

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

Effective DATE: 10/01/2022

Revised 1.27.2023 for off-cycle changes only; Full update to be posted 4.1.2023

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
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Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

Orange shade signifies a significant change to the drug, category, or a clinical recommendation

Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa

Green shade signifies a Brand / Generic switch within the same category

Peach shade signifies categories that will be open for discussion even though there are no recommendations in that category

Purple shade signifies a product either no longer covered (rebatable) or no longer available from the manufacturer

ALZHEIMER'S AGENTS

| Preferred | Non-Preferred |
|---|---|
| donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT) | Aduhelm™ Vial Clinical Criteria Apply |
| Exelon® Patch | Aricept® Tablet |
| memantine tablet / titration pack (generic for Namenda®) | donepezil 23mg tablet (generic for Aricept®) |
| rivastigmine capsule (generic for Exelon®) | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) |
| | memantine ER capsule / solution (generic for Namenda® XR / Solution) |
| | Namenda® Titration Pack / XR Capsule / XR Titration Pack |
| | Namenda® Tablet |
| | Namzaric® Capsule / Titration Pack |
| | rivastigmine (Transdermal) (generic for Exelon® Patch) |
| | Razadyne® ER Capsule |

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|---|
| Butrans® Patch | Arymo® ER |
| fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®) | Belbuca® (Buccal) Film |
| methadone concentrate / disks / intensol / tablets / solution | buprenorphine film (generic for Belbuca®) |
| morphine sulfate ER tablet (generic for MS Contin®) | buprenorphine patch (generic for Butrans® Patch) |
| OxyContin® Tablet | Conzip® Capsule |
| tramadol ER tablet (generic for Ultram ER®, Ryzolt®) | Duragesic® Patch |
| Xtampza® ER Capsule | fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®) |
| | hydrocodone ER capsule (generic for Zohydro® ER) |
| | hydrocodone ER tablet (generic for Hysingla® ER Tablet) |
| | hydromorphone ER tablet (generic for Exalgo®) |
| | Hysingla® ER Tablet |
| | Kadian® Capsule |
| | morphine sulfate ER capsule (generic for Avinza®, Kadian®) |
| | MorphaBond® ER |
| | MS Contin® Tablet |
| | Nucynta® ER Tablet |
| | oxycodone ER tablet (generic for OxyContin®) |
| | oxymorphone ER tablet |
| | tramadol ER capsule (generic for Conzip® Capsule) |
| | Zohydro® ER Capsule |

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|----------------|---|
| Actiq® Lozenge | Abstral® SL Tablet |
| | Dsuvia™ SL Tablet |
| | fentanyl citrate buccal tablet (generic for Fentora®) |
| | fentanyl citrate lozenge (generic for Actiq®) |
| | Fentora® Buccal Tablet |

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|---|--|
| Endocet® Tablet (branded generic for Percocet®) | Apadaz™ Tablet |
| hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorecet®, Lortab®, Norco®, Vicodin®) | benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet) |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | codeine sulfate tablet |
| hydromorphone tablet (generic for Dilaudid® Tablet) | Dilaudid® Liquid / Tablet |
| morphine solution / tablet (generic for MSIR®) | hydromorphone solution / suppository (generic for Dilaudid®) |
| oxycodone solution / tablet (generic for Roxicodone®) | levorphanol tablet (generic for Levo-Dromoran®) |
| oxycodone-acetaminophen capsules (generic for Tylox®) | Lorcet® Tablet / HD Tablet / Plus Tablet |
| oxycodone-acetaminophen tablets (generic for Percocet®) | Lortab® Elixir |
| | mepiridine solution / tablet (generic for Demerol®) |
| | morphine oral syringe |
| | morphine suppositories (generic for Roxanol®) |
| | Nalocet® Tablet |
| | Norco® Tablet |
| | Nucynta® Tablet |
| | Oxaydo® Tablet |
| | oxycodone-aspirin tablet (generic for Endodan®, Percodan®) |
| | oxycodone concentrated solution (generic for Roxicodone® Intensol) |

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oxycodone-ibuprofen tablet (generic for Combunox[®])

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| | |
|---|---|
| | oxycodone oral syringe |
| | oxymorphone tablet (generic for Opana®) |
| | oxycodone capsule (generic for OxyIR®) |
| | Percocet® Tablet |
| | Primlev® Tablet |
| | Prolate® Tablet |
| | Roxicodone® Tablet |
| | RoxyBond® Tablet |
| Short Acting Schedule III – IV Opioids / Analgesic Combinations | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) | Ascomp® Capsule (branded generic for Fiorinal with Codeine®) |
| tramadol tablet (generic for Ultram®) | butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) |
| tramadol-acetaminophen tablet (generic for Ultracet®) | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®) |
| | butorphanol spray (generic for Stadol®) |
| | dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®) |
| | Fioricet with Codeine® Capsule |
| | Fiorinal with Codeine® Capsule |
| | pentazocine-naloxone tablet (generic for Talwin NX®) |
| | Seglents® (Oral) |
| | tramadol HCl solution (generic (AG) for Qdolo®) |
| | Ultracet® Tablet |
| | Ultram® Tablet |
| NSAIDS | |
| Preferred | Non-Preferred |
| celecoxib capsule (generic for Celebrex®) | Arthrotec® Tablet |
| ibuprofen suspension / tablet (generic for Motrin®) | Celebrex® Capsule |
| indomethacin capsule (generic for Indocin®) | Daypro® Caplet |
| ketorolac tablet (generic for Toradol®) | diclofenac potassium capsule (Oral) (Generic for Zipsor®) |
| meloxicam tablet (generic for Mobic Tablet®) | diclofenac potassium tablet (generic for Cataflam®) |
| naproxen EC / DR tablet (generic for Naprosyn® EC) | diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR) |
| naproxen tablet (generic for Naprosyn® Tablet) | diclofenac sodium-misoprostol tablet (generic for Arthrotec®) |
| sulindac tablet (generic for Clinoril®) | diflunisal tablet (generic for Dolobid®) |
| | Duexis® Tablet - Trial and failure of only celecoxib required |
| | etodolac capsule / tablet / ER tablet (generic for Lodine® / XL) |
| | ibuprofen / famotidine tablet (generic for Duexis®) Trial and failure of only celecoxib required |
| | Feldene® Capsule |
| | fenoprofen capsule/ tablet (generic for Nalfon®) |
| | flurbiprofen tablet (generic for Ansaïd®) |
| | Indocin® Suppository / Suspension |
| | indomethacin ER capsule (generic for Indocin SR®) |
| | ketoprofen capsule (generic for Orudis®) |
| | ketoprofen ER capsule (generic for Oruvail®) |
| | ketorolac tromethamine nasal spray (generic for Sprix®) |
| | meclfenamate capsule (generic for Meclomen®) |
| | mefenamic acid capsule (generic for Ponstel®) |
| | meloxicam capsule (generic for Vivlodex® Capsule) |
| | Mobic® Tablet |
| | nabumetone tablet (generic for Relafen®) |
| | Nalfon® Capsule / Tablet |
| | Naprelan® Tablet |
| | naproxen sodium ER tablet (generic for Naprelan®) |
| | naproxen sodium tablet (generic for Anaprox®) |
| | naproxen suspension (generic for Naprosyn®) |
| | naproxen-esomeprazole tablet (generic for Vimovo® Tablet) - Trial and failure of only celecoxib required |
| | oxaprozin tablet (generic for DayPro®) |
| | piroxicam capsule (generic for Feldene®) |
| | Qmiiiz™ ODT Tablet |
| | Relafen™ DS Tablet |
| | Sprix® Nasal Spray |
| | Tivorbex® Capsule |
| | tolmetin capsule / tablet (generic for Tolectin®) |
| | Vimovo® Tablet - Trial and failure of only celecoxib required |
| | Vivlodex® Capsule |
| | Zipsor® Capsule |
| | Zorvolex® Capsule |

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

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| ANTI-INFECTIVES - SYSTEMIC | |
|---|--|
| ANTIBIOTICS | |
| Penicillins, Cephalosporins and Related | |
| Preferred | Non-Preferred |
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) | amoxicillin-clavulanate chewable tablet (generic for Augmentin [®]) |
| amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) | Augmentin [®] Suspension / XR Tablet |
| ampicillin capsule / injection / vial | ceftiofur capsule / suspension / ER tablet (generic for Ceclor [®] / CD) |
| ampicillin-sulbactam injection / vial | cefadroxil tablet (generic for Duricef [®]) |
| Bicillin C-R injection | cefepodoxime suspension / tablet (generic for Vantin [®]) |
| cefadroxil capsule / suspension (generic for Duricef [®]) | Keflex [®] Capsule |
| cefdinir capsule / suspension (generic for Omnicef [®]) | Suprax [®] Capsule / Chewable / Suspension |
| cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension) | |
| cefprozil suspension / tablet (generic for Cefzil [®]) | |
| cefuroxime tablet (generic for Cefin [®]) | |
| cephalexin capsule / suspension / tablet (generic for Keflex [®]) | |
| dicloxacillin capsule | |
| nafcillin injection / vial | |
| oxacillin injection / vial | |
| penicillin G injection / vial | |
| penicillin V suspension / tablet | |
| piperacillin - tazobactam injection / vial | |
| Pfizerpen [®] injection / vial | |
| Unasyn [®] injection / vial | |
| Zosyn [®] injection / vial | |
| Lincosamides and Oxazolidinones | |
| Preferred | Non-Preferred |
| clindamycin capsules / solution (generic for Cleocin [®]) | Cleocin [®] Capsules / Injection |
| linezolid suspension (oral) / tablet (generic for Zyvox [®]) | Cleocin [®] Pediatric Solution |
| | clindamycin injection (generic for Cleocin [®] Injection) |
| | Lincocin [®] Vial |
| | lincomycin injection (generic for Lincocin Vial [®]) |
| | linezolid IV solution (generic for Zyvox [®]) |
| | Sivextro [®] Tablet / Vial |
| | Synercid [®] Vial |
| | Zyvox [®] Tablet / IV Solution / Suspension |
| 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 [®]) | erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension) |
| E.E.S. [®] Granules / Filmtab | erythromycin ethylsuccinate 400 suspension (Generic for Eryped [®]) |
| Eryped [®] Suspension | erythromycin ethylsuccinate 400 suspension (Generic (AG) for Eryped [®]) |
| Erythrocin [®] Filmtab | Ery-Tab [®] Tablet |
| erythromycin EC capsule (generic for Eryc [®]) | Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak |
| erythromycin filmtab | |
| erythromycin e.s. tablet (generic for E.E.S. [®] Filmtab) | |
| Nitromidazoles | |
| Preferred | Non-Preferred |
| metronidazole tablet (generic for Flagyl [®]) | Difcic [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile |
| vancomycin capsule (generic for Vancocin [®]) | Firvanq [™] Solution |
| | Flagyl [®] Capsule / Tablet |
| | 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 |
| | Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy |
| Quinolones | |
| Preferred | Non-Preferred |
| Cipro [®] Suspension | Baxdela [™] Tablet |
| ciprofloxacin tablet (generic for Cipro [®]) | Cipro [®] Tablet |
| levofloxacin tablet (generic for Levaquin [®]) | ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) |
| moxifloxacin tablet (generic for Avelox [®]) | levofloxacin solution (generic for Levaquin [®] Solution) |
| | ofloxacin tablet (generic for Floxin [®]) |

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| Tetracycline Derivatives | |
|--|---|
| Preferred | Non-Preferred |
| doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®]) | demeclocycline tablet (generic for Declomycin [®]) |
| doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®]) | Doryx [®] DR / MPC Tablet |
| minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®]) | doxycycline hyclate DR tablet (generic for Doryx [®] DR) |
| | doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®]) |
| | doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®]) |
| | doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet |
| | doxycycline suspension (generic for Vibramycin Suspension [®]) - Exemption for patients < 12 years of age |
| | minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply. |
| | minocycline ER capsule (Generic for Ximino [™] ER) |
| | minocycline 50mg, 75mg, 100mg tablet |
| | Minolira [™] ER Tablet |
| | Morgidox [®] Capsule / Kit |
| | Nuzyra [™] Tablet |
| | Oracea [®] Capsule |
| | Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply. |
| | Targadox [®] |
| | tetracycline capsule (generic for Sumycin [®]) |
| | Vibramycin [®] Capsule / Suspension / Syrup |
| | Ximino [™] ER Capsule |
| Antifungals | |
| Preferred | Non-Preferred |
| clotrimazole troche (generic for Mycelex [®] Troche) | Ancobon [®] Capsule |
| fluconazole suspension / tablet (generic for Diflucan [®]) | Brexafemme [®] Tablet |
| griseofulvin suspension (generic for Grifulvin V [®]) | Cresemba [®] Capsule |
| griseofulvin ultra tablet (generic for Gris-Peg [®]) | Diflucan [®] Suspension / Tablet |
| nystatin suspension (generic for Nilstat [®]) | flucytosine capsule (generic for Ancobon [®]) |
| nystatin tablet (generic for Mycostatin [®]) | griseofulvin micro tablets (generic for Grifulvin V [®]) |
| terbinafine tablet (generic for Lamisil [®]) | itraconazole capsule / solution (generic for Sporanox [®]) |
| | ketoconazole tablet (generic for Nizoral [®]) |
| | Noxafil [®] Suspension / Tablet |
| | Oravig [®] Buccal Tablet |
| | posaconazole suspension / tablet (generic for Noxafil [®]) |
| | Sporanox [®] Capsule / Solution |
| | Tolsura [™] Capsule |
| | Vfend [®] Suspension / Tablet |
| | voriconazole suspension / tablet (generic for Vfend [®]) |
| Antivirals (Hepatitis B Agents) | |
| Preferred | Non-Preferred |
| entecavir tablet (generic for Baraclude [®]) | adefovir tablet (generic for Hepsera [®]) |
| lamivudine HBV tablet (generic for EpiVir [®] HBV) | Baraclude [®] Solution / Tablet |
| tenofovir tablet (generic for Viread [®]) | EpiVir [®] HBV Tablet / Solution |
| Viread [®] Powder / Tablet | Hepsera [®] Tablet |
| | Vemlidy [®] tablet |
| Antivirals (Hepatitis C Agents) | |
| Preferred | Non-Preferred |
| Pegasis [®] Syringe | Pegasis [®] Vial |
| ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) | Pegintron [®] Kit |
| | Ribasphere [®] Capsule / Tablet / RibaPak [™] |
| | |
| Clinical criteria apply to all drugs listed below | |
| 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 [®] Tablet) | ledipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet) |
| | Sovaldi [®] Pellet Pack / Tablet |
| | Viekira [™] Pak |
| All genotypes with compensated cirrhosis (Child Pugh-A) | |
| Mavyret [™] Tablet (Up to 12 weeks of therapy) | Zepatier [®] Tablet |
| Mavyret [™] Pellet Pack | |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) | |
| | |
| All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. | |
| Vosevi [™] | |
| All genotypes with decompensated cirrhosis | |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) | |

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

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| Antivirals (Herpes Treatments) | | |
|---|--|--|
| Preferred | | Non-Preferred |
| acyclovir capsule / tablet / suspension (generic for Zovirax [®]) | | Sitavig [®] Buccal Tablet |
| famciclovir tablet (generic for Famvir [®]) | | Valtrex [®] Caplet |
| valacyclovir tablet (generic for Valtrex [®]) | | Zovirax [®] Suspension |
| | | |
| Antivirals (Influenza) | | |
| Preferred | | Non-Preferred |
| oseltamivir phosphate capsule / suspension (generic for Tamiflu [®]) | | amantadine tablet (generic for Symmetrel [®]) |
| rimantadine tablet (generic for Flumadine [®]) | | Flumadine [®] Tablet |
| Tamiflu [®] Capsule / Suspension | | Relenza [®] Diskhaler |
| | | Xofluza [™] Tablet Trial and failure of only one preferred drug required |
| | | |
| Antibiotics, Inhaled | | |
| Trial and failure of only one preferred drug required | | |
| Preferred | | Non-Preferred |
| Kitabis [™] Pak (tobramycin inhalation solution) | | Arikayce [®] Vial |
| Bethkis [®] (tobramycin inhalation solution) | | Capston [®] Solution |
| | | tobramycin solution / pak |
| | | Tobi [™] Podhaler [™] / Solution |
| | | |
| BEHAVIORAL HEALTH | | |
| ANTIDEPRESSANTS | | |
| Other | | |
| Preferred | | Non-Preferred |
| bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL) | | Aplenzin [®] Tablet |
| desvenlafaxine ER tablet (generic for Pristiq [®]) | | Bupropion XL tablet (generic for Forfivo [®] XL) |
| duloxetine capsule (generic for Cymbalta [®]) | | Trintellix [®] Tablet |
| Effexor [®] XR Capsule | | Cymbalta [®] Capsule |
| maprotiline tablet (generic for Ludiomil [®]) | | desvenlafaxine ER tablet (generic for Khedezla [®]) |
| mirtazapine ODT / tablet (generic for Remeron [®]) | | duloxetine capsule (generic for Irenka [®]) |
| Nardil [®] Tablet | | Emsam [®] Patch |
| phenelzine tablet (generic for Nardil [®]) | | Fetzima [®] Capsule / Titration Pak |
| Pristiq [®] ER Tablet | | Forfivo [®] XL Tablet |
| tranylcypromine tablet (generic for Parnate [®]) | | Khedezla [®] Tablet |
| trazodone tablet (generic for Desyre [®]) | | Marplan [®] Tablet |
| venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR) | | nefazodone tablet (generic for Serzone [®]) |
| | | Remeron [®] Soltab [™] / Tablet |
| | | venlafaxine ER tablet |
| | | Viibryd [®] Starter Pack / Tablet |
| | | Wellbutrin [®] SR / XL Tablet |
| | | |
| Selective Serotonin Reuptake Inhibitor (SSRI) | | |
| Preferred | | Non-Preferred |
| citalopram solution / tablet (generic for Celexa [®]) | | Brisdelle [®] Capsule |
| escitalopram tablet (generic for Lexapro [®]) | | Celexa [®] Tablet |
| fluoxetine capsule / solution (generic for Prozac [®]) | | citalopram capsule |
| fluvoxamine tablet (generic for Luvox [®]) | | escitalopram solution (generic for Lexapro [®] Solution) |
| paroxetine tablet (generic for Paxil [®]) | | fluoxetine tablet (generic for Prozac [®]) - Exemption for children <18 years of age |
| sertraline concentrated solution / tablet (generic for Zoloft [®]) | | fluoxetine DR capsules (generic for Prozac [®] Weekly) |
| | | fluvoxamine ER capsule (generic for Luvox CR [®]) |
| | | Lexapro [®] Tablet |
| | | paroxetine capsule (generic for Brisdelle [®] Capsule) |
| | | paroxetine CR tablet (generic for Paxil CR [®]) |
| | | Paxil [®] Suspension / Tablet / CR Tablet |
| | | Pexeva [®] Tablet |
| | | Prozac [®] Pulvule |
| | | Sarafem [®] Tablet |
| | | sertraline capsule |
| | | Zoloft [®] Solution / Tablet |
| | | |

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

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| ANTHYPERKINESIS / ADHD | |
|--|--|
| Preferred | Non-Preferred |
| Aptensio [®] XR Capsule | Adderall [®] Tablet (Generic Product Per FDA) |
| Adderall [®] XR Capsule | Adhansia [™] XR Capsule |
| amphetamine salt combo tablet (generic for Adderall [®]) | Adzenys [®] XR ODT / ER suspension |
| atomoxetine capsule (generic for Strattera [®]) | amphetamine ER suspension (generic for Adzenys [®]) |
| clonidine ER tablet (generic for Kapvay [®]) | amphetamine salt combo XR capsule (generic for Adderall [®] XR) |
| Concerta [®] Tablet | amphetamine sulfate tablet (generic for Evekeo [®] Tablet) |
| Daytrana [®] Patch | Azstarys [™] Capsule |
| dextroamphetamine tablet (generic for Dexedrine [®]) | Cotempla [™] XR-ODT |
| Dyanavel [®] XR Suspension | Desoxyn [®] Tablet |
| Focalin [®] Tablet / XR Capsule | Dexedrine [®] Spansule [®] |
| guanfacine ER tablet (generic for Intuniv [®]) | dexamethylphenidate tablet / ER capsules (generic for Focalin [®] / XR) |
| Methylin [®] Solution | dextroamphetamine solution (generic for ProCentra [®]) |
| methylphenidate tablet (generic for Methylin [®] , Ritalin [®]) | dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®]) |
| Quilichew [®] ER Tablet | Evekeo [®] Tablet / Evekeo [®] ODT Tablet |
| Quillivant [®] XR Suspension | Intuniv [®] Tablet |
| Vyvanse [®] Capsule / Chewable Tablet | Jornay PM [™] Capsule |
| | methamphetamine tablet (generic for Desoxyn [®]) |
| | methylphenidate CD capsule (generic for Metadate [®] CD) |
| | methylphenidate chewable / solution (generic for Methylin [®]) |
| | methylphenidate ER capsule (generic for Aptensio [®] XR) |
| | methylphenidate ER tablet (generic for Concerta [®] Tablet) |
| | methylphenidate LA capsule (generic for Ritalin [®] LA) |
| | Mydayis [®] ER Capsule |
| | ProCentra [®] Solution |
| | Qelbree [™] Capsule |
| | Relexxii [™] ER Tablet |
| | Ritalin [®] LA Capsule |
| | Ritalin [®] Tablet |
| | Strattera [®] Capsule |
| | Zenzedi [®] Tablet |
| INJECTABLE ANTIPSYCHOTICS | |
| Injectable Long Acting | |
| Preferred | Non-Preferred |
| Abilify Maintena [®] Syringe / Vial | |
| Aristada [®] / Injito [™] Syringe | |
| fluphenazine decanoate vial (generic for Prolixin decanoate [®]) | |
| Haldol [®] decanoate Ampule | |
| haloperidol decanoate ampule / vial (generic for Haldol decanoate [®]) | |
| Invega [®] Hafyera | |
| Invega [®] Sustenna Prefilled Syringe | |
| Invega [®] Trinza Syringe | |
| Perseus [®] Syringe | |
| Risperdal [®] Consta Syringe | |
| Zyprexa [®] Relprev [™] Vial Kit | |
| ATYPICAL ANTIPSYCHOTICS | |
| Oral / Topical | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| aripiprazole Tablet / Solution (generic for Abilify [®]) | Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet |
| clozapine tablet (generic for Clozaril [®]) | aripiprazole ODT (generic for Abilify [®] Discmelt [®]) |
| FazaClo [®] ODT | asenapine tablet (generic for Saphris [®] SL Tablet) |
| Invega [®] Tablet | Caplyta [™] Capsule |
| Latuda [®] Tablet | clozapine ODT (generic for FazaClo [®]) |
| olanzapine ODT / tablet (generic for Zyprexa [®]) | Clozaril [®] Tablet |
| quetiapine tablet / ER tablet (generic for Seroquel [®] / XR) | Fanap [®] Tablet / Titration Pack |
| risperidone ODT / solution / tablet (generic for Risperdal [®]) | Geodon [®] Capsule |
| Saphris [®] SL Tablet | Lybalvi [™] Tablet |
| Symbyax [®] Capsule | Nuplazid [®] Capsule |
| Vraylar [®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required | Nuplazid [®] Tablet |
| ziprasidone capsule (generic for Geodon [®]) | olanzapine-fluoxetine capsule (generic for Symbyax [®]) |
| | paliperidone ER tablet (generic for Invega [®]) |
| | Rexulti [®] Tablet |
| | Risperdal [®] Solution / 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 Privilil [®] and Zestril [®]) | captopril tablet (generic for Capoten [®]) |
| ramipril capsule (generic for Altace [®]) | enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age |
| | Epaned [®] Solution - Exemption for children < 12 years of age |
| | fosinopril tablet (generic for Monopril [®]) |
| | Lotensin [®] Tablet |
| | moexipril tablet (generic for Univase [®]) |
| | Qbrelis [®] Solution - Exemption for children < 12 years of age |
| | perindopril tablet (generic for Aceon [®]) |
| | Privilil [®] Tablet |
| | quinapril tablet (generic for Accupril [®]) |
| | trandolapril tablet (generic for Mavik [®]) |
| | Vasotec [®] Tablet |
| | Zestril [®] Tablet |

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|--|--|
| amlodipine-benazepril capsule (generic for Lotrel [®]) | Lotrel [®] Capsule |
| | Tarka [®] ER Tablet |
| | trandolapril-verapamil ER tablet (generic for Tarka [®]) |

ACE INHIBITOR / DIURETIC COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| enalapril-HCTZ tablet (generic for Vaserecic [®]) | Accuretic [®] Tablet |
| lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®]) | benazepril-HCTZ tablet (generic for Lotensin [®] HCT) |
| | captopril-HCTZ tablet (generic for Capozide [®]) |
| | fosinopril-HCTZ tablet (generic for Monopril [®] HCT) |
| | Lotensin [®] HCT Tablet |
| | quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) |
| | Vaserecic [®] 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 [®] Tablet) | 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 [®] Tablet) |

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| amlodipine-olmesartan tablet (generic for Azor [®]) | Azor [®] Tablet |
| amlodipine-valsartan tablet (generic for Exforge [®]) | Exforge [®] Tablet |
| amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT) | Exforge [®] HCT Tablet |
| olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet) | telmisartan-amlodipine tablet (generic for Twynsta [®]) |
| | Tribenzor [®] Tablet |

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| 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 Tablet) | Benicar [®] HCT Tablet | |
| valsartan-HCTZ tablet (generic for Diovan [®] HCT) | candesartan-HCTZ tablet (generic for Atacand [®] HCT) | |
| | Diovan [®] HCT Tablet | |
| | Edarbyclor [®] Tablet | |
| | Hyzaar [®] Tablet | |
| | Micardis [®] HCT Tablet | |
| | telmisartan-HCTZ tablet (generic for Micardis [®] HCT) | |
| ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS | | |
| Preferred | | Non-Preferred |
| Entresto [®] - Clinical Criteria Apply | | |
| ANTI-ARRHYTHMICS | | |
| Preferred | | Non-Preferred |
| amiodarone tablet (generic for Cordarone [®]) | Multaq [®] Tablet | |
| disopyramide capsule (generic for Norpace [®]) | Norpace [®] Capsule / CR Capsule | |
| dofetilide capsule (generic for Tikosyn [®]) | Pacerone [®] Tablet | |
| flecainide tablet (generic for Tambacor [®]) | quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®]) | |
| mexiletine capsule (generic for Mexiti [®]) | Rythmol SR [®] Capsule | |
| propafenone tablet (generic for Rythmol [®]) | Tikosyn [®] Capsule | |
| propafenone SR capsule (generic for Rythmol SR [®]) | | |
| quinidine sulfate tablet (generic for Quindex [®] Tablet) | | |
| BETA BLOCKERS | | |
| Preferred | | Non-Preferred |
| atenolol tablet (generic for Tenormin [®]) | acebutolol capsule (generic for Sectral [®]) | |
| carvedilol tablet (generic for Coreg [®]) | Betapace [®] Tablet / AF Tablet | |
| labetalol tablet (generic for Trandate [®]) | betaxolol tablet (generic for Kertone [®]) | |
| metoprolol succinate XL tablet (generic for Toprol XL [®]) | bisoprolol tablet (generic for Zebeta [®]) | |
| metoprolol tartrate tablet (generic for Lopressor [®]) | Bystolic [®] Tablet | |
| propranolol solution / tablet / ER capsule (generic for Inderal [®]) | carvedilol ER capsule (generic for Coreg [®] CR Capsule) | |
| Sorine [®] Tablet | Coreg [®] Tablet / CR Capsule | |
| sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®]) | Corgard [®] Tablet | |
| | Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma | |
| | Inderal [®] LA Capsule / XL Capsule | |
| | Innopran [®] XL Capsule | |
| | Kapsargo [™] Sprinkle - Exemption for children < 12 years of age | |
| | Lopressor [®] Tablet | |
| | nadolol tablet (generic for Corgard [®]) | |
| | nebivolol tablet (generic for Bystolic [®]) | |
| | pindolol tablet (generic for Visken [®]) | |
| | Sotylize [®] Solution | |
| | Tenormin [®] Tablet | |
| | timolol tablet (generic for Blocadren [®]) | |
| | Toprol XL [®] Tablet | |
| BETA BLOCKER DIURETIC COMBINATIONS | | |
| Preferred | | Non-Preferred |
| atenolol-chlorthalidone tablet (generic for Tenoretic [®]) | metoprolol-HCTZ tablet (generic for Lopressor [®] HCT) | |
| bisoprolol-HCTZ tablet (generic for Ziac [®]) | nadolol-bendroflumethiazide tablet (generic for Corzide [®]) | |
| | propranolol-HCTZ tablet (generic for Inderide [®]) | |
| | Tenoretic [®] Tablet | |
| | Ziac [®] Tablet | |

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| BILE ACID SEQUESTRANTS | |
|---|---|
| Preferred | Non-Preferred |
| cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light) | colesevelam packet / tablet (generic for Welchol [®]) |
| colestipol tablet (generic for Colestid [®] Tablet) | Colestid [®] Granules / Tablet |
| | colestipol granules (generic for Colestid [®] Granules) |
| | Prevalite [®] Packet / Powder |
| | Questran [®] Light Powder / Packet / Powder |
| | Welchol [®] Packet / Tablet |
| CHOLESTEROL LOWERING AGENTS | |
| Preferred | Non-Preferred |
| atorvastatin tablet (generic for Lipitor [®]) | Altoprev [®] Tablet |
| ezetimibe (generic for Zetia [®]) | amlodipine-atorvastatin tablet (generic for Caduet [®]) |
| lovastatin tablet (generic for Mevacor [®]) | Caduet [®] Tablet |
| pravastatin tablet (generic for Pravachol [®]) | Crestor [®] Tablet |
| rosuvastatin tablet (generic for Crestor [®]) | Ezallor [™] Capsule |
| simvastatin tablet (generic for Zocor [®]) | ezetimibe-simvastatin (generic for Vytorin [®]) |
| | fluvastatin capsule / ER tablet (generic for Lescol [®] / XL) |
| | Juxtapid [®] Capsule - Clinical criteria apply |
| | Lescol [®] XL Tablet |
| | Lipitor [®] Tablet |
| | Livalo [®] Tablet |
| | Nexletol [®] Tablet |
| | Nexlizet [®] Tablet |
| | Pravachol [®] Tablet |
| | Vytorin [®] Tablet |
| | Zetia [®] Tablet |
| | Zocor [®] Tablet |
| | Zypitamag [™] Tablet |
| CORONARY VASODILATORS | |
| Preferred | Non-Preferred |
| isosorbide dinitrate tablet (generic for Isordil [®] Titrados [®] , IsoDitrato [®] , et.al.) | Dilatrate [®] SR Capsule |
| isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®]) | Gonitro [®] Sublingual Powder |
| Minitran [®] Patch | Isordil [®] Tablet / Titrados [®] Tablet |
| nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , Nitrolingual [®] , Nitromist [®]) | |
| Nitrostat [®] SL Tablet | Nitro-Bid [®] Ointment |
| | Nitro-Dur [®] Patch |
| | Nitrolingual [®] Spray |
| | Nitromist [®] Spray |
| | Verquvo [™] Tablet |
| DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| Preferred | Non-Preferred |
| amlodipine tablet (generic for Norvasc [®]) | Adalat [®] CC Tablet |
| nifedipine capsule (generic for Procardia [®]) | felodipine ER tablet (generic for Plendil [®]) |
| nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®]) | isradipine capsule (generic for Dynacirc [®]) |
| | Katerzia [™] Suspension Exemption for children < 12 years of age |
| | nicardipine capsule (generic for Cardene [®]) |
| | nimodipine capsule (generic for Nimotop [®]) |
| | nisoldipine ER tablet (generic for Sular [®]) |
| | Norvasc [®] Tablet |
| | Nymalize [®] Solution |
| | Procardia [®] Capsule / XL Tablet |
| | Sular [®] Tablet |
| DIRECT RENIN INHIBITOR | |
| Preferred | Non-Preferred |
| Tekturna [®] Tablet | aliskiren tablet (generic for Tekturna [®] Tablet) |
| Tekturna [®] HCT Tablet | |

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| ENDOTHELIN RECEPTOR ANTAGONISTS | |
|---|--|
| Covered for diagnosis of Pulmonary Arterial Hypertension only | |
| Preferred | Non-Preferred |
| Letairis [®] Tablet | ambrisentan tablet (generic for Letairis [®] Tablet) |
| Tracleer [®] Tablet | bosentan tablet (generic for Tracleer [®] Tablet) |
| | Opsumit [®] Tablet |
| | Tracleer [®] Suspension |
| INHALED PROSTACYCLIN ANALOGS | |
| Preferred | Non-Preferred |
| Tyvaso [®] Refill Kit / Solution / Starter Kit | |
| Ventavis [®] Solution | |
| NIACIN DERIVATIVES | |
| Preferred | Non-Preferred |
| Niaspan [®] ER Tablet | |
| niacin ER tablet (generic for Niaspan [®]) | |
| NITRATE COMBINATION | |
| Preferred | Non-Preferred |
| Bidil [®] Tablet | isosorbide dinit/hydralazine tablet (Oral) (Generic (AG) for Bidil [®]) |
| NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| Preferred | Non-Preferred |
| Cartia XT [®] Capsule (branded generic for Cardizem CD [®]) | Calan SR [®] Caplet |
| Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) | Cardizem CD [®] Capsule |
| diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®]) | Cardizem [®] Tablet / LA Tablet |
| diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR) | diltiazem LA tablet (generic for Cardizem LA [®]) |
| Taztia XT [®] Capsule (branded generic for Tiazac [®]) | Matzim [®] LA Tablet (generic for Cardizem LA [®]) |
| Tiadyt [®] ER Capsule | Tiazac [®] Capsule |
| verapamil tablet / ER tablet (generic for Calan [®] / SR) | verapamil 360 mg capsule |
| | verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM) |
| | Verelan [®] Capsule / Verelan [®] PM Capsule |
| ORAL PULMONARY HYPERTENSION | |
| Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas [®] only | |
| Preferred | Non-Preferred |
| sildenafil (generic for Revatio [®]) Tablet | Adcirca [®] Tablet |
| tadalafil tablet (generic for Adcirca [®] Tablet) | Adempas [®] Tablet |
| | Alyq [®] Tablet |
| | Orenitram [®] ER Tablet |
| | Revatio [®] Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY |
| | sildenafil suspension (generic for Revatio [®] Suspension) Exemption for children < 12 years of age |
| | Uptravi [®] Tablet |
| PLATELET INHIBITORS | |
| 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) | Yosprala [®] Tablet |
| | Zontivity [®] Tablet |
| ANTIANGINAL & ANTI-ISCHEMIC | |
| Preferred | Non-Preferred |
| ranolazine ER tablet (generic for Ranexa [®] Tablet) | Ranexa [®] Tablet |
| SYMPATHOLYTICS AND COMBINATIONS | |
| Preferred | Non-Preferred |
| Catapres [®] TTS Patch | Catapres [®] Tablet |
| clonidine tablets (generic for Catapres [®]) | methyldopa-HCTZ tablet (generic for Aldorii [®]) |
| clonidine patch (generic for Catapres [®] -TTS) | methyldopa injection (generic for Aldomet [®] Injection) |
| guanfacine tablet (generic for Tenex [®]) | |
| methyldopa tablet (generic for Aldomet [®]) | |
| TRIGLYCERIDE LOWERING AGENTS | |
| Preferred | Non-Preferred |

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| | |
|---|--|
| fenofibrate tablet (generic for Tricor [®]) | Antara [®] Capsule |
| gemfibrozil tablet (generic for Lopid [®]) | fenofibrate capsule / tablet (generic for Antara [®] , Lofibra [®]) |
| | fenofibrate tablet (generic for Fenoglide [®] , Triglide [®]) |
| | fenofibric acid tablet (generic for Fibricor [®]) |
| | fenofibric acid capsule (generic for Trilipix [®]) |
| | Fenoglide [®] Tablet |
| | Fibricor [®] Tablet |
| | icosapent ethyl capsule (generic for Vascepa [®] Capsule) |
| | Lipofen [®] Capsule |
| | Lopid [®] Tablet |
| | Lovaza [®] Capsule - Exemption for patients with triglycerides ≥ 500mg/dl |
| | omega-3 acid ethyl esters capsule (generic for Lovaza [®]) - Exemption for patients with triglycerides ≥ 500mg/dl |
| | Tricor [®] Tablet |
| | Trilipix [®] Capsule |
| | Vascepa [®] Capsule |

CENTRAL NERVOUS SYSTEM
ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

| Preferred | Non-Preferred |
|---|--|
| rizatriptan ODT (generic for Maxalt MLT [®]) | almotriptan tablet (generic for Axert [®]) |
| rizatriptan tablet (generic for Maxalt [®]) | Amerge [®] Tablet |
| sumatriptan nasal spray / tablet / vial (generic for Imitrex [®]) | Cambia[®] Powder Packet Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage |
| | eletriptan (generic for Relpax [®] Tablet) |
| | frovatriptan tablet (generic for Frova [®]) |
| | Frova [®] Tablet |
| | Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet / Vial |
| | Maxalt [®] Tablet / MLT Tablet |
| | naratriptan tablet (generic for Amerge [®]) |
| | Onzetra [™] Xsai [™] Nasal Powder |
| | Relpax [®] Tablet |
| | Reyvow [™] Tablet |
| | sumatriptan injection kit / refill / syringe (generic for Imitrex [®]) |
| | sumatriptan/naproxen (generic for Treximet [®] Tablet) |
| | Tosymra [™] Nasal Spray |
| | Treximet [®] Tablet |
| | Zembrace [®] SymTouch [®] |
| | zolmitriptan nasal spray / ODT / tablet (generic for Zomig [®]) |
| | Zomig [®] Nasal Spray / Tablet / ZMT [®] Tablet |

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators PREVENTATIVE

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|---|--|
| Aimovig [™] (erenumab-aooe) Injection | Ajovy [™] (fremanezumab-vfrm) Injection |
| Emgality [®] (galcanezumab-gnlm) Injection | Nurtec [™] (rimegepant) ODT Tablet |
| | Qulipta [™] (atogepant) Tablet |
| | Vyepti [™] (eptinezumab-ijmr) Vial |

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators ACUTE TREATMENT

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|---|
| Ubrovelvy [™] (ubrogepant) Tablet | Nurtec [™] (rimegepant) ODT Tablet |

ANTI-NARCOLEPSY

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|------------------------------|--|
| Nuvigil [®] Tablet | armodafinil tablet (generic for Nuvigil [®]) |
| Provigil [®] Tablet | modafinil tablet (generic for Provigil [®]) |
| | Sunosi [™] Tablet |
| | Wakix [®] Tablet |

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ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

| Preferred | Non-Preferred |
|---|--|
| amantadine capsule / solution (generic for Symmetrel [®]) | Apokyn [®] Injection |
| benztropine tablet (generic for Cogentin [®]) | apomorphine (subcutaneous) (generic for Apokyn [®]) |
| bromocriptine tablet (generic for Parlodel [®]) | Azilect [®] Tablet |
| carbidopa-levodopa ODT (generic for Parcopa [®]) | carbidopa tablet (generic for Lodosyn [®]) |
| carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR) | carbidopa-levodopa-entacapone tablet (generic for Stalevo [®]) |
| pramipexole tablet (generic for Mirapex [®]) | Comtan [®] Tablet |
| ropinirole tablet (generic for Requip [®]) | Dhivy Tablet [™] |
| selegiline capsule / tablet (generic for Emsam [®]) | Duopa [®] Suspension |
| trihexphenidyl elixir / tablet (generic for Artane [®]) | entacapone tablet (generic for Comtan [®]) |
| | Gocovri [®] Capsule - Clinical criteria apply |
| | Horizant [®] Tablet |
| | Inbrija [™] Inhalation |
| | Kynmobi [™] SL Film |
| | Lodosyn [®] Tablet |
| | Mirapex [®] ER Tablet |
| | Neupro [®] Patch |
| | Nouriaz [™] Tablet |
| | Ongentys [®] Capsule |
| | Osmolex ER [™] Tablet - Clinical criteria apply |
| | Parlodel [®] Capsule / Tablet |
| | pramipexole ER tablet (generic for Mirapex ER [®]) |
| | rasagiline tablet (generic for Azilect [®]) |
| | ropinirole ER tablet (generic for Requip XL [®]) |
| | Rytary [®] ER Capsule |
| | Sinemet [®] Tablet / CR Tablet |
| | Stalevo [®] Tablet |
| | Tasmar [®] Tablet |
| | tolcapone tablet (generic for Tasmar [®]) |
| | Xadago [®] Tablet |
| | Zelapar [®] ODT |

MULTIPLE SCLEROSIS

Injectable

| Preferred | Non-Preferred |
|---|---|
| Avonex [®] Pack / Pen / Syringe | Extavia [®] Kit / Vial |
| Betaseron [®] Kit / Vial | glatiramer syringe (generic for Copaxone [®] Syringe) |
| Copaxone [®] Syringe | Glatopa [®] Syringe |
| Rebif [®] Rebidose [®] / Titration Pack / Syringe | Kesimpta [®] Injection |
| | Lemtrada [®] Vial |
| | Ocrevus [®] Vial - Diagnosis of Primary Progressive MS (PPMS) bypasses requirement for 2 preferred agents |
| | Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack |
| | Tysabri [®] |

MULTIPLE SCLEROSIS

Oral

| Preferred | Non-Preferred |
|---|---|
| dalfampridine ER tablet (generic for Ampyra [®]) | Ampyra [®] Tablet |
| Gilenya [®] Capsule | Aubagio [®] Tablet |
| dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule) | Bafiertam [™] Capsule |
| | Mavenclad [®] Tablet |
| | Mayzent [®] Starter Pack / Tablet |
| | Ponvory [™] Starter Pack / Tablet |
| | Tecfidera [®] Capsule / Starter Pack |
| | Vumerity [™] Capsule |
| | Zeposia [®] Starter Pack / Capsule |

SEDATIVE HYPNOTICS

Quantity limits apply to all sedative hypnotics

| Preferred | Non-Preferred |
|---|---|
| flurazepam capsule (generic for Dalmane [®]) | Ambien [®] Tablet / CR Tablet |
| temazepam 15mg, 30mg capsule (generic for Restoril [®]) | Belsomra [®] Tablet |
| zolpidem tablet (generic for Ambien [®]) | Dayvigo [™] Tablet |
| | doxepin tablet (generic for Silenor [®]) |
| | Edluar [®] SL Tablet |
| | eszazolam tablet (generic for Prosom [®]) |
| | eszopiclone tablet (generic for Lunesta [®]) |
| | Halcion [®] Tablet |
| | Hetlioz [®] Capsule Clinical criteria apply |
| | Hetlioz [®] LQ Suspension Clinical criteria apply |
| | Intermezzo [®] SL Tablet |
| | Lunesta [®] Tablet |
| | ramelteon tablet (generic for Rozerem [®] Tablet) |
| | Restoril [®] Capsule |
| | Rozerem [®] Tablet |
| | Silenor [®] Tablet |
| | temazepam 7.5, 22.5 mg capsule (generic for Restoril [®]) |
| | triazolam tablet (generic for Halcion [®]) |

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zaleplon capsule (generic for Sonata[®])

zolpidem ER tablet (generic for Ambien[®] CR)

zolpidem SL tablet (generic for Intermezzo[®])

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| SMOKING CESSATION | |
|---|--|
| Preferred | Non-Preferred |
| bupropion SR tablet (generic for Zyban [®] Tablet) | Nicotrol [®] Inhaler / NS Nasal Spray |
| Chantix [®] Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months | |
| nicotine gum / lozenge (buccal) / patch | |
| varenicline tablet (generic for Chantix [®] Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered. | |
| ENDOCRINOLOGY | |
| GROWTH HORMONE | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Genotropin [®] Cartridge / MiniQuick [®] | Humatrope [®] Cartridge / Vial |
| Norditropin [®] Flexpro [®] | Nutropin [®] AQ NuSpin [®] |
| Serostim [®] Vial | Omnitrope [®] Cartridge / Vial |
| | Saizen [®] Click-Easy [®] Cartridge / Vial |
| | Skytrofa [®] Cartridge |
| | Zomacton [®] Vial |
| | Zorbtive [®] Vial |
| HYPOGLYCEMICS - INJECTABLE | |
| Rapid Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior) | Admelog [®] SoloStar [®] / Vial |
| insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®]) | Afrezza [®] Inhalation Powder |
| Humalog [®] U-100 Junior KwikPen [®] | Apidra [®] SoloStar [®] / Vial |
| Humalog [®] U-100 KwikPen [®] / Vial | Fiasp [®] FlexTouch [®] / Penfill [®] / Vial |
| Novolog [®] U-100 Cartridge / FlexPen [®] / Vial | Humalog [®] U-100 Cartridge |
| | Humalog [®] U-200 KwikPen [®] |
| | insulin aspart U-100 cartridge / FlexPen [®] / vial (generic for Novolog [®]) |
| | Lyumjev [™] U-100 KwikPen [®] / Vial |
| | Lyumjev [™] U-200 KwikPen [®] |
| Short Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Humulin [®] R Vial | Myxredlin [™] Injection |
| Humulin [®] R U-500 KwikPen [®] / U500 Vial | Novolin [®] R Vial / ReliOn [®] R Vial |
| | Novolin R FlexPen [®] |
| Intermediate Acting Insulin | |
| Preferred | Non-Preferred |
| Humulin [®] N Vial | Humulin [®] N KwikPen [®] |
| | Novolin [®] N Vial / ReliOn [®] N Vial |
| Long Acting Insulin | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| insulin glargine vial/Solostar (authorized biologic for Lantus) | Basaglar [®] KwikPen [®] |
| Lantus [®] SoloStar [®] / Vial | Insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn) |
| Levemir [®] FlexTouch [®] / Vial | Semglee [™] Pen / Vial |
| | Semglee [™] yfgn Pen / Vial |
| | Toujeo [®] SoloStar [®] / Max SoloStar [®] |
| | Tresiba [®] FlexTouch [®] / Vial |
| Premixed Rapid Combination Insulin | |
| Preferred | Non-Preferred |
| Humalog [®] 50/50 Mix KwikPen [®] / Vial | insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix) |
| Humalog [®] 75/25 Mix KwikPen [®] / Vial | Novolog [®] Mix 70/30 Vial |
| insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30) | |
| Novolog [®] Mix 70/30 FlexPen [®] | |
| Premixed 70/30 Combination Insulin | |
| Preferred | Non-Preferred |
| Humulin [®] 70/30 KwikPen [®] / Vial | Novolin [®] 70/30 FlexPen [®] / Vial / ReliOn [®] 70/30 Vial |
| Amylin Analogs | |
| Requires trial and failure 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

Requires trial and failure or insufficient response to metformin containing products (except for diabetic beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination

| Preferred | Non-Preferred |
|--------------------|---|
| | Continuation of therapy requires documentation that clinical goals have been met |
| Bydureon® Pen | Adlyxin® Injection |
| Byetta® Pen | Bydureon® BCise™ |
| Trulicity® Pen | Rybelsus® Tablet |
| Victoza® Pen | Soliqua® Injection |
| Ozempic® Injection | Xultophy® Injection |

HYPOGLYCEMICS - ORAL
2nd Generation Sulfonylureas

| Preferred | Non-Preferred |
|--|---------------|
| Amaryl® Tablet | |
| glimepiride tablet (generic for Amaryl®) | |
| glipizide tablet / ER tablet (generic for Glucotrol® / XL) | |
| Glucotrol® Tablet / 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®) |
| Glyset® Tablet | Precose® Tablet |

Biguanides and Combinations

| Preferred | Non-Preferred |
|---|--|
| glipizide-metformin tablet (generic for Metaglip®) | Fortamet® Tablet |
| glyburide-metformin tablet (generic for Glucovance®) | Glucophage® Tablet / ER Tablet |
| metformin tablet / ER tablet (generic for Glucophage® / ER) | Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product |
| | metformin solution (generic for Riomet® Solution) Exemption for children < 12 years of age |
| | metformin ER tablet (generic for Fortamet®) |
| | metformin ER tablet (generic for Glumetza®) |
| | Riomet® Solution / ER Suspension |

DPP-IV Inhibitors and Combinations

Requires trial and failure or insufficient response to metformin containing 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 | alogliptin tablet (generic for Nesina®) |
| Janumet® XR Tablet | alogliptin-metformin tablet (generic for Kazano®) |
| Januvia® Tablet | alogliptin-pioglitazone tablet (generic for Oseni®) |
| Jentadueto® Tablet | Glyxambi® Tablet |
| Onglyza® Tablet | Jentadueto® XR Tablet |
| Tradjenta® Tablet | Kazano® Tablet |
| | Kombiglyze® XR Tablet |
| | Nesina® Tablet |
| | Oseni® Tablet |
| | Qtern® Tablet |
| | Steglujan® Tablet |
| | Trijardy® XR Tablet |

Meglitinides

| Preferred | Non-Preferred |
|---|---|
| nateglinide tablet (generic for Starlix®) | Prandin® Tablet |
| repaglinide tablet (generic for Prandin®) | Starlix® Tablet |
| | repaglinide-metformin tablet (generic for Prandimet®) |

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Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations

For use in type 2 diabetes mellitus, requires trial and failure or insufficient response to metformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required.

| Preferred | Non-Preferred |
|-------------------------------|---|
| Farxiga [®] Tablet | Invokamet [®] Tablet / XR Tablet |
| Invokana [®] Tablet | Segluromet [™] Tablet |
| Jardiance [®] Tablet | Steglatro [™] Tablet |
| Synjardy [®] Tablet | Synjardy [®] XR Tablet |
| | Xigduo [®] XR Tablet |

Thiazolidinediones and Combinations

| Preferred | Non-Preferred |
|---|--|
| pioglitazone tablet (generic for Actos [®]) | ActoPlus Met [®] Tablet / XR Tablet |
| | Actos [®] Tablet |
| | Avandia [®] Tablet |
| | Duetact [®] Tablet |
| | pioglitazone-glimepiride tablet (generic for Duetact [®]) |
| | pioglitazone-metformin tablet (generic for ActoPlus Met [®]) |

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

| Preferred | Non-Preferred |
|--|--|
| aprepitant capsule/pack (generic for Emend [®]) - Clinical criteria apply | |
| Diclegis [®] Tablet | Akynzeo [®] Capsule / Vial |
| dimenhydrinate vial (generic for Dramamine [®]) | Aloxi [®] Vial |
| meclizine tablet (generic for Antivert [®]) | Anzemet [®] Tablet |
| metoclopramide solution / tablet (generic for Reglan [®]) | Barhemys [®] Vial |
| ondansetron ODT / solution / tablet (generic for Zofran [®]) | Bonjesta [®] Tablet |
| prochlorperazine tablet (generic for Compazine [®]) | Cinvanti [®] Injectable Emulsion |
| promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®]) | Compro [®] Rectal |
| promethazine syrup / tablet (generic for Phenergan [®]) | doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet) |
| promethazine ampule/vial (generic for Phenergan [®]) | dronabinol capsule (generic for Marinol [®]) |
| Transderm-Scop [®] Patch | Emend [®] Capsule - Clinical criteria apply |
| | Emend [®] Powder Packet / Trifold Pack - Clinical criteria apply |
| | Emend [®] Vial |
| | fosaprepitant vial (generic for Emend [®]) |
| | Gimoti [™] Nasal Spray |
| | granisetron tablets (generic for Kytril [®]) |
| | granisetron injection (generic for Kytril [®]) |
| | Marinol [®] Capsule |
| | metoclopramide ODT (generic for Metozolv [®]) |
| | metoclopramide ODT (generic for Reglan [®]) |
| | metoclopramide vial |
| | ondansetron vial |
| | palonosetron injection (generic for Aloxi [®]) |
| | Phenergan [®] injection |
| | promethazine 50 mg rectal (generic for Phenergan [®]) |
| | prochlorperazine rectal (generic for Compazine [®]) |
| | prochlorperazine injection |
| | Reglan [®] Tablet |
| | Sancuso [®] Patch |
| | scopolamine patch (generic for Transderm-Scop [®]) |
| | Sustol [®] Injection |
| | Tigan [®] Capsule / Injection |
| | trimethobenzamide capsule (generic for Tigan [®]) |
| | Varubi [®] Tablet |
| | Zofran [®] ODT / Tablet |
| | Zuplenz [®] Soluble Film |

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| BILE ACID SALTS | |
|--|---|
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| ursodiol capsule (generic for Actigall®) | Actigall® Capsule |
| ursodiol tablet (generic for Urso®) | Bylvy™ Capsule / Pellet Exemption for diagnosis of PFIC |
| | Chenodal® Tablet |
| | Cholbam® Capsule |
| | Ocaliva® Tablet |
| | Reltone™ Capsule |
| | Urso® Tablet / Urso® Forte Tablet |
| H. PYLORI COMBINATIONS | |
| Preferred | Non-Preferred |
| Pylera® Capsule | Helidac® Therapy Pack |
| | lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) |
| | Omeclamox-Pak® Combo Pack |
| | Talicia® Capsule |
| HISTAMINE-2 RECEPTOR ANTAGONISTS | |
| Preferred | Non-Preferred |
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| ranitidine syrup/tablet (generic for Zantac®) | nizatidine capsule / solution (generic for Axid®) |
| | Pepcid® Tablet |
| PANCREATIC ENZYMES | |
| Preferred | Non-Preferred |
| Creon® Capsule | Pancreaze® Capsule |
| Zenpep® Capsule | Pertzye® Capsule |
| | Viokase® Tablet |
| PROGESTINS USED FOR CACHEXIA | |
| Preferred | Non-Preferred |
| megestrol suspension / tablet (generic for Megace®) | megestrol ES suspension (generic for Megace® ES) |
| PROTON PUMP INHIBITORS | |
| Preferred | Non-Preferred |
| esomeprazole magnesium capsule (generic for Nexium® Rx) | Exemption for children < 12 years of age |
| esomeprazole magnesium tablet OTC (generic for Nexium® OTC) | Aciphex® Sprinkle Capsules / Tablets |
| lansoprazole capsule (generic for Prevacid® Rx) | Dexilant® Capsule |
| Nexium® Rx Packet | dexlansoprazole capsules (generic (AG) for Dexilant®)) |
| omeprazole Rx capsule (generic for Prilosec® Rx) | esomeprazole magnesium capsule OTC (generic for Nexium® OTC) |
| pantoprazole tablet (generic for Protonix®) | esomeprazole magnesium packet (generic for Nexium® Rx Packet) |
| Protonix® Suspension | lansoprazole capsule (generic for Prevacid® OTC) |
| Protonix® Suspension | lansoprazole ODT (generic for Prevacid® SoluTab™) |
| | Nexium® Rx Capsule |
| | omeprazole OTC capsule / tablet (generic for Prilosec® OTC) |
| | omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC) |
| | pantoprazole suspension (generic for Protonix®) |
| | Prevacid® Rx / OTC Capsule / Solutab |
| | Prilosec® Rx Suspension |

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| | |
|--|---|
| | Protonix [®] Tablet |
| | rabeprazole tablet (generic for Aciphex [®]) |
| | Zegerid [®] Rx / Capsule / Packet |
| SELECTIVE CONSTIPATION AGENTS | |
| Preferred | Non-Preferred |
| Amitiza [®] Capsule | alosetron tablet (generic for Lotronex [®] Tablet) |
| Linzess [®] Capsule | Ibsrela [®] Tablet (Oral) |
| Movantik [®] Tablet | Lotronex [®] Tablet |
| | lubiprostone capsule (generic for Amitiza [®] Capsule) |
| | Motegrity [™] Tablet |
| | Relistor [®] Syringe / Vial / Oral Tablet Clinical Criteria Apply |
| | Symploc [®] Tablet |
| | Trulance [®] |
| | Viberzi [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) |
| ULCERATIVE COLITIS | |
| Oral | |
| Preferred | Non-Preferred |
| Apriso [®] Capsule | Asacol [®] HD Tablet |
| balsalazide capsule (generic for Colazal [®]) | Azulfidine [®] Entab / Tablet |
| Lialda [®] Tablet | budesonide ER tablet (generic for Uceris [®]) |
| sulfasalazine DR tablet (generic for Azulfidine [®] Entab) | Colazal [®] Capsule |
| sulfasalazine IR tablet (generic for Azulfidine [®]) | Delzicol [®] Capsule |
| | Dipentum [®] Capsule |
| | mesalamine DR capsule (generic for Delzicol [®] Capsule) |
| | mesalamine ER capsule (generic for Apriso [®] Capsule) |
| | mesalamine tablet (generic for Asacol [®] HD / Lialda [®] Tablet) |
| | Pentasa [®] Capsule |
| | Uceris [®] Tablet |
| ULCERATIVE COLITIS | |
| Rectal | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Canasa [®] Suppository | mesalamine kit (generic for Rowasa [®] Kit) |
| mesalamine enema (generic for Rowasa [®] Enema) | mesalamine suppository (generic for Canasa [®] Suppository) |
| | Rowasa [®] Kit |
| | SF Rowasa [®] Enema |
| | Uceris [®] Rectal Foam |
| ELECTROLYTE DEPLETERS (KIDNEY DISEASE) | |
| Preferred | Non-Preferred |
| calcium acetate capsule (generic for PhosLo [®]) | Auryxia [®] Tablet |
| calcium acetate tablet (generic for Eliphos [®]) | Fosrenol [®] Chewable |
| Renvela [®] Tablet | Fosrenol [®] Powder Pack |
| sevelamer carbonate powder pack (generic for Renvela [®] Powder Pack) | MagneBind [®] 400 Rx Tablet |
| | Phoslyra [®] Solution |
| | Renagel [®] Tablet |
| | Renvela [®] Powder Pack |
| | sevelamer hydrochloride tablet (generic for Renagel [®]) |
| | sevelamer carbonate tablet (generic for Renvela [®]) |
| | Velphoro [®] Chewable |
| | lanthanum carbonate chewable tablet (oral) (generic for Fosrenol [®] Chewable) |
| GENTOURINARY/RENAL | |
| BENIGN PROSTATIC HYPERPLASIA TREATMENTS | |
| Preferred | Non-Preferred |
| alfuzosin ER tablet (generic for Uroxatral [®]) | Avodart [®] Softgel |
| doxazosin tablet (generic for Cardura [®]) | Cardura [®] Tablet / XL Tablet |
| dutasteride capsule (generic Avodart [®]) | Cialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply |
| finasteride tablet (generic for Proscar [®]) | dutasteride/ tamsulosin capsule (generic Jalyn capsule [®]) |
| tamsulosin capsule (generic for Flomax [®]) | Flomax [®] Capsule |
| terazosin capsule (generic for Hytrin [®]) | Jalyn [®] Capsule |
| | Proscar [®] Tablet |
| | Rapaflo [®] Capsule |
| | silodosin capsule (generic for Rapaflo [®]) |
| | tadalafil tablet (generic for Cialis [®]) (2.5mg and 5mg strengths only) Clinical criteria apply |

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URINARY ANTISPASMODICS

| Preferred | Non-Preferred |
|---|---|
| oxybutynin syrup / tablet (generic for Ditropan®) | darifenacin ER tablet (generic for Enablex®) |
| oxybutynin ER tablet (generic for Ditropan XL®) | Detrol® (tolterodine) Tablet / LA Capsule |
| solifenacin tablet (generic for Vesicare® Tablet) | Ditropan® (oxybutynin) XL Tablet |
| Toviaz® (fesoterodine) Tablet | Enablex® (darifenacin) Tablet |
| | flavoxate tablet (generic for Urispas®) |
| | Gelnique® (oxybutynin) Gel / Gel Sachets |
| | Gemtesa® (vibegron) Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | Myrbetriq® (mirabegron) Granules / ER Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment |
| | Oxytrol® (oxybutynin) Patch |
| | tolterodine tablet / ER capsule (generic for Detrol® / LA) |
| | tropium tablet / ER capsule (generic for Sanctura® / XR) |
| | Vesicare® (solifenacin) Tablet |
| | Vesicare® (solifenacin) LS Suspension |

GOUT

| Preferred | Non-Preferred |
|---|--|
| allopurinol tablet (generic for Zyloprim®) | colchicine capsule (generic for Mitigare®) |
| colchicine tablet (generic for Colcrys®) | Colcrys® Tablet |
| probenecid tablet (generic for Benemid®) | febuxostat tablet (generic for Uloric® Tablet) |
| probenecid-colchicine tablet (generic for Col-Benemid®) | Gloperba® Solution |
| probenecid-colchicine tablet (generic for Col-Benemid®) | Krystexxa® Injection |
| | Mitigare® (branded colchicine 0.6mg) Capsules |
| | Uloric® Tablet |
| | Zyloprim® Tablet |

HEMATOLOGIC ANTICOAGULANTS

Injectable

| Preferred | Non-Preferred |
|--|---|
| enoxaparin syringe / vial (generic for Lovenox®) | Arixtra® Syringe |
| Fragmin® Syringe / Vial | fondaparinux syringe (generic for Arixtra®) |
| | Lovenox® Syringe / Vial |

Oral

| Preferred | Non-Preferred |
|---|---------------------|
| Eliquis® Tablet and Starter Dose Pack | Bevyxxa® Capsule |
| Jantoven® (branded generic for Coumadin®) | Coumadin® Tablet |
| Pradaxa® Capsule | Savaysa® Tablet |
| warfarin tablet (generic for Coumadin®) | Xarelto® Suspension |
| Xarelto® Starter Pack / Tablet | |

COLONY STIMULATING FACTORS

| Preferred | Non-Preferred |
|--------------------------|---------------------------------|
| Neupogen® Vial / Syringe | Fulphila™ Syringe |
| Nivestym™ Syringe | Granix® Injection Syringe/Vial |
| Nyvepria™ Syringe | Leukine® Injection |
| Udenyca™ Syringe | Neulasta® Syringe / Kit |
| | Nivestym™ Vial |
| | Releuko® Syringe (Subcutaneous) |
| | Releuko® Vial (Injection) |
| | Zarxio® Injection |
| | Ziextenzo® Syringe |

HEMATOPOIETIC AGENTS

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|-------------------------|------------------|
| Aranesp® Syringe / Vial | Epogen® Vial |
| Procrit® Vial | Mircera® Syringe |
| | Reblozyl® Vial |
| | Retacrit® Vial |

THROMBOPOIESIS STIMULATING AGENTS

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| Preferred | Non-Preferred |
|--|--|
| Nplate [®] Vial | Tavalisse [™] Tablet |
| Promacta [®] Suspension / Tablet | |
| OPHTHALMIC | |
| ALLERGIC CONJUNCTIVITIS AGENTS | |
| Preferred | Non-Preferred |
| cromolyn sodium drops (generic for Cromolol [®]) | Alocril [®] Drops |
| olopatadine drops (generic for Pataday [®]) | Alomide [®] Drops |
| Pazeo [®] Drops | Alrex [®] Drops |
| | azelastine drops (generic for Optivar [®]) |
| | bepotastine drops (generic for Bepreve [®] Drops) |
| | Bepreve [®] Drops |
| | epinastine drops (generic for Elestat [®]) |
| | Lastacaft [®] Drops |
| | olopatadine drops (generic for Patanol [®]) |
| | Pataday [®] Drops |
| | Patanol [®] Drops |
| | Zerviate [™] Drops |
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| AK-Poly-Bac [®] Ointment (branded generic for Polysporin [®]) | Azasisite [®] Drops |
| bacitracin-polymyxin ointment (generic for Polysporin [®]) | bacitracin ointment (generic for AK-Tracin [®]) |
| ciprofloxacin solution drops (generic for Ciloxan [®]) | Besivance [®] Suspension |
| erythromycin ointment (generic for Ilotycin [®]) | Bleph-10 [®] Drops |
| Gentak [®] Ointment (branded generic for Garamycin [®]) | Ciloxan [®] Drops / Ointment |
| gentamicin drops (generic for Garamycin [®]) | gatifloxacin drops (generic for Zymaxid [®]) |
| moxifloxacin ophthalmic solution (generic for Vigamox [®] Drops) | levofloxacin drops (generic for Quixin [®]) |
| ofloxacin drops (generic for Ocuflax [®]) | moxifloxacin ophthalmic solution (generic for Moxeza [®]) |
| Polycin [®] Ointment (branded generic for Polysporin [®]) | Moxeza [®] Drops |
| polymyxin-trimethoprim drops (generic for Polytrim [®]) | Natacyn [®] Drops |
| sulfacetamide drops (generic for Bleph-10 [®]) | Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment) |
| tobramycin drops (generic for Tobrex [®]) | neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment) |
| | neomycin/bacitracin/polymyxin oint (ophthalmic) (generic (AG) for Neosporin [®] Oph Oint) |
| | neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops) |
| | Ocuflax [®] Drops |
| | Polytrim [®] Drops |
| | sulfacetamide ointment (generic for Cetamide [®]) |
| | Tobrex [®] Ointment/ Drops |
| | Vigamox [®] Drops |
| | Zymaxid [®] Drops |
| ANTIBIOTICS-STEROID COMBINATIONS | |
| Preferred | Non-Preferred |
| neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®]) | Blephamide [®] Drops / S.O.P. Ointment |
| Tobradex [®] Drops / Ointment | Maxitrol [®] Drops / Ointment |
| | Neo-Polycin [®] HC (branded generic for Cortisporin [®]) |
| | neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®]) |
| | neomycin-polymyxin-HC drops / ointment (generic for Ocutricin [®]) |
| | Pred-G [®] S.O.P. Ointment / Suspension |
| | sulfacetamide-prednisolone drops (generic for Vasocidin [®]) |
| | Tobradex [®] ST Drops |
| | tobramycin-dexamethasone suspension (generic for Tobradex [®] Suspension) |
| | Zylet [®] Drops |

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| ANTI-INFLAMMATORY | |
|---|---|
| Preferred | Non-Preferred |
| dexamethasone drops (generic for Decadron®) | Acular® Drops / LS Solution |
| diclofenac drops (generic for Voltaren®) | Acuvail® Solution |
| Durezol® Drops | bromfenac drops (generic for Xibrom®) |
| Flarex® Drops | Bromsite™ Solution |
| flurorometholone drops (generic for FML®) | Dextenza® Insert |
| flurbiprofen drops (generic for Ocufen®) | Dexycu™ Vial |
| Ilevro® Drops | difluprednate drops (generic for Durezol®) |
| ketorolac solution (generic for Acular® / LS) | FML® Forte Drops / S.O.P. Ointment |
| Lotemax® Drops | FML® Liquifilm® Drops |
| Pred Mild® Drops | Iluvien® Implant |
| prednisolone acetate drops (generic for Pred Forte®) | Invectys™ Drops |
| | Lotemax® Gel / SM Gel / Ointment |
| | loteprednol drops / gel (generic for Lotemax®) |
| | Maxidex® Drops |
| | Nevanac® Droptainer |
| | Omnipred® 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 | |
| Preferred | Non-Preferred |
| Eysuvis™ Drops | Cequa™ Drops |
| Restasis® Drops / Restasis® Multidose™ Drops | cyclosporine (ophthalmic) (generic for Restasis®) |
| Xiidra® Drops | cyclosporine (generic (AG) for Restasis® (ophthalmic)) |
| | Tyrvaya® Nasal Spray |
| 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 |
| BETA BLOCKER AGENTS / COMBINATIONS | |
| Preferred | Non-Preferred |
| Combigan® Drops | betaxolol drops (generic for Betoptic®) |
| timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®) | Betoptic® S Drops |
| | brimonidine tartrate/timolol drops (Generic (AG) for Combigan®) |
| | brimonidine tartrate/timolol drops (ophthalmic) (generic for Combigan®) |
| | carteolol drops (generic for Ocupress®) |
| | Istalol® Drops |
| | levobunolol drops (generic for Betagan®) |
| | timolol drop (generic for Istalol® Drops) |
| | timolol maleate drop (generic for Timoptic® Ocudose® Drops) |
| | Timoptic® Drops / Ocudose® Drops / XE® Solution |

North Carolina Division of Health Benefits
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CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| dorzolamide drops (generic for Trusopt®) | Azopt® Drops |
| dorzolamide-timolol drops (generic for Cosopt®) | brinzolamide drops (generic for Azopt® Drops) |
| Simbrinza® Drops | Cosopt® Drops / PF Drops |
| | dorzolamide-timolol PF drops (generic for Cosopt® PF) |
| | Trusopt® Drops |

PROSTAGLANDIN AGONISTS

| Preferred | Non-Preferred |
|--|--|
| latanoprost drops (generic for Xalatan®) | bimatoprost drops (generic for Lumigan® Drops) |
| Travatan® Z Drops | Lumigan® Drops |
| | travoprost drops (generic for Travatan® Z) |
| | Vyzulta® Drops |
| | Xalatan® Drops |
| | Xelpros® Drops |
| | Zioptan® Drops |

RHO KINASE MODIFIERS / COMBINATIONS

| Preferred | Non-Preferred |
|------------------|---------------|
| Rhopressa® Drops | |
| Rocklatan® Drops | |

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

| Preferred | Non-Preferred |
|---|--|
| alendronate tablet (generic for Fosamax®) | Actonel® Tablet |
| raloxifene tablet (generic for Evista®) | alendronate solution (generic for Fosamax® Solution) |
| | Atelvia® Tablet |
| | Binosto® Effervescent Tablet |
| | Boniva® Tablet |
| | calcitonin salmon nasal spray (generic for Miacalcin®) |
| | Eventiv™ Syringe |
| | Evista® Tablet |
| | Forteo® Pen Injection |
| | Fosamax® Tablet / Plus D Tablet |
| | ibandronate tablet (generic for Boniva®) |
| | Prolia® Syringe |
| | risedronate tablet (generic for Actonel®) |
| | teriparatide injection (generic for Forteo® Injection) |
| | Tymlos® Injection |

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OTIC

ANTIBIOTICS

| Preferred | Non-Preferred |
|---|---|
| Ciprodex [®] Suspension | Cipro [®] HC Suspension |
| neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®]) | ciprofloxacin solution (generic for Cetraxal [®]) |
| ofloxacin drops (generic for Floxin [®]) | ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®]) |
| | ciprofloxacin-fluocinolone drops (generic for Otovel [®]) |
| | Cortisporin-TC [®] Suspension |
| | Otiprio [®] 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

| Preferred | Non-Preferred |
|---------------------------|---|
| Dermotic [®] Oil | Flac [®] Otic Oil |
| | fluocinolone 0.01% oil (generic for Dermotic [®]) |

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

| Preferred | Non-Preferred |
|---|---|
| Serevent [®] Diskus [®] | Arcapta [®] Neohaler [®] |
| | Striverdi [®] Respimat [®] Inhalation Spray |

BETA-ADRENERGIC HANDHELD, SHORT ACTING

| Preferred | Non-Preferred |
|-----------------------------------|--|
| Proair [®] HFA Inhaler | albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) |
| Ventolin [®] HFA Inhaler | levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) |
| | Proair [®] Digihaler [™] |
| | Proair [®] RespiClick [®] |
| | Proventil [®] HFA Inhaler |
| | Xopenex [®] HFA Inhaler |

BETA-ADRENERGIC, NEBULIZERS

Trial and failure of only one preferred drug required

| Preferred | Non-Preferred |
|---|--|
| albuterol 0.63mg / 3ml solution (generic for Accuneb [®]) | arformoterol solution (generic for Brovana [®] Solution) |
| albuterol 1.25mg / 3ml solution (generic for Accuneb [®]) | Brovana [®] Solution |
| albuterol sulfate 2.5mg / 0.5ml solution | formoterol solution (generic for Perforomist [®] Solution) |
| albuterol sulfate 2.5mg / 3ml solution | levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate) |
| albuterol sulfate 5mg / ml solution | Perforomist [®] Solution |
| | Xopenex [®] Solution / Concentrate Solution |

BETA-ADRENERGIC, ORAL

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

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| ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS | |
|--|--|
| Preferred | Non-Preferred |
| Anoro [®] Ellipta [®] Inhaler | Daliresp [®] Tablet |
| Atrovent [®] HFA Inhaler | Duaklir [®] Pressair [®] |
| Bevespi [®] Aerosphere [®] | Incruse [®] Ellipta [®] Inhaler |
| Combivent [®] Respimat [®] Inhalation Spray | Lonhala [®] Magnair [®] |
| ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution) | Seebri [®] Neohaler [®] |
| ipratropium-albuterol solution (generic for Duoneb [®]) | Tudorza [®] Pressair [®] Inhaler |
| Spiriva [®] Handihaler [®] | Utibron [®] Neohaler [®] |
| Spiriva [®] Respimat [®] Inhalation Spray | Yupelri [™] Solution |
| Stiolto [®] Respimat [®] Inhalation Spray | |
| INHALED CORTICOSTEROIDS | |
| Preferred | Non-Preferred |
| budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort [®] Respules) | Alvesco [®] Inhaler |
| Flovent [®] Diskus | ArmonAir [™] Digihaler [™] |
| Flovent [®] HFA Inhaler | Arnuity [®] Ellipta [®] Inhaler |
| | Asmanex [®] HFA Inhaler |
| | Asmanex [®] Twisthaler [®] |
| | Pulmicort [®] Flexhaler |
| | Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg |
| | QVAR [®] RediHaler [™] |
| INHALED CORTICOSTEROID COMBINATIONS | |
| Preferred | Non-Preferred |
| Advair [®] Diskus [®] | AirDuo [®] Digihaler [™] / RespiClick [®] |
| Advair [®] HFA Inhaler | Breo [®] Ellipta [®] |
| Dulera [®] Inhaler | Bretri [™] Aerosphere [™] |
| Symbicort [®] Inhaler | budesonide/formoterol inhalation (generic for Symbicort [®]) |
| | fluticasone/salmeterol inhalation (generic for Advair [®] Diskus [®]) |
| | fluticasone/salmeterol inhalation (generic for AirDuo [®]) |
| | Trelegy [®] Ellipta [®] |
| | Wixela [™] Inhub [™] |
| INTRANASAL RHINITIS AGENTS | |
| Preferred | Non-Preferred |
| Astepro [®] Nasal Spray | Exemption for steroids applies to children < 4 years of age |
| azelastine spray (generic for Astelin [®]) | azelastine nasal spray (generic for Astepro [®]) |
| fluticasone spray (generic for Flonase [®]) | azelastine-fluticasone nasal spray (generic for Dymista [®]) |
| ipratropium spray (generic for Atrovent [®] Nasal) | Beconase [®] AQ Nasal Spray |
| olopatadine nasal spray(generic for Patanase [®]) | Dymista [®] Nasal Spray |
| | flunisolide nasal spray (generic for Nasalide [®]) |
| | monetasone nasal spray (generic for Nasonex [®]) |
| | Nasonex [®] Nasal Spray |
| | Omnaris [®] Nasal Spray |
| | Patanase [®] Nasal Spray |
| | QNasi [®] Nasal Spray / Children's 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 |

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LOW SEDATING ANTIHISTAMINES

| Preferred | Non-Preferred |
|--|---|
| cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets) | cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets) |
| cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup) | cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup) |
| cetirizine Rx syrup (generic for Zyrtec [®] Syrup) | Clarinet [®] Tablet - Exemption for children < 2 years of age |
| levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet) | desloratadine ODT / Tablet (generic for Clarinet [®]) |
| 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 / soft gel (generic for Claritin [®] OTC) |
| | Quzyttir [™] Vial |

LOW SEDATING ANTIHISTAMINE COMBINATIONS

Quantity limit of 102 days supply per 12 months apply to all drugs in this class

| Preferred | Non-Preferred |
|---|--|
| loratadine-D OTC tablet (generic for Claritin-D [®] OTC) | cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC) |
| | Clarinet-D [®] Tablet |
| | fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC) |
| | Semprex-D [®] Capsule |

TOPICALS

ACNE AGENTS

| Preferred | Non-Preferred |
|---|--|
| adapalene / benzoyl peroxide (generic for Epiduo [®] Forte) | Acanya [®] Gel Pump |
| adapalene cream / gel / gel pump / solution (generic for Differin [®]) | Aczone [®] Gel |
| clindamycin-benzoyl peroxide gel (generic for Duac [®]) | adapalene / benzoyl peroxide (generic for Epiduo [®] Gel) |
| clindamycin phosphate pledgets / solution (generic for Cleocin-T [®]) | Aklief [®] Cream |
| Differin [®] Cream / Gel Pump / Lotion | Aktipak [™] Pouch |
| Epiduo [®] Forte | Altreno [™] Lotion (topical) |
| Epiduo [®] Gel | Amzeeq [™] Foam |
| erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , A/T/S [®] , T-Stat [®]) | Arazlo [™] Lotion |
| erythromycin-benzoyl peroxide gel (generic for Benzamycin [®]) | Atralin [®] Gel |
| Retin-A [®] Cream / Gel | Avar [®] Cleanser / Cleansing Pads / Foam |
| Retin-A [®] Micro Gel / Micro Pump Gel | Avar [®] LS Cleanser / LS Cleansing Pads / LS Foam |
| | Avar-E [™] Emollient Cream / Green Emollient Cream / LS Cream |
| | Avita [®] Cream / Gel |
| | azelaic acid gel (generic for Finacea [®]) |
| | Benzaclin [®] Gel / Pump |
| | Benzamycin [®] Gel |
| | BP [®] 10-1 Wash / Cleansing Wash |
| | Cleocin [®] T Gel / Lotion / Pledgets |
| | Clindacin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit |
| | Clindagel [®] Gel |
| | clindamycin / tretinoin (generic for Veltin [®]) |
| | clindamycin phosphate foam (generic for Evoclin [®]) |
| | clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®]) |
| | clindamycin-benzoyl peroxide gel (generic for Neucac [®]) |
| | clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®]) |
| | clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) |
| | dapsone gel (generic for Aczone [®] Gel) |
| | Ery [®] Pads |
| | Erygel [®] Gel |
| | erythromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) |
| | Evoclin [®] Foam |
| | Fabior [®] Foam |
| | Finacea [®] Foam / Gel |
| | Klaron [®] Lotion |
| | Neucac [®] Gel / Kit |
| | Onexton [®] Gel / Gel Pump |
| | Ovace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash |
| | Promiseb [®] Complete / Topical Cream |
| | 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 cleanser / cloth (generic for Rosula [®]) |
| | sodium sulfacetamide-sulfur kit / wash (generic for Sumadan [®]) |
| | 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 cream (generic for Avar [®] E, SSS [®] 10-5) |
| | Sumadan [®] Kit / Wash / XLT Kit |
| | Sumaxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash |
| | tazarotene cream (generic for Tazorac [®]) |
| | tazarotene foam (generic for Fabior [®]) |
| | Tazorac [®] Cream / Gel |
| | tretinoin cream / gel (generic for Retin-A [®]) |
| | tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) |
| | Tretin-X [™] Combo Pack / Cream |

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| | Twynéo [®] Cream (topical) |
|---|--|
| | Ziana [®] Gel |
| ANDROGENIC AGENTS | |
| Preferred | Non-Preferred |
| AndroGel [®] Pump | Androderm [®] Patch AndroGel [®] Packet Axiron [®] Topical Gel / Solution Fortesta [®] Gel Pump Natesto [®] Nasal Gel Testim [®] Gel testosterone gel / packet (generic for Testim [®] , Vogelxo [®]) testosterone gel pump (generic for AndroGel [®] Pump) testosterone gel / pump / solution (generic for Axiron [®] , Fortesta [®]) Vogelxo [®] Gel / Packet / Pump |
| NSAIDS | |
| Preferred | Non-Preferred |
| diclofenac topical gel (generic for Voltaren [®] Gel) | diclofenac epolamine patch (generic for Flector [®] Patch) diclofenac solution (generic for Pennsaid [®]) Dicloflex [™] DC Pack Flector [®] Patch Licart [™] Patch Pennsaid [®] Solution Packet / Pump Voltaren Gel [®] |
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| gentamicin cream / ointment (generic for Garamycin [®]) mupirocin ointment (generic for Bactroban [®] Ointment) | Centany [®] AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban [®] Cream) Xepi [™] Cream |
| ANTIBIOTICS - VAGINAL | |
| Preferred | Non-Preferred |
| Cleocin [®] Vaginal Ovules Clindesse [®] Vaginal Cream metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel) Nuveessa [®] Vaginal Gel | Cleocin [®] Vaginal Cream clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream) Metrogel [®] Vaginal Gel Vandazole [®] Vaginal Gel |
| ANTIFUNGALS | |
| Preferred | Non-Preferred |
| ciclopirox cream (generic for Loprox [®] Cream) ciclopirox solution (generic for Penlac [®] Solution) clotrimazole Rx cream (generic for Lotrimin [®] Rx) clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®]) Nystop [®] Powder | Bensal HP [®] Ointment Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Ciclodan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotrisone [®] lotion) clotrimazole Rx solution (generic for Lotrimin [®] Rx) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Exelderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution Kerydin [®] Topical Solution ketoconazole foam (generic for Extina [®] Foam) Loprox [®] shampoo / suspension / cream / kit luliconazole cream (generic for Luzu [®] Cream) Luzu [®] Cream Mentax [®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply naftifine cream / gel (generic for Naftin [®] Cream / Gel) Naftin [®] Cream / Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II [®]) oxiconazole cream (generic for Oxistat [®]) Oxistat [®] Cream / Lotion sulconazole nitrate cream (generic for Exelderm [®]) sulconazole nitrate soln (generic for Exelderm [®]) tavaborole topical solution (generic for Kerydin [®] Topical Solution) Vusion [®] Ointment - Clinical criteria apply |

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ANTIPARASITICS

Trial and failure of only one preferred drug required

| Preferred | Non-Preferred |
|--|---|
| Natroba [®] Topical Suspension | Crotan [™] Lotion |
| permethrin cream (generic for Elimite [®]) | Elimite [®] Cream |
| | Eurax [®] Cream / Lotion |
| | ivermectin lotion (generic for Sklice [®] Lotion) |
| | lindane shampoo |
| | malathion lotion (generic for Ovide [®]) |
| | Ovide [®] Lotion |
| | Sklice [®] Lotion |
| | spinosad topical suspension (generic for Natroba [®]) |

ANTIVIRAL

| Preferred | Non-Preferred |
|--|--|
| acyclovir ointment (generic for Zovirax [®] Ointment) | acyclovir cream (generic for Zovirax [®] Cream) |
| Zovirax [®] Cream | Denavir [®] Cream |
| | Xerese [®] Cream |
| | Zovirax [®] Ointment |

IMMUNOMODULATORS

Atopic Dermatitis

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|--|
| Elidel [®] Cream | Adbry [™] (Subcutaneous) |
| Eucrisa [®] 2% Ointment | Dupixent [®] Injection |
| tacrolimus ointment (generic Protopic [®]) | Dupixent [®] Pen |
| | Opzelura [™] Cream |
| | pimecrolimus cream (generic for Elidel [®] Cream) |

Imidazoquinolinamines

| Preferred | Non-Preferred |
|---|--|
| imiquimod cream packet (generic for Aldara [®]) | Aldara [®] Cream |
| imiquimod cream pump (generic for Aldara [®]) | Condylox [®] Gel |
| | imiquimod cream (generic for Zyclara [®]) (topical) |
| | imiquimod cream pump (generic for Zyclara [®]) (topical) |
| | podofilox solution (generic for Condylox [®] Solution) |
| | Veregen [®] Ointment |
| | Zyclara [®] Cream and Cream Pump |

PSORIASIS

| Preferred | Non-Preferred |
|---|--|
| calcipotriene cream (generic for Dovonex [®]) | calcipotriene-betamethasone suspension / ointment (generic for Talconex [®]) |
| Dovonex [®] Cream | calcipotriene ointment / solution (generic for Dovonex [®]) |
| | calcitriol ointment (generic for Vectical [®]) |
| | Duobrii [™] Lotion |
| | Enstilar [®] Foam |
| | Sorilux [®] Foam |
| | Talconex [®] Ointment / Suspension |
| | Vectical [®] Ointment |

ROSACEA AGENTS

| Preferred | Non-Preferred |
|---|--|
| MetroCream [®] | azelaic acid gel (generic for Finacea [®]) |
| MetroGel [®] | Finacea [®] Foam / Gel |
| metronidazole cream (generic for MetroCream [®]) | ivermectin cream (generic for Soolantra [®]) |
| metronidazole gel / pump (generic for MetroGel [®]) | metronidazole lotion (generic for MetroLotion [®]) |
| | Mirvaso [®] Gel Pump |
| | Noritate [®] Cream |
| | Rhofade [®] Cream |
| | Rosadan [®] Cream / Gel / Kit |
| | Soolantra [®] Cream |
| | Zilxi [™] Foam |

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

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| Very High Potency | |
|--|---|
| Preferred | Non-Preferred |
| clobetasol cream / emollient cream / gel / ointment (generic for Temovate [®]) | Apexicon E [®] Cream |
| clobetasol shampoo (generic for Clobex [®]) | Bryhali [™] Lotion |
| clobetasol solution (generic for Cormax [®]) | clobetasol foam / emollient foam / emulsion foam (generic for Olux [®] / Olux-E [®]) |
| Clobex [®] Shampoo | clobetasol lotion (generic for Clobex [®]) |
| halobetasol propionate cream / ointment (generic for Ultravate [®]) | clobetasol propionate spray (generic for Clobex [®] spray) |
| | Clobex [®] Lotion / Spray |
| | Clodan [®] Kit / Shampoo |
| | halobetasol propionate foam (generic for Lexette [®] Foam) |
| | Impeklo [™] Lotion |
| | Lexette [®] Foam |
| | Olux [®] Foam / E-Foam |
| | Temovate [®] Cream / Ointment |
| | Tovet [™] Foam / Foam Kit |
| | Ultravate [®] Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack |
| MISCELLANEOUS ANTIPSORIATICS, ORAL | |
| Preferred | Non-Preferred |
| acitretin (generic for Soriatane [®]) | methoxsalen rapid (generic for OxSORALEN-Ultra [®]) |
| | OxSORALEN-Ultra [®] |
| | Soriatane [®] |
| EPINEPHRINE, SELF INJECTED Quantity limits apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Epi-Pen [®] Auto Injector | epinephrine auto injector (generic for Adrenaclick [®]) |
| Epi-Pen [®] JR Auto Injector | Symjepi [™] |
| | epinephrine auto injector (generic for Epi-Pen [®] Auto Injector) |
| | epinephrine JR (generic for Epi-Pen [®] JR Auto Injector) |
| ESTROGEN AGENTS, COMBINATIONS | |
| Preferred | Non-Preferred |
| Activella [®] Tablet | Bijuva [®] Capsule |
| estradiol/norethindrone tablet (generic for Activella [®]) | FemHRT [®] Tablet |
| Fyavolv [™] Tablet | Lopreeza [®] Tablet |
| Jevantique [™] Lo Tablet | Prefest [®] Tablet |
| Jinteli [®] (branded generic for FemHRT [®]) | |
| Mimvey [®] / Lo (branded generic for Activella [®]) | |
| norethindrone-ethinyl estradiol (generic for FemHRT [®]) | |
| Premphase [®] Tablet | |
| Prempro [®] Tablet | |
| PROGESTATIONAL AGENTS | |
| Preferred | Non-Preferred |
| Compounded 17 P | hydroxyprogesterone caproate injection (generic for Makena [®]) multi dose vial |
| hydroxyprogesterone caproate injection (generic for Makena [®]) single dose vial | |
| Makena [®] (hydroxyprogesterone caproate) Vial | |
| Makena [®] (hydroxyprogesterone caproate injection) Auto Injector | |

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| ESTROGEN AGENTS, ORAL / TRANSDERMAL | |
|---|--|
| Preferred | Non-Preferred |
| Climara [®] Pro Patch | Alora [®] Patch |
| CombiPatch [®] | Climara [®] Patch |
| estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®]) | Divigel [®] Gel Packet |
| estradiol tablet (generic for Estrace [®]) | Doti [™] Patch |
| Evamist [®] Spray | Duavee [®] Tablet |
| Menest [®] Tablet | Elestrin [®] Gel |
| Premarin [®] Tablet | Estrace [®] Tablet |
| | Lyllana [™] Patch |
| | Menostar [®] Patch |
| | Minivelle [®] Patch |
| | Vivelle-Dot [®] Patch |
| ESTROGEN AGENTS, VAGINAL PREPARATIONS | |
| Preferred | Non-Preferred |
| Estring [®] Vaginal Ring | Estrace [®] Cream |
| Premarin [®] Vaginal Cream | estradiol vaginal cream / tablet (generic for Estrace [®]) |
| Vagifem [®] Vaginal Tablet | Femring [®] Vaginal Ring |
| | Imvexxy [®] Vaginal Inserts |
| | Yuvafem [®] Vaginal Tablet |
| GLUCOCORTICOID STEROIDS, ORAL | |
| Preferred | Non-Preferred |
| budesonide EC capsule (generic for Entocort [®] EC) | Alkindi [®] Sprinkle Capsule |
| dexamethasone elixir / tablet (generic for Decadron [®]) | Cortef [®] Tablet |
| dexamethasone solution (generic for Concedix [®]) | cortisone tablet (generic for Patisone [®]) |
| hydrocortisone tablet (generic for Cortef [®]) | dexamethasone tablet dosepack |
| methylprednisolone 4mg dosepack / tablet (generic for Medrol [®]) | dexamethasone Intensol [®] Drops |
| prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®]) | Emflaza [®] Suspension / Tablet Clinical criteria apply |
| prednisolone solution (generic for Prelone [®] , Millipred [®]) | Entocort [®] EC Capsule |
| prednisone dose pack (generic for Sterapred [®]) | Hemady [™] Tablet |
| prednisone solution / tablet (generic for Deltasone [®]) | Medrol [®] Dose Pack / Tablet |
| | methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®]) |
| | Millipred [®] Dose Pack / Tablet |
| | Ortikos [™] Capsule |
| | prednisolone ODT (generic for Orapred [®] ODT) |

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| | |
|---|---|
| | Prednisone Intensol® Concentrated Solution |
| | Rayos® Tablet |
| | Taperdex® Tablet |
| | Tarpeyo™ Capsule - Exemption for diagnosis of IgA nephropathy |
| IMMUNOMODULATORS, SYSTEMIC | |
| Clinical criteria apply to all drugs in this class | |
| Trial and failure of only one Preferred drug required | |
| Preferred | Non-Preferred |
| Cosentyx® Pen / Syringe | Actemra® ACTPen™ / Syringe / Vial |
| Enbrel® Kit / Mini Cartridge / Sureclick® Syringe / Syringe / Vial | Arcalyst® SQ Syringe |
| Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe | Avsola® Injection |
| | Cibinqo™ Tablet (Oral) |
| | Cinzia® Starter Kit / Syringe Kit / Vial Kit |
| | Enspryng™ Injection |
| | Entyvio® Vial |
| | Ilaris® Injection |
| | Ilumya® Injection |
| | Infliximab (injection) (generic for Remicade®) |
| | Inflectra™ Vial |
| | Kevzara® Injection |
| | Kineret® Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease |
| | Olumiant® Tablet |
| | Orencia® Clickjet® / Syringe / Vial |
| | Otezla® Starter Pack / Tablet |
| | Remicade® Injection |
| | Renflexis™ Injection |
| | Rinvoq™ ER Tablet |
| | Siliq® Injection |
| | Simpsoni® Aria Vial / Pen Injector / Syringe |
| | Skyrizi™ Pen / Syringe |
| | Stelara® Syringe / vial |
| | Taltz® Auto-injector / Syringe |
| | Tremfya® Injection |
| | Uplizna® Vial |
| | Xeljanz® Tablet / Solution / XR Tablet |
| IMMUNOSUPPRESSANTS | |
| Preferred | Non-Preferred |
| Astagraf® XL Capsule | |
| Azasan® Tablet | |
| azathioprine tablet (generic for Imuran®) | |
| Cellcept® Capsule / Suspension / Tablet | |
| cyclosporine capsule (generic for Sandimmune®) | |
| cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®) | |
| Envarsus® XR Tablet | |
| everolimus tablet (generic for Zortress® Tablet) | |
| Gengraf® Capsule / Solution | |
| Imuran® Tablet | |
| mycophenolate capsule / suspension / tablet (generic for Cellcept®) | |
| mycophenolic acid tablet (generic for Myfortic®) | |
| Myfortic® Tablet | |
| Neoral® Capsule / Solution | |
| Prograf® Capsule / Granule Packet | |
| Rapamune® Solution / Tablet | |
| Rezurock™ Tablet | |
| Sandimmune® Capsule / Solution | |
| sirolimus tablet / solution (generic for Rapamune® Solution / Tablet) | |
| tacrolimus capsule (generic for Hecoria®, Prograf®) | |
| Tavneos® capsule (oral) | |
| Zortress® Tablet | |

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MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|----------------------|------------------|
| Austedo™ Tablet | Xenazine® Tablet |
| Ingrezza® Capsule | |
| tetrabenazine tablet | |

OPIOID ANTAGONISTS

| Preferred | Non-Preferred |
|---|---------------|
| Kloxxado™ Nasal Spray | |
| naloxone ampule / syringe / vial (generic for Narcan®) | |
| naloxone spray (nasal) (Generic (AG) for Narcan® Nasal Spray) | |
| naltrexone (oral) | |
| Narcan® Nasal Spray | |
| Vivitrol® Injection | |
| Zimhi™ (injection) | |

OPIOID DEPENDENCE

Clinical criteria apply to all drugs in this class

Trial and failure of Suboxone® SL film or buprenorphine-naloxone SL tablet (generic Suboxone®) required for coverage of non-preferred options

For coverage of Sublocade™ - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.

| Preferred | Non-Preferred |
|--|--|
| buprenorphine-naloxone sl tablet (generic for Suboxone®) | buprenorphine sl tablet (generic for Subutex®) |
| Suboxone® SL Film | buprenorphine-naloxone sl film (generic for Suboxone®) |
| Sublocade™ | Lucemyra® Tablet (oral) - Exemption for diagnosis of opioid withdrawal symptoms |
| | Zubsolv® Tablet SL |

SKELETAL MUSCLE RELAXANTS

| Preferred | Non-Preferred |
|--|--|
| baclofen tablet (generic for Lioresal®) | Amrix® ER Capsule |
| cyclobenzaprine tablet (generic for Flexeril®) | baclofen (AG) oral solution |
| methocarbamol tablet (generic for Robaxin®) | chlorzoxazone tablet (generic for Parafon Forte®) |
| tizamide tablet (generic for Zanaflex® Tablet) | cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) |
| | Dantrium® Capsule / Vial |
| | dantrolene sodium capsule (generic for Dantrium®) |
| | Fexmid® Tablet |
| | Fleqsuvy™ Suspension (Oral) |
| | Lorzone® Tablet |
| | metaxalone tablet (generic for Skelaxin®) |
| | Norgesic™ Forte Tablet |
| | orphenadrine citrate ampule / tablet / vial (generic for Norflex®) |
| | Parafon® Forte Caplet |
| | Robaxin® Tablet / Vial |
| | Skelaxin® Tablet |
| | tizamide capsules (generic for Zanaflex® Capsule) |
| | Zanaflex® Capsule / Tablet |

DISPOSABLE INSULIN DELIVERY DEVICES

| Preferred | Non-Preferred |
|-------------------|---------------|
| Omnipod DASH® | |
| Omnipod DASH® Kit | |
| Omnipod 5® | |
| Omnipod 5® Kit | |

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DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical criteria apply to all items in this class

Continuous Glucose Monitor Transmitters / Receivers / Readers

| Preferred | Non-Preferred |
|---|--|
| Dexcom G6 [®] Transmitter / Receiver | Freestyle Libre [™] 14 day Reader |
| Freestyle Libre [™] 2 Reader | |

Continuous Glucose Monitor Sensors

| Preferred | Non-Preferred |
|---------------------------------------|--|
| Freestyle Libre [™] 2 Sensor | Freestyle Libre [™] 14 day Sensor |
| Dexcom G6 [®] Sensor 3 Pack | |

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-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 (Blue) |
| ACCU-CHEK [®] Guide Me Retail care kit * (see above for billing) | ACCU-CHEK [®] Softclix lancing device kit (Black) |
| Test Strips | Control Solutions |
| ACCU-CHEK [®] AVIVA 50 ct test strips | ACCU-CHEK [®] Multiclix lancing device kit |
| ACCU-CHEK [®] AVIVA PLUS 50 ct test strips | ACCU-CHEK [®] Fastclix lancing device kit |
| ACCU-CHEK [®] SMARTVIEW 50 ct test strips | ACCU-CHEK [®] Aviva glucose control solution (2 levels) |
| ACCU-CHEK [®] COMPACT Plus 51 ct test strips | ACCU-CHEK [®] Compact blue glucose control solution (2 levels) |
| ACCU-CHEK [®] Guide 50 ct test strips | ACCU-CHEK [®] Compact Plus clear glucose control solution (2 levels) |
| ACCU-CHEK [®] Guide 100 ct test strips | ACCU-CHEK [®] SmartView glucose control solution (1 level) |
| Lancets | ACCU-CHEK [®] Guide 2-Level control solution (2-levels) |
| ACCU-CHEK [®] Multiclix 102 ct Lancets | |
| ACCU-CHEK [®] Softclix 100 ct Lancets | |
| ACCU-CHEK [®] Fastclix 102 ct Lancets | |