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
vigabatrin powder packet (generic for Sabril®)	topiramate ER sprinkle capsule (generic for Qudexy®)
Xcopri® Tablet / Titration Pack	Trokendi® XR Capsule
zonisamide capsule (generic for Zonegran®)	vigabatrin tablet (generic for Sabril®)
	Vigadrone® Powder Packet / Tablet
	Vigafyd™ Solution
	Vigpoder™ Powder Packet
	Vimpat® Solution / Starter Kit / Tablet
	Zonisade® Oral Suspension
	Ztalmy® Oral Suspension

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	amoxicillin-clavulanate chewable tablet (generic for Augmentin®)
amoxicillin-clavulanate suspension / tablet (generic for Augmentin®)	amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR)
ampicillin capsule / injection / vial	Augmentin® Suspension / ES-600 / XR Tablet
ampicillin-sulbactam injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
Bicillin® C-R injection	cefadroxil tablet (generic for Duricef®)
cefadroxil capsule / suspension (generic for Duricef®)	cefixime suspension (generic for Suprax®) T/F of preferred agents not required for children < 12 years of age
cefdinir capsule / suspension (generic for Omnicef®)	cefepodoxime suspension / tablet (generic for Vantin®)
cefixime capsule (generic for Suprax®)	cephalexin tablet (generic for Keflex®)
cefprozil suspension / tablet (generic for Cefzil®)	
ceftiofur injection (generic for Ceftin®)	
cephalexin capsule / suspension (generic for Keflex®)	
dicloxacillin capsule	
nafticillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Pfizerpen® injection / vial	
piperacillin - tazobactam injection / vial	
Unasyn® injection / vial	
Zosyn® injection / vial	

Lincosamides and Oxazolidinones

Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin® Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin® Pediatric Solution
	clindamycin injection (generic for Cleocin®)
	Lincocin® Vial
	lincomycin vial (generic for Lincocin®)
	linezolid IV solution (generic for Zyvox®)
	Sivextro® Tablet / Vial
	Zyvox® Tablet / IV Solution / Suspension

Macrolides and Ketolides

Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL®)
clarithromycin suspension / tablet (generic for Biaxin®)	Eryped® 200/400 Suspension
E.E.S.® Filmtab / Suspension	Ery-Tab® Tablet
Erythrocin® Filmtab	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®)	
erythromycin EC capsule (generic for Eryc®)	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S.® Filmtab)	

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Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Aemcolo® DR Tablet
vancomycin capsule (generic for Vancocin®)	Difcid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq®)	Firvanq® Solution
	Flagyl® Capsule
	Likmez™ Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	neomycin tablet (generic for Mycifradin®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin®)
	Solosec™ Granules
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Vowst™ Capsule - Clinical criteria apply
Quinolones	
Preferred	Non-Preferred
Cipro® Suspension	Baxdela™ Tablet
ciprofloxacin tablet (generic for Cipro®)	Cipro® Tablet
levofloxacin tablet (generic for Levaquin®)	ciprofloxacin suspension (generic for Cipro®)
moxifloxacin tablet (generic for Avelox®)	levofloxacin solution (generic for Levaquin®)
	ofloxacin tablet (generic for Floxin®)
Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea®)
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age
	Lymepak™ Tablet
	minocycline 50mg, 75mg, 100mg tablet
	minocycline ER tablet (generic for Solodyn® ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Minolira™ ER Tablet
	Morgidox® Capsule / Kit
	Nuzym™ Tablet
	Oracea® capsule
	tetracycline capsule (generic for Sumycin®)
	tetracycline tablet (generic for Sumycin® / Panmycin®)
Antifungals	
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex® Troche)	Brexafemme® Tablet
fluconazole suspension / tablet (generic for Diflucan®)	Cresamba® Capsule
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg®)	flucytosine capsule (generic for Ancobon®)
nystatin suspension (generic for Nilstat®)	griseofulvin micro tablets (generic for Grifulvin V®)
nystatin tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sporanox®)
terbinafine tablet (generic for Lamisil®)	ketoconazole tablet (generic for Nizoral®)
	Noxafil® Suspension / Tablet / DR Suspension Packet
	Oravig® Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil®)
	Sporanox® Capsule / Solution
	Tolsura™ Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
Antivirals (General)	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Paxlovid™ Tablet dose Pack	
Lagevrio™ Capsule	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet
tenofovir disoproxil fumarate tablet (generic for Viread®)	Vemlidy® Tablet
Viread® Powder / Tablet	
Antivirals (Hepatitis C Agents)	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Pegasys® Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
Clinical criteria apply to all drugs listed below	
Prior Approval Not Required for Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
All genotypes without cirrhosis	
Mavyret® Tablet (8 weeks of therapy)	Epclusa® Pellet Pack/Tablet
Mavyret® Pellet Pack	Harvoni® Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Jedipasvir-sofosbuvir tablet (generic for Harvoni®)
	Sovaldi® Pellet Pack / Tablet
	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Push-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	

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All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.	
Vosevi™ Tablet	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza™ Tablet - T/F of only one preferred drug required
Antibiotics, Inhaled	
Plans may not apply additional utilization management or prior authorization criteria to this category T/F of only one preferred drug required	
Preferred	Non-Preferred
Kitabis™ Pak	Arikayce® Vial
Bethkis™ Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobi™)	tobramycin inhalation pak (generic for Kitabis™)
	Tobi™ Podhaler™ Solution
	tobramycin Ampule (generic for Bethkis)
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Auvelity® 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®)
mirtazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)
trazodone tablet (generic for Desvrel®)	Emsam® Patch
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Fetzima® Capsule / Titration Pak
vilazodone tablet (generic for Viibryd®)	Forfivo® XL Tablet
	Marplan® Tablet
	Nardil® Tablet
	nefazodone tablet (generic for Serzone®)
	phenelzine tablet (generic for Nardil®)
	Pristiq® ER Tablet
	Raldesy™ Solution
	Remeron® Soltab™ / Tablet
	tranvlycpromine tablet (generic for Parmate®)
	Trintellix® Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd® Tablet
	Wellbutrin® SR
	Zurzuvac™ Capsule T/F of preferred agents not required for diagnosis of post-partum depression
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age
Paxil® Suspension	fluvoxamine ER capsule (generic for Luvox CR®)
sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro® Tablet
	paroxetine capsule (generic for Brisdelle®)
	paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Prozac® Pulvule
	sertraline capsule
	Zoloft® Solution / Tablet

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Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqyma® Vial/Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred usteknumab is required
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Revised 03.18.2026 Off Cycle Change: Moved Navirus® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable, Rapid acting Insulin category, due to patient access, effective 03.20.2026

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ANTIHYPERKINESIS / ADHD

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

Preferred

Non-Preferred

Adderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydavis®)
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Aptensio® XR Capsule
atomoxetine capsule (generic for Strattera®)	Azstarys® Capsule
clonidine ER tablet (generic for Kapvay®)	Cotempla™ XR-ODT
Concerta® Tablet	Dexedrine® Spansule®
Davtrana® Patch	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
dexamethylphenidate tablet / ER capsule (generic for Focalin® / XR)	dextroamphetamine solution (generic for ProCentra®)
dextroamphetamine tablet (generic for Dexedrine®)	Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age
guanfacine ER tablet (generic for Intuniv®)	Dyanavel® XR Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Evekeo® Tablet / Evekeo® ODT Tablet
Methylin® Solution	Focalin® Tablet
methylphenidate CD capsule (generic for Metadate® CD)	Focalin® XR Capsule
methylphenidate ER tablet (generic for Concerta®)	Intuniv® Tablet
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	Jornay PM™ Capsule
Vyvanse® Capsule	lisdexamfetamine capsule (generic for Vyvanse®)
Vyvanse® Chewable Tablet	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylin®)
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydavis® ER Capsule
	Onyda XR Suspension- T/F of preferred agents not required for children < 12 years of age
	ProCentra® Solution
	Qelbree® Capsule
	Quillichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age
	Quillivant® XR Suspension - T/F of preferred agents not required for children < 12 years of age
	Relexxii® ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenzedi® Tablet

INJECTABLE ANTIPSYCHOTICS

Injectable Long Acting

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

Preferred

Non-Preferred

Abilify Asimtufi® Syringe Kit	
Abilify Maintena® Syringe / Vial	
Aristada® / Initio™ Syringe	
Erzofri® (paliperidone palmitate) extended-release injectable suspension	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Haldol® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Invega® Hafyera Prefilled Syringe Kit	
Invega® Sustenna Prefilled Syringe	
Invega® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedy™ Syringe Kit	
Zyprexa® Relprevv™ Vial Kit	

ATYPICAL ANTIPSYCHOTICS

Oral / Transdermal

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

T/F of only one preferred drug required

Preferred

Non-Preferred

aripiprazole Tablet / Solution (generic for Abilify®)	Abilif® Tablet / Abilif® MyCite® Tablet
asenapine SL tablet (generic for Saphris® SL)	aripiprazole ODT (generic for Abilify® Discemelt®)
clozapine tablet (generic for Clozaril®)	Caplyta™ Capsule
lurasidone tablet (generic for Latuda®)	clozapine ODT (generic for FazaClo®)
olanzapine ODT / tablet (generic for Zyprexa®)	Clozaril® Tablet
paliperidone ER tablet (generic for Invega®)	Cobenfy
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Fanapt® Tablet / Titration Pack
Vraylar® Capsule	Geodon® Capsule
ziprasidone capsule (generic for Geodon®)	Invega® Tablet
	Latuda® Tablet
	Lybalvi™ Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symvax®)
	Opipza™ (Aripiprazole) Oral Film
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal® Solution / Tablet
	Saphris® SL Tablet
	Secuado® Patch
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Zyprexa® Tablet / Zydys® Tablet

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CARDIOVASCULAR	
ACE INHIBITORS	
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned®) - T/F of preferred agents not required for children < 12 years of age
	Epaned® Solution - T/F of preferred agents not required for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moexipril tablet (generic for Univaso®)
	perindopril tablet (generic for Aceon®)
	Qbrelis® Solution - T/F of preferred agents not required for children < 12 years of age
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Zestril® Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule
	trandolapril-verapamil ER tablet (generic for Tarka®)
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic®)	Accuretic® Tablet
lisinopril-HCTZ tablet (generic for Prinizide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
	captopril-HCTZ tablet (generic for Capozide®)
	fosinopril-HCTZ tablet (generic for Monopril® HCT)
	Lotensin® HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)
	Vaseretic® Tablet
	Zestoretic® Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
olmesartan tablet (generic for Benicar®)	Benicar® Tablet
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Diovan® Tablet
	Edarbi® Tablet
	eprosartan tablet (generic for Teveten®)
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®)
	valsartan oral solution
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet / HCT Tablet
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	telmisartan-amlodipine tablet (generic for Twynsta®)
	Tribenzor® Tablet
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar®)	Avalide® Tablet
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)
	Diovan® HCT Tablet
	Edarbyclor® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Entresto® Tablet	Entresto® (sacubitril / valsartan) Sprinkle Pellet- T/F of preferred agents not required for children < 12 years of age
	sacubitril and valsartan tablet (generic for Entresto®)
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 Mexitiil®)	Tikosyn® Capsule
propafenone tablet (generic for Rythmol®)	
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	

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BETA BLOCKERS

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

Preferred

Non-Preferred

atenolol tablet (generic for Tenormin®)
bisoprolol tablet (generic for Zebeta®)
carvedilol tablet (generic for Coreg®)
Hemangeol® Solution
labetalol tablet (generic for Trandate®)
metoprolol succinate XL tablet (generic for Toprol XL®)
metoprolol tartrate tablet (generic for Lopressor®)
nadolol tablet (generic for Corgard®)
nebivolol tablet (generic for Bystolic®)
propranolol solution / tablet / ER capsule (generic for Inderal®)
Sorine® Tablet
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)

acebutolol capsule (generic for Sectral®)
Betapace® Tablet / AF Tablet
betaxolol tablet (generic for Kerlone®)
Bystolic® Tablet
carvedilol ER capsule (generic for Coreg® CR Capsule)
Coreg® Tablet / CR Capsule
Inderal® LA Capsule / XL Capsule
Innopran® XL Capsule
Kapsipargo™ Sprinkle - T/F of preferred agents not required for children < 12 years of age
Lopressor® Tablet
pindolol tablet (generic for Visken®)
Sotylize® Solution
Tenormin® Tablet
timolol tablet (generic for Blocadren®)
Toprol XL® Tablet

BETA BLOCKER DIURETIC COMBINATIONS

Preferred

Non-Preferred

atenolol-chlorthalidone tablet (generic for Tenoretic®)
bisoprolol-HCTZ tablet (generic for Ziac®)

metoprolol-HCTZ tablet (generic for Lopressor® HCT)
propranolol-HCTZ tablet (generic for Inderide®)
Tenoretic® Tablet
Ziac® Tablet

BILE ACID SEQUESTRANTS

Preferred

Non-Preferred

cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)
colestipol tablet (generic for Colestid® Tablet)

colesevelam packet / tablet (generic for Welchol®)
Colestid® Granules / Tablet
colestipol granules (generic for Colestid®)
Prevalite® Packet / Powder
Questran® Light Powder / Packet / Powder
Welchol® Packet / Tablet

CHOLESTEROL LOWERING AGENTS

Preferred

Non-Preferred

atorvastatin tablet (generic for Lipitor®)
ezetimibe (generic for Zetia®)
lovastatin tablet (generic for Mevacor®)
pravastatin tablet (generic for Pravachol®)
rosuvastatin tablet (generic for Crestor®)
simvastatin tablet (generic for Zocor®)

Altprev® Tablet
amlodipine-atorvastatin tablet (generic for Caduet®)
Atoraliq® Suspension
Caduet® Tablet
Crestor®
Ezallor™ Capsule
ezetimibe-simvastatin (generic for Vytorin®)
fluvastatin capsule / ER tablet (generic for Lescol® / XL)
Juxtapid® Capsule - Clinical criteria apply
Lescol® XL Tablet
Lipitor® Tablet
Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
Nextletol® Tablet - Clinical criteria apply
Nexlizet® Tablet - Clinical criteria apply
pitavastatin tablet (generic for Livalo®) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
Vytorin® Tablet
Zetia® Tablet
Zocor® Tablet
Zypitamag™ Tablet

CORONARY VASODILATORS

Preferred

Non-Preferred

isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)
Nitrostat® SL Tablet

Gonitro® Sublingual Powder
Isordil® Titradose® Tablet
Nitro-Bid® Ointment
Nitro-Dur® Patch
nitroglycerin ointment (generic for Nitro-Bid®)
Nitrolingual® Spray
Verquvo™ Tablet

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

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

Preferred

Non-Preferred

amlodipine tablet (generic for Norvasc®)
nifedipine capsule (generic for Procardia®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)
Norliqva® Solution

felodipine ER tablet (generic for Plendil®)
isradipine capsule (generic for Dynacirc®)
Katerzia™ Suspension - T/F of preferred agents not required for children < 12 years of age
levamlodipine tablet (generic for Coniupri®)
nicardipine capsule (generic for Cardene®)
nimodipine capsule (generic for Nimotop®)
nimodipine solution
nisoldipine ER tablet (generic for Sular®)
Norvasc® Tablet
Nymalize® Solution / oral syringe
Procardia® XL Tablet
Sular® Tablet

DIRECT RENIN INHIBITOR

Preferred

Non-Preferred

Tekturma® Tablet
Tekturma® HCT Tablet

aliskiren tablet (generic for Tekturma® Tablet)

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ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosentan tablet /tablet for suspension (generic for Tracleer®)	
Tracleer® Tablet	Letairis® Tablet	
	Opsumit® Tablet	
	Opsumvi® Tablet	
	Tracleer® Suspension	
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI	
Ventavis® Solution		
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan®)		
NITRATE COMBINATION		
Preferred		Non-Preferred
Bidil® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil®)	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred		Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	diltiazem LA tablet (generic for Cardizem LA®)	
Dilt XR® Capsule (branded generic for Dilacor XR®)	Matzim® LA Tablet (generic for Cardizem LA®)	
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Verapamil Capsule SR (generic for Verelan®)	
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)	
Taztia XT® Capsule (branded generic for Tiazac®)	Verelan® PM Capsule	
Tiadylt® ER Capsule		
verapamil tablet / ER tablet (generic for Calan® / SR)		
ORAL PULMONARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension-Adempas® only		
Preferred		Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet	
sildenafil tablet (generic for Revatio®)	Adempas® Tablet	
tadalafil tablet (generic for Adcirca®)	Liqore® Suspension	
	Orenitram® ER Tablet / Titration Kit	
	Revatio® Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY	
	sildenafil suspension (generic for Revatio®) - T/F of preferred agents not required for children < 12 years of age	
	Tadliq® Suspension	
	Upravi® Tablet / Titration Pack	
PLATELET INHIBITORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®)	
clopidogrel tablet (generic for Plavix®)	Effient® Tablet	
dipyridamole tablet (generic for Persantine®)	Plavix® Tablet	
prasugrel tablet (generic for Effient® Tablet)	Ticagrelor Tablet (generic for Brilinta®)	
ANTIANGINAL & ANTI-ISCHEMIC		
Preferred		Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzo™ Sprinkle	
SYMPATHOLYTICS AND COMBINATIONS		
Preferred		Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	clonidine ER tablet (generic for Nexiclon™ XR)	
guanfacine tablet (generic for Tenex®)	methyldopa-HCTZ tablet (generic for Aldoril®)	
methyldopa tablet (generic for Aldomet®)	methyldopa vial (generic for Aldomet®)	
	Nexiclon™ XR Tablet	
TRIGLYCERIDE LOWERING AGENTS		
Preferred		Non-Preferred
fenofibrate tablet (generic for Tricor®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Fenoglide®, et. al)	
gemfibrozil tablet (generic for Lopid®)	fenofibric acid tablet (generic for Fibricor®, Trilipix®)	
icosapent ethyl capsule (generic for Vascepa®)	Fibricor® Tablet	
omega-3 acid ethyl esters capsule (generic for Lovaza®)	Lipofen® Capsule	
	Lopid® Tablet	
	Tricor® Tablet	
	Trilipix® Capsule	
CARDIOVASCULAR, OTHER		
Preferred		Non-Preferred
Camzyos® Capsule - Clinical criteria apply	Lodoco®	

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CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

Preferred Non-Preferred

rizatriptan tablet / ODT (generic for Maxalt®)	almotriptan tablet (generic for Axert®)
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	diclofenac potassium powder packet (generic for Cambia®) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan tablet (generic for Relpax®)
	Elyxyb™ Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Frova® Tablet
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Relpax® Tablet
	Reyvow™ Tablet
	sumatriptan / naproxen tablet (generic for Treximet®)
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	Symbravo® Tablet
	Tosvma™ Nasal Spray
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators PREVENTATIVE

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

Preferred Non-Preferred

Aimovig® Autoinjector	Emgality® Syringe 100 MG
Ajovy® Autoinjector / Syringe	Vyepti® Vial
Emgality® Pen / Syringe	
Nurtec® ODT	
Qulipta® Tablet	

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators ACUTE TREATMENT

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

Preferred Non-Preferred

Nurtec® ODT	Zavprel™ Nasal Spray
Ubrovelvy® Tablet	

ANTI-NARCOLEPSY

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

Preferred Non-Preferred

Provigil® Tablet	armodafinil tablet (generic for Nuvigil®)
	modafinil tablet (generic for Provigil™)
	Nuvigil® Tablet
	Sunos™ Tablet
	Wakix® Tablet

ANTI-PARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred Non-Preferred

amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodospin®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
pramipexole tablet (generic for Mirapex®)	Crexont Capsule ER
ropinirole tablet (generic for Requip®)	Dhivy Tablet™
selegiline capsule / tablet (generic for Emsam®)	Duopa® Suspension
trihexyphenidyl elixir / tablet (generic for Artane®)	entacapone tablet (generic for Comtan®)
	Gocovni® Capsule - Clinical criteria apply
	Horizant® Tablet
	Inbrija® Inhalation - Clinical criteria apply
	Kynmobi™ Titration Kit
	Neupro® Patch
	Nourianz™ Tablet
	Onapgo™ Cartridge
	Ongentys® Capsule - Clinical criteria apply
	Osmolex ER™ Tablet - Clinical criteria apply
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	tolcapone tablet (generic for Tasmar®)
	Vyallev Vial
	Xadago® Tablet

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MULTIPLE SCLEROSIS

Injectable

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

Preferred

Non-Preferred

Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Betaseron® Kit / Vial	Copaxone® 40 MG/ML Syringe
Copaxone® Syringe 20 MG/ML	glatiramer syringe 20 MG/ML (generic for Copaxone® Syringe)
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Glatopa® Syringe
Kesimpta® Pen	Lemtrada® Vial
Rebif® Rebidose® / Titration Pack / Syringe	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Ocrevus® Zonovo Vial T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri® Vial

Oral

Preferred

Non-Preferred

dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
finaglimod capsule (generic for Gilenya®)	Bafiertam™ Capsule
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory™ Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Starter Pack / Capsule

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

Preferred

Non-Preferred

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

SEDATIVE HYPNOTICS

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

Quantity limits apply to all sedative hypnotics

Preferred

Non-Preferred

eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Belsonra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo® Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
zolpidem ER tablet (generic for Ambien® CR)	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hettioz® Capsule / LQ Suspension - Clinical criteria apply
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule
	Rozerem® Tablet
	tasimelteon capsule (generic for Hettioz®) - Clinical criteria apply. T/F of Hettioz® Capsule required for coverage
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion®)
	zobidem capsule
	zolpidem SL tablet (generic for Intermezzo®)

TOBACCO CESSATION

Preferred

Non-Preferred

bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicline continuation month box (generic for Chantix®)	

ENDOCRINOLOGY

GROWTH HORMONE

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

Clinical criteria apply to all drugs in this class

Prior Approval Not Required for Use of Serostim® in AIDS Wasting Syndrome

Preferred

Non-Preferred

Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin® Flexpro®	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Serostim® Vial
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Sogrova® Pen
	Zomacton® Vial

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HYPOLYCEMICS - INJECTABLE

Rapid Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

insulin aspart U-100 Penfill/ FlexPen® / vial (generic for Novolog®) (generic for Novolog®)	Admelog® SoloStar® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Afrezza® Inhalation Powder
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	Apidra® SoloStar® / Vial
Novolog® U-100 Penfill/ FlexPen® / Vial	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
Relion Novolog® U-100 FlexPen® / Vial	Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial
	Humalog® U-200 KwikPen®
	Lyumjev™ U-100 KwikPen® / U-200 KwikPen® / Vial
	Merilog SoloStar® Pen
	Merilog™ Vial

Short Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®

Intermediate Acting Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial

Long Acting Insulin

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

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

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

Premixed Rapid Combination Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)	Humalog® 75/25 Mix KwikPen®
	Humalog® 50/50 Mix KwikPen®
	Humalog® 75/25 Vial

Premixed 70/30 Combination Insulin

T/F of only one preferred drug required; Prior authorization is required for NP insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.

Preferred **Non-Preferred**

insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Novolin® 70/30 FlexPen® / Vial
Humulin® 70/30 KwikPen® / Vial	Relion Novolin® 70/30 Vial
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®
	Novolog® Mix 70/30 Vial / FlexPen®
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®

Amylin Analogs

Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

Preferred **Non-Preferred**

Symlin® Pen Injector	
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GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes

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

Clinical criteria apply to all drugs in this class

Preferred **Non-Preferred**

Byetta® Pen	Bydureon® BCise™
Trulicity® Pen	exenatide Pen (generic for Byetta®)
Victoza® Pen	liraglutide pen (generic for Victoza®)
Ozempic® Pen	Mounjaro™ Pen
	Rybelsus® Tablet
	Soliqua® Pen
	Xultophy® Pen

HYPOLYCEMICS - ORAL

2nd Generation Sulfonyleureas

Preferred **Non-Preferred**

glimperide 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

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Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	metformin ER tablet (generic for Fortamet®)
glyburide-metformin tablet (generic for Glucovance®)	metformin ER tablet (generic for Glumetza®)
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age
	metformin tablet (625 mg)
	Riomet® Solution
DPP-IV Inhibitors and Combinations	
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination	
Preferred	Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)
Jentaduet® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni®)
Onglyza® Tablet	Brynovin™ Solution
Tradjenta® Tablet	Glyxambi® Tablet
	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Oseni® Tablet
	Otem® Tablet
	saxagliptin tablet (generic for Onglyza®)
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)
	sitagliptin / metformin ER Tablet (generic for Zituvimet® XR)
	sitagliptin tablet (generic for Januvia®)
	sitagliptin-metformin tablet (generic for Zituvimet™)
	Stegluan® Tablet
	Trijardy® XR Tablet
	Zituvimet
	Zituvimet XR
	Zituvio® Tablet
	Meglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide tablet (generic for Prandin®)	
SGLT-2 Inhibitors and Combinations	
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)
Synjardy® Tablet	Inpefa™ Tablet
Synjardy® XR Tablet	Invokamet® Tablet / XR Tablet
Xigduo® XR Tablet	Invokana® Tablet
	Segluromet™ Tablet
	Steglatro™ Tablet
Thiazolidinediones and Combinations	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet
	Actos® Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
aprepitant capsule (generic for Emend®) - Clinical criteria apply	Akynzeo® Capsule / Vial
Diclegis® Tablet	Antivert® Tablet / Chewable Tablet
meclizine tablet (generic for Antivert®)	Anzemet® Tablet
metoclopramide solution / tablet (generic for Reglan®)	Aponvic™ Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran®)	aprepitant pack (generic for Emend®) - Clinical criteria apply
prochlorperazine tablet (generic for Compazine®)	Barhemsvs® Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Bonjesta® Tablet
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Cinvanti® Vial
scopolamine patch (generic for Transderm-Scop®)	Compo® Suppository
Transderm-Scop® Patch	dimenhydrinate vial (generic for Dramamine®)
	doxylamine-pyridoxine tablet (generic for Diclegis®)
	dronabinol capsule (generic for Marinol®)
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend® Vial
	Focinvez™ (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend®)
	Gimoti™ Nasal Spray
	granisetron vial / tablet (generic for Kytril®)
	Marinol® Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	Posifree™ Ψ Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan® Suppository (50 mg)
	Reglan® Tablet
	Sancuso® Patch
	Sustol® Syringe
	Tigan® Vial
	trimethobenzamide capsule (generic for Tigan®)

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BILE ACID SALTS		
T/F of only one preferred drug required		
Preferred		Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylvay™ Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC	
ursodiol tablet (generic for Urso®)	Chenodal® Tablet	
	Cholbam® Capsule	
	Ctexi™ Tablet	
	Iqirvo® (elaflbranor) Tablet	
	Livdelzi Capsule	
	Livmarli® Oral Solution/ Tablet	
	Ocaliva® Tablet	
	Reltone™ Capsule	
	Urso Forte® Tablet	
H. PYLORI COMBINATIONS		
Preferred		Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)	
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)	
	Omeclamox-Pak® Combo Pack	
	Talicia® Capsule	
	Voquezna® Tablet / Dual Pak / Triple Pak	
HISTAMINE-2 RECEPTOR ANTAGONISTS		
Preferred		Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)	
	cimetidine solution (generic for Tagamet®)	
	nizatidine capsule (generic for Axid®)	
PANCREATIC ENZYMES		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Creon® Capsule	Pertzye® Capsule	
Viokase® Tablet		
Zenpep® Capsule		
PROGESTINS USED FOR CACHEXIA		
Preferred		Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)	
PROTON PUMP INHIBITORS		
Preferred	T/F of preferred agents not required for children < 12 years of age	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dexilant® Capsule	
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)	
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)	
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)	
pantoprazole tablet (generic for Protonix®)	Konvomep™ Suspension	
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)	
	lansoprazole ODT (generic for Prevacid® SoluTab™)	
	Nexium® Rx Capsule	
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)	
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)	
	pantoprazole suspension (generic for Protonix®)	
	Prevacid® Rx / OTC Capsule / SoluTab	
	Prilosec® Rx Suspension	
	Protonix® Tablet	
	rabeprazole tablet (generic for Aciphex®)	
SELECTIVE CONSTIPATION AGENTS		
Preferred		Non-Preferred
Linzess® Capsule	alosetron tablet (generic for Lotronex®)	
lubiprostone capsule (generic for Amitiza®)	Amitiza® Capsule	
	Ibsrela® Tablet	
	Lotronex® Tablet	
	Motegrity™ Tablet	
	Movantik® Tablet	
	prucalopride tablet (generic for Motegrity®)	
	Symproe® Tablet	
	Viberzi® Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)	
ULCERATIVE COLITIS		
Oral		
Preferred		Non-Preferred
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet	
Pentasa® Capsule	budesonide ER tablet (generic for Uceris®)	
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol® Capsule	
	Dipentum® Capsule	
	Lialda® Tablet	
	mesalamine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)	
	mesalamine ER capsule (generic for Apriso®, Pentasa®)	
ULCERATIVE COLITIS		
Rectal		
Preferred	T/F of only one preferred drug required	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam	
mesalamine suppository (generic for Canasa®)	Canasa® Suppository	
SF Rowasa® Enema	mesalamine enema (generic for SF Rowasa®)	
	mesalamine kit (generic for Rowasa®)	
	Rowasa® Kit	

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzhiva® Syringe/Vial and Steqyma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred usteknumab is required

Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

Revised 12.19.2025 Off Cycle Change: Moved Adderal® XR Capsule, Concerta® Tablet, and Vyvance® Chewable Tablet from non-preferred to preferred due to drug shortages.

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Revised 02.19.2026 Off Cycle Change: Added Eliquis® Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.

Revised 03.18.2026 Off Cycle Change: Moved Navolac® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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GENITOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	ferric citrate Tablet (generic for Auryxia [®])
sevelamer carbonate powder pack / tablet (generic for Renvela [®])	Fosrenol [®] Chewable Tablet / Powder Pack
	lanthanum carbonate chewable tablet (generic for Fosrenol [®])
	MagneBind [®] 400 Rx Tablet
	Renvela [®] Powder Pack / Tablet
	sevelamer hydrochloride tablet (generic for Renagel [®])
	Velphoro [®] Chewable
	Xphozah [®] Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Cardura [®] Tablet / XL Tablet
doxazosin tablet (generic for Cardura [®])	Cialis [®] Tablet 5 mg - Clinical criteria apply
dutasteride capsule (generic Avodart [®])	dutasteride / tamsulosin capsule (generic for Jalyn [®])
finasteride tablet (generic for Proscar [®])	Flomax [®] Capsule
tamsulosin capsule (generic for Flomax [®])	Proscar [®] Tablet
terazosin capsule (generic for Hytrin [®])	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo [®])
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis [®]) - Clinical criteria apply
	Tezruy [™] Oral Solution
URINARY ANTISPASMODICS	
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan [®] / XL)	Detrol [®] Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®])	flavoxate tablet (generic for Urispas [®])
tolterodine tablet / ER capsule (generic for Detrol [®] / LA)	Gemtesa [®] Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Myrbetriq [®] ER Tablet	mirabegron ER Tablet (generic for Myrbetriq [®]) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	Myrbetriq [®] Granules- T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
	oxybutynin tablet (2.5 mg)
	Oxytrol [®] Patch
	Toviaz [®] Tablet
	tropium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] LS Suspension / Tablet
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys [®])	colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probenecid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krystexxa [®] Vial
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin [®] Vial	fondaparinux syringe (generic for Arixtra [®])
	Fragmin [®] Syringe
	Lovenox [®] Syringe / Vial
	Oral
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Eliquis [®] Tablet / Starter Dose Pack/ Sprinkle / Suspension	dabigatran capsule (generic for Pradaxa [®] Capsule)
Jantoven [®] (branded generic for Coumadin [®])	Pradaxa [®] Pellet Pack
Pradaxa [®] Capsule	Rivaroxaban tablet (generic for Xarelto [®])
warfarin tablet (generic for Coumadin [®])	Savaysa [®] Tablet
Xarelto [®] Starter Pack / Tablet	Xarelto [®] Suspension
COLONY STIMULATING FACTORS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Fulphila [®] Syringe	Granix [®] Safe Syringe / Syringe / Vial
Fylmetra [®] Syringe	Leukine [®] Vial
Neupogen [®] Vial / Syringe	Neulasta [®] Syringe / Kit
	Nivestym [™] Syringe / Vial
	Nyvepria [®] Syringe
	Releuko [®] Syringe / Vial
	Rolvedon [™] Syringe
	Ryzneuta [®] Syringe
	Stimufend [®] Syringe
	Udenyca [®] On-Body / Autoinjector / Syringe
	Zarxio [®] Syringe
	Ziextenzo [®] Syringe
HEMATOPOIETIC AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Mircera [®] Syringe
Epogen [®] Vial	Procrit [®] Vial
Retacrit [®] Vial	Reblozyl [®] Vial
	VaSeeo [®] (vadudastat) Tablet

Effective Date January 1, 2026

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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Revised 01.30.2026 Added tenofovir disoproxil fumarate tablet (generic for Viread™) to preferred in the Antivirals (Hepatitis B Agents) category.

Revised 02.19.2026 Off Cycle Change: Added Elquis™ Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.

Revised 03.18.2026 Off Cycle Change: Moved NovoLog® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate® Vial	Alvaiz™ Tablet
Promacta® Suspension / Tablet	Doptlet
	eltrombopag olamine Suspension / Tablet (generic for Promacta®)
	Mulpleta
	Tavalisse™ Tablet
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
azelastine drops (generic for Optivar®)	Alomide® Drops
chromolyn sodium drops (generic for Cromolol®)	Alrex® Drops
olopatadine drops (generic for Pataday®, Patanol®)	hepatastine drops (generic for Bepreve®)
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	Bepreve® Drops
	epinastine drops (generic for Elestat®)
	loteprednol drops (generic for Alrex®)
	Zerviate™ Drops
ANTIBIOTICS	
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasis® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan® Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid®)
ofloxacin drops (generic for Ocuflox®)	Levofloxacin Drops (Generic for Levaquin®)
Polycin® Ointment (branded generic for Polysporin®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
polymyxin-trimethoprim drops (generic for Polyttrim®)	Natacyn® Drops
sulfacetamide drops (generic for Bleph-10®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
tobramycin drops (generic for Tobrex®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Visamax® Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment
Tobradex® Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocetricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex® ST Drops
	Zvlet® Drops
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvaal® Solution
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa®, Xibrom®, BromSite®)
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert
flurbiprofen drops (generic for Ocufen®)	Durezol® Drops
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops
Nevanac® Droptainer	Ilevro® Drops
Pred Mild® Drops	Iluvien® Implant
prednisolone acetate drops (generic for Pred Forte®)	Inveltyx™ Drops
	ketorolac solution (generic for Acular® / LS)
	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triescence® Vial
	Xipere™ (Intraocular)
	Yutiq™ Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Restasis® Drops	Cequa™ Drops
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysuvis® Drops
	Miebo™ Drops
	Restasis® Multidose™ Drops
	Tryptyr® Drops
	Tivrava® Nasal Spray
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevye® Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops

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Revised 01.30.2026 Added tenofovir disoproxil fumarate tablet (generic for Viread®) to preferred in the Antivirals (Hepatitis B Agents) category.

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Revised 03.18.2026 Off Cycle Change: Moved Novolog® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
	Betoptic® S Drops
	brimonidine tartrate / timolol drops (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol hemihydrate (generic for Betimol® drops)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocusose® Drops)
	Timoptic® Drops / Ocusose® Drops / XE® Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops	Cosopt® Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt® PF)
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Durysta® Implant
	iDose® TR Implant
	Iyuzeh™ Drops
	Lumigan® Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
Forteo® Pen	alendronate solution (generic for Fosamax® Solution)
raloxifene tablet (generic for Evista®)	Atelvia® Tablet
	Binosto® Effervescent Tablet
	Bonsity Pen Injector
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity™ Syringe
	Evista® Tablet
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Jubbonti™ Syringe
	Prolia® Syringe
	risedronate DR tablet (generic for Atelvia®)
	risedronate tablet (generic for Actonel®)
	teriparatide pen (generic for Forteo®)
	Tymlos® Pen
OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)	ciprofloxacin-fluocinolone drops (generic for Otovel®)
	Cortisporin-TC™ Suspension
	Otovel® Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)
ANTI-INFLAMMATORY	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
fluocinolone 0.01% oil (generic for Dermotic®)	Flac® Otic Oil
	Dermotic® Oil
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Striverdi® Respimat® Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
Ventolin® HFA Inhaler	Proair® Digihaler™
Xopenex® HFA Inhaler	Proair® RespiClick®

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BETA-ADRENERGIC, NEBULIZERS

T/F of only one preferred drug required

Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist®)
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
	Perforomist® Solution

BETA-ADRENERGIC, ORAL

Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	
terbutaline tablet (generic for Brethine®)	

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

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

Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrovent® HFA Inhaler	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duakli® Pressair®
Incruse® Ellipta® Inhaler	Ohtuvavre™ Inhalation suspension
ipratropium nebulizer solution (generic for Atrovent®)	tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium / albuterol solution (generic for Duoneb®)	Tudorza® Pressair® Inhaler
roflumilast tablet (generic for Daliresp®)	Yupelri™ Solution
Spiriva® Handihaler® / Respimat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	

INHALED CORTICOSTEROIDS

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

Preferred	Non-Preferred
Alvesco® Inhaler	ArmonAir™ Digihaler™
Arnuity® Ellipta® Inhaler	fluticasone propionate diskus (generic for Flovent® Diskus)
Asmanex® HFA Inhaler / Twisthaler®	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	
Flovent® Diskus / HFA Inhaler	
fluticasone propionate HFA (generic for Flovent® HFA)	
Pulmicort® Flexhaler	
QVAR® RediHaler™	

INHALED CORTICOSTEROID COMBINATIONS

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

Preferred	Non-Preferred
Advair® Diskus®	AirDuo® Digihaler™ / RespiClick®
Advair® HFA Inhaler	AirSupra® Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	Breyna™ Inhaler
	Breztri™ Aerosphere™
	budesonide / formoterol inhalation (generic for Symbicort®)
	fluticasone / salmeterol HFA inhaler (generic for Advair® HFA)
	fluticasone / salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone / salmeterol inhalation (generic for AirDuo®)
	fluticasone / vilanterol inhalation (generic for Breo® Ellipta®)
	Trelegy® Ellipta®
	Wixela™ Inhub™

INTRANASAL RHINITIS AGENTS

T/F of preferred agents not required in children < 4 years of age for steroid-containing products

Preferred	Non-Preferred
azelastine spray (generic for Astelin®)	azelastine nasal spray (generic for Astepro®)
Dymista® Nasal Spray	azelastine-fluticasone nasal spray (generic for Dymista®)
fluticasone spray (generic for Flonase®)	flumisolide nasal spray (generic for Nasalide®)
ipratropium spray (generic for Atrovent® Nasal)	mometasone nasal spray (generic for Nasonex®)
olopatadine nasal spray (generic for Patanase®)	Omnaris™ Nasal Spray
	Patanase® Nasal Spray
	QNas® Nasal Spray / Children's Spray
	Ryvaltris® Nasal Spray
	Sinuva™ Implant
	Xhance™ Nasal Spray
	Zetonna® Nasal Spray

LEUKOTRIENE MODIFIERS

Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet
	montelukast granules (generic for Singulair®)
	Singulair® Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate®)
	zileuton tablet (generic for Zylflo®)
	Zyflo® Filmtab

LOW SEDATING ANTIHISTAMINES

Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinet® Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet®) - T/F of preferred agents not required for children < 2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
	levocetirizine Rx solution (generic for Xyzal® Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin® OTC)

Effective Date January 1, 2026

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Revised 03.18.2026 Off Cycle Change: Moved Novolog® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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LOW SEDATING ANTIHISTAMINE COMBINATIONS

Plans may not apply additional utilization management or prior authorization criteria to this category
Quantity limit of 102 days supply per 12 months apply to all drugs in this class

Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC) Clarinet-D® Tablet fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)

FIRST GENERATION ANTIHISTAMINES

Preferred	Non-Preferred
carbinoxamine solution cypheptadine syrup / tablet hydroxyzine capsule / solution / tablet	carbinoxamine tablet clemastine tablet Karbinal™ ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora™ Solution RyVen™ Tablet Vistari® Capsule

TOPICALS

ACNE AGENTS

Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte) adapalene / benzoyl peroxide (generic for Epiduo® Gel) adapalene gel (generic for Differin®) azelaic acid gel (generic for Finacea®) clindamycin lotion (generic for Cleocin-T®) clindamycin phosphate pledgets / solution (generic for Cleocin-T®) clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuaac®) Differin® gel pump Differin® lotion/cream Epiduo® gel pump erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.) erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al.) erythromycin-benzoyl peroxide gel (generic for Benzamycin®) Finacea® Gel	adapalene cream / gel pump generic for Differin®) Aklief® Avar® Cleanser / LS Cleanser Avar-E® Emollient Cream / Green Emollient Cream / LS Cream BP® 10-1 Wash / Cleansing Wash ClearAclyic / ClearAclyic Pro Cleocin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Veltin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel (Clindagel®) clindamycin-benzoyl peroxide pump (generic for Acanva®) clindamycin-benzoyl peroxide pump (generic for Benzaclin®) clindamycin-benzoyl peroxide pump (generic for Onexton®) dapsona gel / gel pump (generic for Aczone® Gel) Ery® Pads Erygel® Gel Evoclin® Foam Fabiore® Foam Finacea® Foam Neuaac® Gel / Kit Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Rosanil Cleanser lotion Rosula® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®) sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5) Sumadan® Kit / XLT Kit / Wash Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tazorac®, Fabiore®) tretinoin cream / gel (generic for Retin-A®) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) Twynce® Cream Winlevi® Cream Zma Clear™ Cleanser

ANDROGENIC AGENTS

Preferred	Non-Preferred
AndroGel® Pump testosterone gel pump (generic for AndroGel®)	AndroGel® Packet Natesto® Nasal Gel Testim® Gel testosterone gel pump (generic for Fortesta®, Axiron®) testosterone packet (generic for AndroGel®) Vogelxo® Gel / Packet / Pump

NSAIDS

Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel) diclofenac solution (generic for Pennsaid®)	diclofenac epolamine patch (generic for Flector®) diclofenac pump (generic for Pennsaid®) Pennsaid® Solution Packet / Pump

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ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban®)	mupirocin cream (generic for Bactroban®)
	Xeplim® Cream
ANTIBIOTICS - VAGINAL	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)
Clindesse® Vaginal Cream	Vandazole® Vaginal Gel
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Xaciat® Vaginal Gel
Nucessa® Vaginal Gel	
ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream / solution (generic for Loprox®, Penlac®)	Bensal HP® Ointment
clotrimazole Rx cream (generic for Lotrimin® Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)
Klayesta® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamy® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Extina® Foam
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	ketoconazole foam (generic for Extina®)
	Ketodan® Foam / Foam Kit
	Loprox® Suspension / Cream / Kit
	luliconazole cream (generic for Luzu®)
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin®)
	Naftin® Gel
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Lotion
	salicylic acid ointment (generic for Bensal HP®)
	tavaborole topical solution (generic for Kerydin®)
	Vusion® Ointment - Clinical criteria apply
ANTIPARASITICS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba® Topical Suspension	Crotan™ Lotion
permethrin cream (generic for Elimite®)	Elimite™ Cream
	Eurax® Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	Pruradik™ Lotion
	Sklice® Lotion
	spinosad topical suspension (generic for Natroba®)
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir Cream / Ointment (generic for Zovirax®)	penciclovir cream (generic for Denavir®)
Denavir® Cream	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Condyllox® Gel
	Hyflor™ Gel
	imiquimod cream / cream pump (generic for Zyclara®)
	podofilox gel / solution (generic for Condyllox®)
	Veregen® Ointment
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	calcitriol ointment (generic for Vectical®)
	Enstilar® Foam
	Sorilux® Foam
	Talconex® Ointment / Suspension
	Vectical Ointment
	Vtama® Cream
	Zoryve® 0.3% Cream / Foam

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Preferred		ROSACEA AGENTS	Non-Preferred
azelaic acid gel (generic for Finacea®)		brimonidine gel pump (generic for Mirvaso®)	
Finacea® Gel		Epsolay® (benzoyl peroxide)	
metronidazole cream (generic for MetroCream®)		Finacea® Foam	
metronidazole gel / pump (generic for MetroGel®)		ivermectin cream (generic for Soolantra®)	
Rosadan® Cream / Gel		MetroCream®	
		MetroGel®	
		metronidazole lotion (generic for MetroLotion®)	
		Mirvaso® (brimonidine)	
		Rhofade® Cream	
		Rosadan® Kit	
		Soolantra™ Cream	
STEROIDS			
Low Potency			
Plans may not apply additional utilization management or prior authorization criteria to this category			
Preferred			Non-Preferred
desonide cream / ointment (generic for DesOwen®)		alclometasone dipropionate cream / ointment (generic for Acloivate®)	
DermaSmoothe® FS Scalp and Body Oil		Capex®	
hydrocortisone cream / lotion / ointment (generic for Hytone®)		desonide lotion (generic for DesOwen® Lotion)	
		fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)	
		Hydrocortisone Solution	
		Hydroxym™ Gel	
		Texacort® Solution	
Medium Potency			
Preferred			Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)		Beser™ Lotion / Kit	
mometasone cream / ointment / solution (generic for Elocon®)		clocortolone cream (generic for Cloderm®)	
		Cloderm® Cream / Pump	
		fluocinolone cream / ointment / solution (generic for Synalar®)	
		flurandemolide Lotion / Ointment	
		fluticasone lotion (generic for Cutivate® Lotion)	
		hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)	
		hydrocortisone valerate cream / ointment (generic for Westcort®)	
		Locoid® Lipocream / Lotion	
		Pandel® Cream	
		prednicarbate cream / ointment (generic for Dermatot®)	
		Synalar® Cream / Ointment / Kit / Solution / TS Kit	
High Potency			
Preferred			Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)		amcinonide cream (generic for Cyclocort®)	
fluocinonide cream / gel / ointment / solution (generic for Lidex®)		betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)	
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)		betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)	
		betamethasone valerate foam / lotion (generic for Valisone®)	
		desoximetasone cream / gel / ointment / spray (generic for Topicort®)	
		diflorasone cream / ointment (generic for Florone®)	
		Diprolene® Ointment	
		fluocinonide emollient cream (generic for Lidex® E)	
		halcinonide cream (generic for Halog™)	
		halcinonide solution (generic for Halog®)	
		Halog® Cream / Ointment	
		Kenalog® Sprav	
		Topicort® Cream / Gel / Ointment / Sprav	
		triamcinolone spray (generic for Kenalog®)	
Very High Potency			
Preferred			Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)		ApexiCon® E Cream	
clobetasol shampoo (generic for Clobex®)		clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)	
clobetasol solution (generic for Cormax®)		clobetasol lotion / spray (generic for Clobex®)	
halobetasol propionate cream / ointment (generic for Ultravate®)		Clobex® Shampoo / Spray	
		Clodan® Kit / Shampoo	
		halobetasol propionate foam (generic for Lexette®)	
		Impekle™ Lotion	
		Lexette® Foam	
		Olux™ Foam	
		Temovate® Ointment	
		Tovet™ Foam / Foam Kit	
		Ultravate® Lotion	
MISCELLANEOUS			
Uterine Disorder Treatments			
Plans may not apply additional utilization management or prior authorization criteria to this category			
Preferred			Non-Preferred
Oriaahn® Capsule			
Orilissa® Tablet			
Myfembree® Tablet			
Urea Cycle Disorder Treatments, Oral			
Plans may not apply additional utilization management or prior authorization criteria to this category			
Preferred			Non-Preferred
Carbaglu® Tablet for oral suspension		Buphenyl® Tablet/Powder	
		carglumic acid Tablet for oral suspension (generic for Carbaglu®)	
		Olpruva™ Suspension	
		Pheburane® Oral Pellets	
		Ravicti® Liquid T/F of preferred drug is not required for Urea cycle disorder	
		sodium phenylbutyrate Tablet/Powder (generic for Buphenyl®)	

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WEIGHT MANAGEMENT AGENTS

GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Wegovy® Pen	Saxenda® (liraglutide) Pen Zepbound® (tirzepatide) Pen

Weight Management (Non-Incretin Mimetics)

Preferred	Non-Preferred
diethylpropion tablet / ER tablet phenmetrazine tablet / ER capsule phentermine tablet / capsule	benzphetamine tablet orlistat capsule (generic for Xenical®) phentermine/Topiramate Capsule (generic for Qsymia®) Xenical® (orlistat) Capsule

IMMUNOMODULATORS, ASTHMA

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Fasenra® Pen / Syringe Xolair® (omalizumab) Autoinjector/Syringe	Cinqair® Vial Nucala® Syringe / Vial / Autoinjector Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma Xolair® Vial

IMMUNOMODULATORS, Atopic Dermatitis

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

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Adbry® Syringe / Autoinjector Dupixent® Pen / Syringe Eucrisa® 2% Ointment pimecrolimus cream (generic for Elidel®) tacrolimus ointment (generic for Protopic®)	Ebglyss Pen Cibinqo™ Tablet Ebglyss™ Syringe (lebrikizumab-lbkz) Nemluvio® Pen Opzelura™ Cream Zoryve® (roflumilast) 0.15% Cream

ANTIPSORIATICS, ORAL

Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoresalen-Ultra®)

EPINEPHRINE, SELF ADMINISTERED

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

Quantity limits apply to all drugs in this class

Preferred	Non-Preferred
Auvi-Q® Auto Injector epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr/ AdrenaClick®) Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak neffy® nasal spray	

ESTROGEN AGENTS, COMBINATIONS

Preferred	Non-Preferred
Activella® Tablet Amabelo™ 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	Abigale™ Lo Tablet Bijuva® Capsule

ESTROGEN AGENTS, ORAL / TRANSDERMAL

Preferred	Non-Preferred
Climara® Pro Patch CombiPatch® Patch estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) estradiol tablet (generic for Estrace®) Evamist® Spray Menest® Tablet Premarin® Tablet	Climara® Patch Divigel® Gel Packet Doti™ Patch Duavee® Tablet Elestrin® Gel Estrace® Tablet Estradiol Gel Pump estradiol gel packet (generic for Divigel®) Lyllana™ Patch Menostar® Patch Minivelle® Patch Osphena® Tablet Veoza™ Tablet Vivelle-Dot® Patch

ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace®) Estring® Vaginal Ring Premarin® Vaginal Cream Vagifem® Vaginal Tablet	Estrace® Cream estradiol tablet (generic for Vagifem®) Femring® Vaginal Ring Imvexxy® Vaginal Inserts Yuvaferm® Vaginal Tablet

Effective Date January 1, 2026

Revised 11.03.2025 Off Cycle Change: Moved Pyzchiva® Syringe/Vial and Steqevma® Vial /Syringe from non-preferred to preferred due to fiscal impact. Added red writing to Stelara® Syringe / Vial T/F of preferred ustekinumab is required

Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

Revised 12.19.2025 Off Cycle Change: Moved Addera® XR Capsule, Concerta® Tablet, and Vyvanse® Chewable Tablet from non-preferred to preferred due to drug shortages.

Revised 01.30.2026 Added tenofovir disoproxil fumarate tablet (generic for Viread®) to preferred in the Antivirals (Hepatitis B Agents) category.

Revised 02.19.2026 Off Cycle Change: Added Elquis® Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.

Revised 03.18.2026 Off Cycle Change: Moved Novolog® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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

reviewed by the PDL Panel. These drugs are listed as **TO BE REVIEWED**. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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GLUCOCORTICOID STEROIDS, ORAL

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

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Agamree® Suspension
dexamethasone solution (generic for Concedix®)	Cortef® Tablet
Emflaza® Tablet / Suspension - Clinical criteria apply	cortisone tablet (generic for Patison®)
hydrocortisone tablet	deflazacort suspension (generic for Emflaza®) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	deflazacort tablet (generic for Emflaza®) - Clinical criteria apply
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	dexamethasone tablet dosepack / Intensol® Drops
prednisolone solution (generic for Prelone®, Millipred®)	Eohilia® Suspension- T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred®)	Hemady® Tablet
prednisone solution / tablet (generic for Deltasone®)	Khindivi® Solution
	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex® Tablet
	Tarpevo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy

CYTOKINE AND CAM ANTAGONISTS

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

Clinical criteria apply to all drugs in this class

T/F of only one Preferred drug required

Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada™ Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra® ACTPen™ / Syringe / Vial
Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	adalimumab-aacf Pen
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima™ Syringe / PushTouch	adalimumab-ikjp Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryvk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Amjevita™ Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst® SQ Syringe
Pyzchiva® (ustekinumab-twe) Syringe/Vial	Avsola® Vial
Steqevma® (ustekinumab-stba) Vial /Syringe	Bimzelx™ Autoinjector / Syringe
Xeljanz® Tablet	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng™ Syringe
	Entyvio® Pen / Vial
	Hulio™ Pen / Syringe
	Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Imuldosa™ Syringe/Vial
	Inflextra™ Vial
	Kevzara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omvoh™ (mirikizumab-mrkz) Syringe
	Omvoh™ Pen / Vial
	Orencia® Clickjet® / Syringe / Vial
	Otulfi® Syringe/Vial
	Remicade® Vial
	Renflexis™ Vial
	Rinvoq® (upadacitinib) LQ Solution
	Rinvoq® ER Tablet
	Selarsdi™ Vial / Syringe
	Simlandi® Autoinjector/kit
	Simponi® Pen / Syringe / Aria® Vial
	Skyrizi® On-Body / Vial / Pen / Syringe
	Sotykto® Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial T/F of preferred ustekinumab is required
	Taltz™ Auto-injector / Syringe
	Tofidence™ (tocilizumab-bavi) Vial
	Tremfya® Syringe / Injector / Vial / Pen Induction PK-Crohn
	Tyenne® (tocilizumab-aazg) Autoinjector / Syringe
	Tyenne® Vial
	Uplizna® Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	ustekinumab-aekn syringe (generic for Stelara® /Selarsdi B™)
	Ustekinumab-ttwe Vial / Syringe (generic for Pyzchiva®)
	Velsipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yesintek™ Syringe/Vial
	Yuflyma™ Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry™ Pen
	Zymfentra™ Pen / Syringe

Effective Date January 1, 2026

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Revised 12.10.2025 Off Cycle Change: GLP-1 weight management class added to the PDL. See clinical criteria for coverage.

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Revised 02.19.2026 Off Cycle Change: Added Elquis® Sprinkle and Suspension to preferred status in the Oral Anticoagulants category due to fiscal impact, effective 01.01.2026.

Revised 03.18.2026 Off Cycle Change: Moved Navolio® U-100 Penfill FlexPen® / Vial to preferred status in the Hypoglycemic-Injectable: Rapid acting Insulin category, due to patient access, effective 03.20.2026

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IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagra [®] XL Capsule	
azathioprine tablet (generic for Imuran [®])	
Cellecept [®] Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®])	
cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®])	
Envarsus [®] XR Tablet	
everolimus tablet (generic for Zortress [®] Tablet)	
Gengraf [®] Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept [®])	
mycophenolic acid tablet (generic for Myfortic [®])	
Myfortic [®] Tablet	
Myhibbin [™] (mycophenolate mofetil) Suspension	
Neoral [®] Capsule / Solution	
Prograf [®] Capsule / Granule Packet	
Rapamune [®] Tablet	
Rezurock [™] Tablet	
Sandimmune [®] Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®])	
tacrolimus capsule (generic for Hecloria [™] , Prograf [®])	
Tavneos [®] Capsule	
Zortress [®] Tablet	
MOVEMENT DISORDERS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo [®] Tablet	Xenazine [®] Tablet
Austedo [®] XR Tablet / Titration Kit	
Ingrezza [®] (valbenazine) Sprinkle Capsules	
Ingrezza [®] Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda [®] Vial	Cinryze [®] Vial
Orladeyo [®] Capsule	Takhzyro [®] Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Berinert [®] Vial / Kit	Firazyr [®] Syringe
icatibant syringe (generic for Firazyr [®])	Ruconest [®] Vial
Kalbitor [®] Vial	
Sajazir [™] Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Kloxxado [™] Nasal Spray	
LiHEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan [®])	
naltrexone tablet	
Narcan [®] Nasal Spray (OTC)	
Opvee [®] Nasal Spray	
Rextovy [™] (naloxone) Nasal Spray	
Vivitrol [®] Vial / Diluent	
Zimhi [™] Syringe	
OPIOID DEPENDENCE	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	
Clinical Criteria Apply to Non-Preferred Agents	
Brixadi [™] Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone [®])
buprenorphine-naloxone SL tablet (generic for Suboxone [®])	Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine SL tablet (generic for Subutex [®])	Lucemyra [®] Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
Suboxone [®] SL Film	Zubsolv [®] Tablet SL
Sublocade [®] Syringe	

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SKELETAL MUSCLE RELAXANTS		
Preferred		Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix® ER Capsule	
cyclobenzaprine tablet (generic for Flexeril®)	baclofen oral solution	
methocarbamol tablet (generic for Robaxin®)	baclofen suspension (generic for Fleqsuvy™)	
tizanidine tablet (generic for Zanaflex®)	chlorthalidone tablet (generic for Parafon Forte®)	
	cyclobenzaprine ER capsule (generic for Amrix® ER)	
	Dantrium® Capsule / Vial	
	dantrolene sodium capsule (generic for Dantrium®)	
	Fexmid® Tablet	
	Fleqsuvy™ Suspension	
	Lorzone® Tablet	
	Lyvispah® Granule Packet	
	metaxalone tablet (generic for Skelaxin®)	
	Norgesic™ Tablet / Forte Tablet	
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)	
	orphenadrine citrate tablet / vial (generic for Norflex®)	
	Orphenesic® Forte Tablet	
	Robaxin® Vial	
	Tanlor® Tablet	
	tizanidine capsules (generic for Zanaflex®)	
	Zanaflex® Capsule / Tablet	
DISPOSABLE INSULIN DELIVERY DEVICES		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
CeQur Simplicity™		
CeQur Simplicity™ Inserter		
Ilet Infusion Kit		
Ilet Starter Kit		
Omnipod 5® DexG7/G6 Intro Kit/Pods (GEN5), FSL2 G6 Intro Kit/Pods		
Omnipod DASH® Pods (5-Pack) / Intro Kit		
Omnipod GO™ Pods		
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES		
Continuous Glucose Monitor Transmitters / Receivers / Readers		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all items in this class		
Preferred		Non-Preferred
Dexcom G6® Transmitter / Receiver	Freestyle Libre™ 14 day Reader	
Dexcom G7® Receiver		
Freestyle Libre™ 2 Reader		
Freestyle Libre™ 3 Reader		
Continuous Glucose Monitor Sensors		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all items in this class		
Preferred		Non-Preferred
Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor	
Freestyle Libre™ 2 Plus Sensor		
Freestyle Libre™ 3 Sensor		
Freestyle Libre™ 3 Plus Sensor		
Dexcom G6® Sensor		
Dexcom G7® Sensor (10 day sensor and 15 day sensor)		
DIABETIC SUPPLIES		
Plans may not apply additional utilization management or prior authorization criteria to this category		
N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.*		
Meters		Lancing Devices
ACCU-CHEK® Guide Retail care kit * (see above for billing)		ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Guide Me Retail care kit * (see above for billing)		ACCU-CHEK® Fastclix lancing device kit
Test Strips		Control Solutions
ACCU-CHEK® AVIVA PLUS 50 ct test strips		ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips		ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 50 ct test strips		ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 100 ct test strips		
Lancets		
ACCU-CHEK® Softclix 100 ct Lancets		
ACCU-CHEK® Fastclix 102 ct Lancets		