

North Carolina Division of Health Benefits  
North Carolina Medicaid Preferred Drug List (PDL)  
**Effective Date: October 1, 2024**

Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.  
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ALZHEIMER'S AGENTS	
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Aduhelm® Vial - <b>Clinical criteria apply</b>
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Leqembi® Vial - <b>Clinical criteria apply</b>
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Tablet / Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
ANALGESICS	
OPIOID ANALGESICS	
Long Acting Opioids	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
methadone concentrate / disks / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	hydrocodone ER tablet (generic for Hysingla® ER)
Xtampza® ER Capsule	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
Orally Disintegrating / Oral Spray Schedule II Opioids	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Actiq® Lozenge	Dsuvia™ SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	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®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibadone®, Reprexain®, Vicoprofen®)	hydromorphone solution / suppository (generic for Dilaudid®)
hydromorphone tablet (generic for Dilaudid®)	levorphanol tablet (generic for Levo-Dromoran®)
morphine solution / tablet (generic for MSIR®)	meperidine solution / tablet (generic for Demerol®)
oxycodone solution / tablet (generic for Roxicodone®)	morphine oral syringe
oxycodone-acetaminophen capsules (generic for Tylox®)	morphine suppositories (generic for Roxanol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	Nalocet® Tablet
	Nucynta® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Opana®)
	Percocet® Tablet
	Prolate® Tablet / Solution
	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
	pentazocine-naloxone tablet (generic for Talwin NX®)
	Qdolo™ Solution
	Seglents® Tablet
	tramadol solution (generic for Qdolo™)
	tramadol tablet (25 mg)
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

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

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

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ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin <sup>®</sup> / XR)	Augmentin <sup>®</sup> Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef <sup>®</sup> )
Bicillin <sup>®</sup> C-R injection	cefepodoxime suspension / tablet (generic for Vantin <sup>®</sup> )
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	Suprax <sup>®</sup> Suspension
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	
cefixime capsule / suspension (generic for Suprax <sup>®</sup> )	
cefprozil suspension / tablet (generic for Cefzil <sup>®</sup> )	
cefuroxime tablet (generic for Cefin <sup>®</sup> )	
cephalexin capsule / suspension / tablet (generic for Keflex <sup>®</sup> )	
dicloxacillin capsule	
nafticillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen <sup>®</sup> injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin <sup>®</sup> Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Cleocin <sup>®</sup> Pediatric Solution
	clindamycin injection (generic for Cleocin <sup>®</sup> )
	Lincocin <sup>®</sup> Vial
	lincomycin vial (generic for Lincocin <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Synercid <sup>®</sup> Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	Eryped <sup>®</sup> 200/400 Suspension
E.E.S. <sup>®</sup> Filmtab / Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S. <sup>®</sup> Suspension, Eryped <sup>®</sup> )	
erythromycin EC capsule (generic for Eryc <sup>®</sup> )	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. <sup>®</sup> Filmtab)	
Nitroimidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Aemcolo <sup>®</sup> DR Tablet
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Dificid <sup>®</sup> Suspension / Tablet - <b>T/F of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin oral solution (generic for Firvanq <sup>®</sup> )	Firvanq <sup>®</sup> Solution
	Flagyl <sup>®</sup> Capsule
	Likmez <sup>™</sup> Suspension
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	nitazoxanide tablet (generic for Alinia <sup>®</sup> Tablet)
	paromomycin capsule (generic for Humatin <sup>®</sup> )
	Solosec <sup>™</sup> Granules
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	Vowst <sup>™</sup> Capsule - <b>Clinical criteria apply</b>
	Xifaxan <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy</b>
Quinolones	
Preferred	Non-Preferred
Cipro <sup>®</sup> Suspension	Baxdela <sup>™</sup> Tablet
ciprofloxacin tablet (generic for Cipro <sup>®</sup> )	Cipro <sup>®</sup> Tablet
levofloxacin tablet (generic for Levaquin <sup>®</sup> )	ciprofloxacin suspension (generic for Cipro <sup>®</sup> )
moxifloxacin tablet (generic for Avelox <sup>®</sup> )	levofloxacin solution (generic for Levaquin <sup>®</sup> )
	ofloxacin tablet (generic for Floxin <sup>®</sup> )

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>®</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin <sup>®</sup> ) - <b>T/F of preferred agents not required for patients &lt; 12 years of age</b>
	Lymepak <sup>™</sup> Tablet
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	minocycline 50mg, 75mg, 100mg tablet
	Minolira <sup>™</sup> ER Tablet
	Morgidox <sup>®</sup> Capsule / Kit
	Nuzrya <sup>™</sup> Tablet
	Solodyn <sup>®</sup> ER Tablet - <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	tetracycline capsule (generic for Sumycin <sup>®</sup> )
	Vibramycin <sup>®</sup> Capsule
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Brexafemme <sup>®</sup> Tablet
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Cresamba <sup>®</sup> Capsule
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
nystatin suspension (generic for Nilstat <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
terbinafine tablet (generic for Lamisil <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
	ketoconazole tablet (generic for Nizoral <sup>®</sup> )
	Noxafil <sup>®</sup> Suspension / Tablet / DR Suspension Packet
	Oravig <sup>®</sup> Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil <sup>®</sup> )
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>™</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	Vivjoa <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
tenofovir tablet (generic for Viread <sup>®</sup> )	Epivir <sup>®</sup> HBV Tablet / Solution
Viread <sup>®</sup> Powder / Tablet	Vemlidy <sup>®</sup> Tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys <sup>®</sup> Syringe / Vial	
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	
<b>Clinical criteria apply to all drugs listed below</b>	
<b>Prior Approval Not Required for Mavyret<sup>®</sup> Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa<sup>®</sup>)</b>	
<b>All genotypes without cirrhosis</b>	
Mavyret <sup>®</sup> Tablet (8 weeks of therapy)	Epclusa <sup>®</sup> Pellet Pack/Tablet
Mavyret <sup>®</sup> Pellet Pack	Harvoni <sup>®</sup> Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	ledipasvir-sofosbuvir tablet (generic for Harvoni <sup>®</sup> )
	Sovaldi <sup>®</sup> Pellet Pack / Tablet
	Zepatier <sup>®</sup> Tablet
<b>All genotypes with compensated cirrhosis (Child Pugh-A)</b>	
Mavyret <sup>®</sup> Tablet (Up to 12 weeks of therapy)	
Mavyret <sup>®</sup> Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	
<b>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.</b>	
Vosevi <sup>™</sup> Tablet	
<b>All genotypes with decompensated cirrhosis</b>	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> )	

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Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax <sup>®</sup> )	Sitavig <sup>®</sup> Buccal Tablet
famciclovir tablet (generic for Famvir <sup>®</sup> )	Valtrex <sup>®</sup> Caplet
valacyclovir tablet (generic for Valtrex <sup>®</sup> )	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu <sup>®</sup> )	amantadine tablet (generic for Symmetrel <sup>®</sup> )
rimantadine tablet (generic for Flumadine <sup>®</sup> )	Flumadine <sup>®</sup> Tablet
	Relenza <sup>®</sup> Diskhaler
	Tamiflu <sup>®</sup> Capsule / Suspension
	Xofluza <sup>™</sup> Tablet - <b>T/F of only one preferred drug required</b>
Antibiotics, Inhaled	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Kitabis <sup>™</sup> Pak	Arikayce <sup>®</sup> Vial
Bethkis <sup>®</sup> Ampule	Cayston <sup>®</sup> Solution
tobramycin inhalation solution (generic for Tobin <sup>™</sup> )	tobramycin inhalation pak (generic for Kitabis <sup>™</sup> )
	Tobi <sup>™</sup> Podhaler <sup>™</sup> / Solution
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin <sup>®</sup> Tablet / SR / XL)	Aplenzin <sup>®</sup> Tablet
desvenlafaxine ER tablet (generic for Pristiq <sup>®</sup> )	Auvelity <sup>®</sup> Tablet
duloxetine capsule (generic for Cymbalta <sup>®</sup> )	Bupropion XL tablet (generic for Forfivo <sup>®</sup> XL)
Effexor <sup>®</sup> XR Capsule	Cymbalta <sup>®</sup> Capsule
mirtazapine ODT / tablet (generic for Remeron <sup>®</sup> )	desvenlafaxine ER tablet (generic for Khedezla <sup>®</sup> )
Nardil <sup>®</sup> Tablet	duloxetine capsule (generic for Irenka <sup>®</sup> )
phenelzine tablet (generic for Nardil <sup>®</sup> )	Emsam <sup>®</sup> Patch
tranylcypromine tablet (generic for Parnate <sup>®</sup> )	Fetzima <sup>®</sup> Capsule / Titration Pak
trazodone tablet (generic for Desyrel <sup>®</sup> )	Forfivo <sup>®</sup> XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor <sup>®</sup> , Effexor <sup>®</sup> XR)	Marplan <sup>®</sup> Tablet
vilazodone tablet (generic for Viibryd <sup>®</sup> )	nefazodone tablet (generic for Serzone <sup>®</sup> )
	Pristiq <sup>®</sup> ER Tablet
	Remeron <sup>®</sup> Soltab <sup>™</sup> / Tablet
	Trintellix <sup>®</sup> Tablet
	venlafaxine besylate ER tablet
	venlafaxine ER tablet
	Viibryd <sup>®</sup> Tablet
	Wellbutrin <sup>®</sup> SR / XL Tablet
	Zuruvae <sup>™</sup> Capsule
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa <sup>®</sup> )	Celexa <sup>®</sup> Tablet
escitalopram tablet (generic for Lexapro <sup>®</sup> )	citalopram capsule
fluoxetine capsule / solution (generic for Prozac <sup>®</sup> )	escitalopram solution (generic for Lexapro <sup>®</sup> )
fluvoxamine tablet (generic for Luvox <sup>®</sup> )	fluoxetine DR capsules (generic for Prozac <sup>®</sup> Weekly)
paroxetine tablet (generic for Paxil <sup>®</sup> )	fluoxetine tablet (generic for Prozac <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 18 years of age</b>
Paxil <sup>®</sup> Suspension	fluvoxamine ER capsule (generic for Luvox CR <sup>®</sup> )
sertraline concentrated solution / tablet (generic for Zoloft <sup>®</sup> )	Lexapro <sup>®</sup> Tablet
	paroxetine capsule (generic for Brisdelle <sup>®</sup> )
	paroxetine suspension / CR tablet (generic for Paxil <sup>®</sup> / CR)
	Paxil <sup>®</sup> Tablet / CR Tablet
	Pexeva <sup>®</sup> Tablet
	Prozac <sup>®</sup> Pulvule
	sertraline capsule
	Zoloft <sup>®</sup> Solution / Tablet

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ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Adderall® Tablet ( <b>Generic Product Per FDA</b> )	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis®)
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Azstarys® Capsule
Aptensio® XR Capsule	Cotempla™ XR-ODT
atomoxetine capsule (generic for Strattera®)	Dexedrine® Spansule®
clonidine ER tablet (generic for Kapvay®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Concerta® Tablet	dextroamphetamine solution (generic for ProCentra®)
Daytrana® Patch	Dyanavel® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
dexamethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Dyanavel® XR Tablet
dextroamphetamine tablet (generic for Dexedrine®)	Evekeo® Tablet / Evekeo® ODT Tablet
Focalin® XR Capsule	Focalin® Tablet
guanfacine ER tablet (generic for Intuniv®)	Intuniv® Tablet
Methylin® Solution	Jornay PM™ Capsule
methylphenidate ER tablet (generic for Concerta®)	lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®)
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	methamphetamine tablet (generic for Desoxyn®)
Vyvanse® Capsule / Chewable Tablet	methylphenidate CD capsule (generic for Metadate® CD)
	methylphenidate chewable (generic for Methylin®)
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) ( <b>Branded Product Per FDA</b> )
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	ProCentra® Solution
	Qelbree™ Capsule
	Quillichew® ER Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Quilivant® XR Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Relexxi™ ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenzedi® Tablet
INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena® Syringe / Vial	
Abilify Asimtufii® Syringe Kit	
Aristada® / Initio™ Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Haldol® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Invenga® Hafyera Prefilled Syringe Kit	
Invenga® Sustenna Prefilled Syringe	
Invenga® Trinza Syringe	
Perseris® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Rykindo® Vial / Vial Kit	
Uzedly™ Syringe Kit	
Zyprexa® Relprevv™ Vial Kit	
ATYPICAL ANTIPSYCHOTICS	
Oral / Transdermal	
<b>T/F of only one preferred drug required</b>	
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®)
lurasidone tablet (generic for Latuda®)	asenapine SL tablet (generic for Saphris® SL)
olanzapine ODT / tablet (generic for Zyprexa®)	Caplyta™ Capsule
paliperidone ER tablet (generic for Invega®)	clozapine ODT (generic for FazaClo®)
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Clozaril® Tablet
risperidone ODT / solution / tablet (generic for Risperdal®)	Fanapt® Tablet / Titration Pack
Saphris® SL Tablet	Geodon® Capsule
Symbax® Capsule	Invenga® Tablet
Vraylar® Capsule	Latuda® Tablet
ziprasidone capsule (generic for Geodon®)	Lybalvi™ Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbax®)
	Rexulti® Tablet / 7-Day Pack / 14-Day Pack
	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 <sup>®</sup> )	Accupril <sup>®</sup> Tablet
enalapril tablet (generic for Vasotec <sup>®</sup> )	Altace <sup>®</sup> Capsule
lisinopril tablet (generic for Prinivil <sup>®</sup> and Zestril <sup>®</sup> )	captopril tablet (generic for Capoten <sup>®</sup> )
ramipril capsule (generic for Altace <sup>®</sup> )	enalapril solution (generic for Epaned <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Epaned <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	fosinopril tablet (generic for Monopril <sup>®</sup> )
	Lotensin <sup>®</sup> Tablet
	moexipril tablet (generic for Univase <sup>®</sup> )
	Qbrelis <sup>®</sup> Solution - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	perindopril tablet (generic for Aceon <sup>®</sup> )
	quinapril tablet (generic for Accupril <sup>®</sup> )
	trandolapril tablet (generic for Mavik <sup>®</sup> )
	Vasotec <sup>®</sup> Tablet
	Zestril <sup>®</sup> Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel <sup>®</sup> )	Lotrel <sup>®</sup> Capsule
	trandolapril-verapamil ER tablet (generic for Tarka <sup>®</sup> )
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vasertec <sup>®</sup> )	Accuretic <sup>®</sup> Tablet
lisinopril-HCTZ tablet (generic for Prinzide <sup>®</sup> , Zestoretic <sup>®</sup> )	benazepril-HCTZ tablet (generic for Lotensin <sup>®</sup> HCT)
	captopril-HCTZ tablet (generic for Capozide <sup>®</sup> )
	fosinopril-HCTZ tablet (generic for Monopril <sup>®</sup> HCT)
	Lotensin <sup>®</sup> HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic <sup>®</sup> , Quinaretic <sup>®</sup> )
	Vaseretic <sup>®</sup> Tablet
	Zestoretic <sup>®</sup> Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro <sup>®</sup> )	Atacand <sup>®</sup> Tablet
losartan tablet (generic for Cozaar <sup>®</sup> )	Avapro <sup>®</sup> Tablet
olmesartan tablet (generic for Benicar <sup>®</sup> )	Benicar <sup>®</sup> Tablet
valsartan tablet (generic for Diovan <sup>®</sup> )	candesartan tablet (generic for Atacand <sup>®</sup> )
	Cozaar <sup>®</sup> Tablet
	Diovan <sup>®</sup> Tablet
	Edarbi <sup>®</sup> Tablet
	eprosartan tablet (generic for Teveten <sup>®</sup> )
	Micardis <sup>®</sup> Tablet
	telmisartan tablet (generic for Micardis <sup>®</sup> )
	valsartan oral solution
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor <sup>®</sup> )	Azor <sup>®</sup> Tablet
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )	Exforge <sup>®</sup> Tablet / HCT Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge <sup>®</sup> HCT)	telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor <sup>®</sup> )	Tribenzor <sup>®</sup> Tablet



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ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide <sup>®</sup> )	Atacand <sup>®</sup> HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar <sup>®</sup> )	Avalide <sup>®</sup> Tablet
olmesartan-HCTZ tablet (generic for Benicar <sup>®</sup> HCT)	Benicar <sup>®</sup> HCT Tablet
valsartan-HCTZ tablet (generic for Diovan <sup>®</sup> HCT)	candesartan-HCTZ tablet (generic for Atacand <sup>®</sup> HCT)
	Diovan <sup>®</sup> HCT Tablet
	Edarbyclor <sup>®</sup> Tablet
	Hyzaar <sup>®</sup> Tablet
	Micardis <sup>®</sup> HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis <sup>®</sup> HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto <sup>®</sup> Tablet	
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone <sup>®</sup> )	Multaq <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )	Norpace <sup>®</sup> Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Pacerone <sup>®</sup> Tablet
flecainide tablet (generic for Tambocor <sup>®</sup> )	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs <sup>®</sup> )
mexiletine capsule (generic for Mexitil <sup>®</sup> )	Rythmol SR <sup>®</sup> Capsule
propafenone tablet (generic for Rythmol <sup>®</sup> )	Tikosyn <sup>®</sup> Capsule
propafenone SR capsule (generic for Rythmol SR <sup>®</sup> )	
quinidine sulfate tablet (generic for Quinidex <sup>®</sup> Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin <sup>®</sup> )	acebutolol capsule (generic for Sectral <sup>®</sup> )
carvedilol tablet (generic for Coreg <sup>®</sup> )	Betapace <sup>®</sup> Tablet / AF Tablet
Hemangeol <sup>®</sup> Solution	betaxolol tablet (generic for Kerlone <sup>®</sup> )
labetalol tablet (generic for Trandate <sup>®</sup> )	bisoprolol tablet (generic for Zebeta <sup>®</sup> )
metoprolol succinate XL tablet (generic for Toprol XL <sup>®</sup> )	Bystolic <sup>®</sup> Tablet
metoprolol tartrate tablet (generic for Lopressor <sup>®</sup> )	carvedilol ER capsule (generic for Coreg <sup>®</sup> CR Capsule)
nebivolol tablet (generic for Bystolic <sup>®</sup> )	Coreg <sup>®</sup> Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )	Corgard <sup>®</sup> Tablet
Sorine <sup>®</sup> Tablet	Inderal <sup>®</sup> LA Capsule / XL Capsule
sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )	Innopran <sup>®</sup> XL Capsule
	Kapsargo <sup>™</sup> Sprinkle - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Lopressor <sup>®</sup> Tablet
	nadolol tablet (generic for Corgard <sup>®</sup> )
	pindolol tablet (generic for Viskin <sup>®</sup> )
	Sotylize <sup>®</sup> Solution
	Tenormin <sup>®</sup> Tablet
	timolol tablet (generic for Blocadren <sup>®</sup> )
	Toprol XL <sup>®</sup> Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic <sup>®</sup> )	metoprolol-HCTZ tablet (generic for Lopressor <sup>®</sup> HCT)
bisoprolol-HCTZ tablet (generic for Ziac <sup>®</sup> )	propranolol-HCTZ tablet (generic for Inderide <sup>®</sup> )
	Tenoretic <sup>®</sup> Tablet
	Ziac <sup>®</sup> 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®)
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvali® Suspension
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Crestor® Tablet
simvastatin tablet (generic for Zocor®)	Ezallor™ Capsule
	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - <b>Clinical criteria apply</b>
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo® Tablet - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Nexletol® Tablet - <b>Clinical criteria apply</b>
	Nexlizet® Tablet - <b>Clinical criteria apply</b>
	pitavastatin tablet (generic for Livalo®) - <b>T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV</b>
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag™ Tablet
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Tablet / Titradose® Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Verquvo™ Tablet
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia™ Suspension - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	levamlodipine tablet (generic for Coniupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®)
	Norliqva® Solution
	Norvasc® Tablet
	Nymalize® Solution
	Procardia® 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
ambrisentan tablet (generic for Letairis <sup>®</sup> Tablet)	bosentan tablet (generic for Tracleer <sup>®</sup> Tablet)
Tracleer <sup>®</sup> Tablet	Letairis <sup>®</sup> Tablet
	Opsumit <sup>®</sup> Tablet
	Opsumit <sup>®</sup> Suspension
	Tracleer <sup>®</sup> Suspension
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso <sup>®</sup> Refill Kit / Solution / Starter Kit	Tyvaso <sup>®</sup> DPI
Ventavis <sup>®</sup> Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan <sup>®</sup> )	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil <sup>®</sup> Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil <sup>®</sup> )
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT <sup>®</sup> Capsule (branded generic for Cardizem CD <sup>®</sup> )	Calan SR <sup>®</sup> Caplet
Dilt XR <sup>®</sup> Capsule (branded generic for Dilacor XR <sup>®</sup> )	Cardizem CD <sup>®</sup> Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR <sup>®</sup> , Tiazac <sup>®</sup> )	Cardizem <sup>®</sup> Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem <sup>®</sup> / CD / SR)	diltiazem LA tablet (generic for Cardizem LA <sup>®</sup> )
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )	Matzim <sup>®</sup> LA Tablet (generic for Cardizem LA <sup>®</sup> )
Tiadyt <sup>®</sup> ER Capsule	Tiazac <sup>®</sup> Capsule
verapamil tablet / ER tablet (generic for Calan <sup>®</sup> / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan <sup>®</sup> / Verelan <sup>®</sup> PM)
	Verelan <sup>®</sup> Capsule / Verelan <sup>®</sup> PM Capsule
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas <sup>®</sup> only	
Preferred	Non-Preferred
Alyq <sup>®</sup> Tablet (branded generic for tadalafil)	Adcirca <sup>®</sup> Tablet
sildenafil tablet (generic for Revatio <sup>®</sup> )	Adempas <sup>®</sup> Tablet
tadalafil tablet (generic for Adcirca <sup>®</sup> )	Liqrev <sup>®</sup> Suspension
	Orenitram <sup>®</sup> ER Tablet / Titration Kit
	Revatio <sup>®</sup> Suspension / Tablet - <b>T/F of preferred agents not required for children &lt; 12 years of age for Suspension ONLY</b>
	sildenafil suspension (generic for Revatio <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
	Tadliq <sup>®</sup> Suspension
	Uptravi <sup>®</sup> Tablet / Titration Pack
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta <sup>®</sup> Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox <sup>®</sup> )
clopidogrel tablet (generic for Plavix <sup>®</sup> )	aspirin-omeprazole DR tablet
dipyridamole tablet (generic for Persantine <sup>®</sup> )	Effient <sup>®</sup> Tablet
prasugrel tablet (generic for Effient <sup>®</sup> Tablet)	Plavix <sup>®</sup> Tablet
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa <sup>®</sup> Tablet)	Aspruzo <sup>™</sup> Sprinkle
	Ranexa <sup>®</sup> Tablet
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
clonidine tablet / patch (generic for Catapres <sup>®</sup> / TTS)	clonidine ER tablet (generic for Nexiclon <sup>™</sup> XR)
guanfacine tablet (generic for Tenex <sup>®</sup> )	methyl dopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )
methyl dopa tablet (generic for Aldomet <sup>®</sup> )	methyl dopa vial (generic for Aldomet <sup>®</sup> )
	Nexiclon <sup>™</sup> XR Tablet
TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor <sup>®</sup> )	fenofibrate capsule / tablet (generic for Antara <sup>®</sup> , Lofibra <sup>®</sup> , Fenoglide <sup>®</sup> , et. al)
gemfibrozil tablet (generic for Lopid <sup>®</sup> )	fenofibric acid tablet (generic for Fibricor <sup>®</sup> , Trilipix <sup>®</sup> )
omega-3 acid ethyl esters capsule (generic for Lovaza <sup>®</sup> )	Fenoglide <sup>®</sup> Tablet
Vascepa <sup>®</sup> Capsule	Fibricor <sup>®</sup> Tablet
	icosapent ethyl capsule (generic for Vascepa <sup>®</sup> )
	Lipoen <sup>®</sup> Capsule
	Lopid <sup>®</sup> Tablet
	Lovaza <sup>®</sup> Capsule
	Tricor <sup>®</sup> Tablet
	Trilipix <sup>®</sup> Capsule
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
Camzyos <sup>®</sup> Capsule - <b>Clinical criteria apply</b>	
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	

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<b>Quantity limits apply to all triptans</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
rizatriptan tablet / ODT (generic for Maxalt <sup>®</sup> )	almotriptan tablet (generic for Axert <sup>®</sup> )
sumatriptan nasal spray / tablet / vial (generic for Imitrex <sup>®</sup> )	diclofenac potassium powder packet (generic for Cambia <sup>®</sup> ) - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
	eletriptan tablet (generic for Relpax <sup>®</sup> )
	Elyxib <sup>™</sup> Solution - <b>T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage</b>
	Frova <sup>®</sup> Tablet
	frovatriptan tablet (generic for Frova <sup>®</sup> )
	Imitrex <sup>®</sup> Cartridge / Nasal Spray / Pen / Tablet
	Maxalt <sup>®</sup> Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge <sup>®</sup> )
	Relpax <sup>®</sup> Tablet
	Reyvow <sup>™</sup> Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex <sup>®</sup> )
	sumatriptan / naproxen tablet (generic for Treximet <sup>®</sup> )
	Tosymra <sup>™</sup> Nasal Spray
	Zembrace <sup>®</sup> SymTouch <sup>®</sup>
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig <sup>®</sup> )
	Zomig <sup>™</sup> Nasal Spray / Tablet
<b>ANTIMIGRAINE AGENTS</b>	
<b>CGRP Blockers/Modulators PREVENTATIVE</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Aimovig <sup>®</sup> Autoinjector	Qulipta <sup>®</sup> Tablet
Ajovy <sup>®</sup> Autoinjector / Syringe	Vyepti <sup>®</sup> Vial
Emgality <sup>®</sup> Pen / Syringe	
Nurtec <sup>®</sup> ODT	
<b>ANTIMIGRAINE AGENTS</b>	
<b>CGRP Blockers/Modulators ACUTE TREATMENT</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nurtec <sup>®</sup> ODT	Zavzpret <sup>™</sup> Nasal Spray
Ubrovelvy <sup>®</sup> Tablet	
<b>ANTI-NARCOLEPSY</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nuvigil <sup>®</sup> Tablet	armodafinil tablet (generic for Nuvigil <sup>®</sup> )
Provigil <sup>®</sup> Tablet	modafinil tablet (generic for Provigil <sup>®</sup> )
	Sunosi <sup>™</sup> Tablet
	Wakix <sup>®</sup> Tablet

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ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)
bromocriptine capsule / tablet (generic for Parlodel®)	Azilect® Tablet
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for 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 - <b>Clinical criteria apply</b>
	Horizant® Tablet
	Inbrija™ Inhalation
	Kymobi™ Titration Kit
	Lodosyn® Tablet
	Mirapex® ER Tablet
	Neupro® Patch
	Nourianz™ Tablet
	Ongentys® Capsule
	Osmolex ER™ Tablet - <b>Clinical criteria apply</b>
	Parlodel® Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary™ ER Capsule
	Sinemet® Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Xadago® Tablet
	Zelapar® ODT
MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Betaseron® Kit / Vial	Extavia® Kit / Vial
Copaxone® Syringe	glatiramer syringe (generic for Copaxone® Syringe)
Kesimpta® Pen	Glatispa® Syringe
Rebif® Rebidose® / Titration Pack / Syringe	Lemtrada® Vial
	Ocrevus® Vial - <b>T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)</b>
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri® Vial
MULTIPLE SCLEROSIS	
Oral	
Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra®)	Ampyra® Tablet
dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Aubagio® Tablet
fingolimod capsule (generic for Gilenya®)	Bafiertam™ Capsule
teriflunomide tablet (generic for Aubagio®)	Gilenya® Capsule
	Mavenclad® Tablet
	Mayzent® Starter Pack / Tablet
	Ponvory™ Starter Pack / Tablet
	Tascenso ODT™
	Tecfidera® Capsule / Starter Pack
	Vumerity™ Capsule
	Zeposia® Starter Pack / Capsule
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS	
Preferred	Non-Preferred
riluzole tablet (generic for Rilutek®)	Exservan™ Oral Film
	Qalsody® Vial
	Tiglutik® Suspension
	Radivava® ORS® Suspension / ORS® Starter Kit Suspension / Bag
SEDATIVE HYPNOTICS	
Quantity limits apply to all sedative hypnotics	
Preferred	Non-Preferred
eszopiclone tablet (generic for Lunesta®)	Ambien® Tablet / CR Tablet
flurazepam capsule (generic for Dalmane®)	Belsomra® Tablet
ramelteon tablet (generic for Rozerem® Tablet)	Dayvigo™ Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral® Tablet
zaleplon capsule (generic for Sonata®)	doxepin tablet (generic for Silenor®)
zolpidem tablet (generic for Ambien®)	Edluar® SL Tablet
	estazolam tablet (generic for Prosom®)
	Halcion® Tablet
	Hetlioz® Capsule / LQ Suspension - <b>Clinical criteria apply</b>
	Lunesta® Tablet
	quazepam tablet (generic for Doral®)
	Quviviq™ Tablet
	Restoril® Capsule

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	Rozerem <sup>®</sup> Tablet
	tasimeleone capsule (generic for Hettioz <sup>®</sup> ) - <b>T/F of Hettioz<sup>®</sup> Capsule required for coverage</b>
	temazepam 7.5, 22.5 mg capsule (generic for Restoril <sup>®</sup> )
	triazolam tablet (generic for Halcion <sup>®</sup> )
	zolpidem capsule
	zolpidem ER tablet (generic for Ambien <sup>®</sup> CR)
	zolpidem SL tablet (generic for Intermezzo <sup>®</sup> )

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TOBACCO CESSATION	
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban <sup>®</sup> )	Nicotrol <sup>®</sup> Inhaler / NS Nasal Spray
Chantix <sup>®</sup> Tablet / Starting Box / Continuation Month Box	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix <sup>®</sup> )	
ENDOCRINOLOGY	
GROWTH HORMONE	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Prior Approval Not Required for Use of Serostim<sup>®</sup> in AIDS Wasting Syndrome</b>	
Preferred	Non-Preferred
Genotropin <sup>®</sup> Cartridge / MiniQuick <sup>®</sup>	Humatrope <sup>®</sup> Cartridge
Norditropin <sup>®</sup> Flexpro <sup>®</sup>	Ngenla <sup>®</sup> Pen
	Nutropin <sup>®</sup> AQ NuSpin <sup>®</sup>
	Omnitrope <sup>®</sup> Cartridge / Vial
	Saizen <sup>®</sup> Vial
	Serostim <sup>®</sup> Vial
	Skytrofa <sup>®</sup> Cartridge - <b>T/F of preferred agents not required for children &lt;18 years of age</b>
	Sogroya <sup>®</sup> Pen
	Zomacton <sup>®</sup> Vial
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Humalog <sup>®</sup> U-100 Cartridge	Admelog <sup>®</sup> SoloStar <sup>®</sup> / Vial
Humalog <sup>®</sup> U-100 Junior KwikPen <sup>®</sup>	Afrezza <sup>®</sup> Inhalation Powder
Humalog <sup>®</sup> U-100 KwikPen <sup>®</sup> / Vial	Apidra <sup>®</sup> SoloStar <sup>®</sup> / Vial
insulin aspart U-100 FlexPen <sup>®</sup> / vial (generic for Novolog <sup>®</sup> )	Fiasp <sup>®</sup> FlexTouch <sup>®</sup> / Penfill <sup>®</sup> / PumpCart <sup>®</sup> / Vial
insulin lispro U-100 Junior KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> Junior)	Humalog <sup>®</sup> U-200 KwikPen <sup>®</sup>
insulin lispro U-100 KwikPen <sup>®</sup> / vial (generic for Humalog <sup>®</sup> )	insulin aspart U-100 cartridge (generic for Novolog <sup>®</sup> )
Novolog <sup>®</sup> U-100 Penfill / FlexPen <sup>®</sup> / Vial	Lyumjev <sup>™</sup> U-100 KwikPen <sup>®</sup> / U-200 KwikPen <sup>®</sup> / Vial
Short Acting Insulin	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
Humulin <sup>®</sup> R Vial	Myxredlin <sup>™</sup> Injection
Humulin <sup>®</sup> R U-500 KwikPen <sup>®</sup> / U500 Vial	Novolin <sup>®</sup> R Vial / ReliOn <sup>®</sup> R Vial
	Novolin R FlexPen <sup>®</sup>
Intermediate Acting Insulin	
Preferred	Non-Preferred
Humulin <sup>®</sup> N Vial	Humulin <sup>®</sup> N KwikPen <sup>®</sup>
	Novolin <sup>®</sup> N FlexPen <sup>®</sup> / ReliOn <sup>®</sup> N FlexPen <sup>®</sup>
	Novolin <sup>®</sup> N Vial / ReliOn <sup>®</sup> N Vial
Long Acting Insulin	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
insulin glargine vial / SoloStar <sup>®</sup> (authorized biologic for Lantus)	Basaglar <sup>®</sup> U-100 KwikPen <sup>®</sup>
Lantus <sup>®</sup> SoloStar <sup>®</sup> / Vial	insulin degludec pen / vial (generic for Tresiba <sup>®</sup> )
Levemir <sup>®</sup> / FlexPen <sup>®</sup> / FlexTouch <sup>®</sup> / Vial	insulin glargine SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup> (generic for Toujeo <sup>®</sup> )
	insulin glargine-yfgn pen / vial (generic for Semglee <sup>™</sup> yfgn)
	Rezvoglar <sup>™</sup> Kwikpen <sup>®</sup>
	Semglee <sup>™</sup> yfgn Pen / Vial
	Toujeo <sup>®</sup> SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup>
	Tresiba <sup>®</sup> FlexTouch <sup>®</sup> / Vial
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog <sup>®</sup> 50/50 Mix KwikPen <sup>®</sup>	insulin lispro protamine 75/25 KwikPen <sup>®</sup> (generic for Humalog <sup>®</sup> 75/25 Mix)
Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> / Vial	Novolog <sup>®</sup> Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen <sup>®</sup> / vial (generic for Novolog <sup>®</sup> Mix 70/30)	
Novolog <sup>®</sup> Mix 70/30 FlexPen <sup>®</sup>	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin <sup>®</sup> 70/30 KwikPen <sup>®</sup> / Vial	Novolin <sup>®</sup> 70/30 FlexPen <sup>®</sup> / Vial / ReliOn <sup>®</sup> 70/30 Vial
Amylin Analogs	
<b>Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog</b>	
Preferred	Non-Preferred
Symlin <sup>®</sup> Pen Injector	

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GLP-1 Receptor Agonists and Combinations	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Byetta <sup>®</sup> Pen	Bydureon <sup>®</sup> BCise <sup>™</sup>
Trulicity <sup>®</sup> Pen	Rybelsus <sup>®</sup> Tablet
Victoza <sup>®</sup> Pen	Soliqua <sup>®</sup> Pen
Ozempic <sup>®</sup> Pen	Xultophy <sup>®</sup> Pen
	Mounjaro <sup>™</sup> Pen
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
glimepiride tablet (generic for Amaryl <sup>®</sup> )	
glipizide tablet / ER tablet (generic for Glucotrol <sup>®</sup> / XL)	
Glucotrol <sup>®</sup> XL Tablet	
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )	
glyburide tablet (generic for Diabeta <sup>®</sup> )	
Glynase <sup>®</sup> Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose <sup>®</sup> )	miglitol tablet (generic for Glyset <sup>®</sup> )
	Precose <sup>®</sup> Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip <sup>®</sup> )	Glumetza <sup>®</sup> Tablet <b>** requires documentation as to why the beneficiary cannot use preferred long acting metformin product</b>
glyburide-metformin tablet (generic for Glucovance <sup>®</sup> )	metformin solution (generic for Riomet <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 12 years of age</b>
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)	metformin tablet (625 mg)
	metformin ER tablet (generic for Fortamet <sup>®</sup> )
	metformin ER tablet (generic for Glumetza <sup>®</sup> )
	Riomet <sup>®</sup> Solution / ER Suspension
DPP-IV Inhibitors and Combinations	
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination	
Preferred	Non-Preferred
Janumet <sup>®</sup> Tablet / XR Tablet	alogliptin tablet (generic for Nesina <sup>®</sup> )
Januvia <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano <sup>®</sup> )
Jentadueto <sup>®</sup> Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni <sup>®</sup> )
Onglyza <sup>®</sup> Tablet	Glyxambi <sup>®</sup> Tablet
saxagliptin tablet (generic for Onglyza <sup>®</sup> )	Kazano <sup>®</sup> Tablet
Tradjenta <sup>®</sup> Tablet	Kombiglyze <sup>®</sup> XR Tablet
	Nesina <sup>®</sup> Tablet
	Oseni <sup>®</sup> Tablet
	Qtern <sup>®</sup> Tablet
	saxagliptin-metformin ER tablet (generic for Kombiglyze <sup>®</sup> XR)
	sitagliptin tablet (generic for Zituvio <sup>™</sup> )
	Steglujan <sup>®</sup> Tablet
	Trijardy <sup>®</sup> XR Tablet
	Zituvio <sup>™</sup> Tablet
Meglitinides	
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix <sup>®</sup> )	
repaglinide tablet (generic for Prandin <sup>®</sup> )	



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**Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations**

**Clinical criteria apply to all drugs in this class**

Preferred	Non-Preferred
Farxiga <sup>®</sup> Tablet	dapagliflozin tablet (generic for Farxiga <sup>®</sup> )
Invokana <sup>®</sup> Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo <sup>®</sup> XR)
Jardiance <sup>®</sup> Tablet	Inpefa <sup>™</sup> Tablet
Synjardy <sup>®</sup> Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet
	Segluromet <sup>™</sup> Tablet
	Steglatro <sup>™</sup> Tablet
	Synjardy <sup>®</sup> XR Tablet
	Xigduo <sup>®</sup> XR Tablet

**Thiazolidinediones and Combinations**

Preferred	Non-Preferred
pioglitazone tablet (generic for Actos <sup>®</sup> )	ActoPlus Met <sup>®</sup> Tablet
	Actos <sup>®</sup> Tablet
	Duetact <sup>®</sup> Tablet
	pioglitazone-glimepiride tablet (generic for Duetact <sup>®</sup> )
	pioglitazone-metformin tablet (generic for ActoPlus Met <sup>®</sup> )

**GASTROINTESTINAL**

**ANTIEMETIC-ANTIVERTIGO AGENTS**

Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend <sup>®</sup> ) - <b>Clinical criteria apply</b>	Akynzeo <sup>®</sup> Capsule / Vial
Diclegis <sup>®</sup> Tablet	Antiver <sup>®</sup> Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine <sup>®</sup> )	Anzemet <sup>®</sup> Tablet
meclizine tablet (generic for Antivert <sup>®</sup> )	Aponvic <sup>™</sup> Vial
metoclopramide solution / tablet (generic for Reglan <sup>®</sup> )	Barhemsys <sup>®</sup> Vial
ondansetron ODT / solution / tablet (generic for Zofran <sup>®</sup> )	Bonjesta <sup>®</sup> Tablet
prochlorperazine tablet (generic for Compazine <sup>®</sup> )	Cinvanti <sup>®</sup> Vial
Promethegan <sup>®</sup> (promethazine) Suppository (12.5 mg and 25 mg)	Compro <sup>®</sup> Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan <sup>®</sup> )	doxylamine-pyridoxine tablet (generic for Diclegis <sup>®</sup> )
Transderm-Scop <sup>®</sup> Patch	dronabinol capsule (generic for Marinol <sup>®</sup> )
	Emend <sup>®</sup> Capsule / Powder Packet / Trifold Pack - <b>Clinical criteria apply</b>
	Emend <sup>®</sup> Vial
	fosaprepitant vial (generic for Emend <sup>®</sup> )
	Gimoti <sup>™</sup> Nasal Spray
	granisetron vial / tablet (generic for Kytril <sup>®</sup> )
	Marinol <sup>®</sup> Capsule
	metoclopramide vial
	ondansetron vial
	palonosetron injection (generic for Aloxi <sup>®</sup> )
	Phenergan <sup>®</sup> Ampule / Vial
	prochlorperazine vial / suppository (generic for Compazine <sup>®</sup> )
	Promethegan <sup>®</sup> Suppository (50 mg)
	promethazine 50 mg suppository (generic for Phenergan <sup>®</sup> )
	Reglan <sup>®</sup> Tablet
	Sancuso <sup>®</sup> Patch
	scopolamine patch (generic for Transderm-Scop <sup>®</sup> )
	Sustol <sup>®</sup> Syringe
	Tigan <sup>®</sup> Vial
	trimethobenzamide capsule (generic for Tigan <sup>®</sup> )

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

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SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza <sup>®</sup> Capsule	alosetron tablet (generic for Lotronex <sup>®</sup> )
Linzess <sup>®</sup> Capsule	Ibsrela <sup>®</sup> Tablet
lubiprostone capsule (generic for Amitiza <sup>®</sup> )	Lotronex <sup>®</sup> Tablet
	Motegrity <sup>™</sup> Tablet
	Movantik <sup>®</sup> Tablet
	Relistor <sup>®</sup> Syringe / Vial / Tablet - <b>Clinical criteria apply</b>
	Symproic <sup>®</sup> Tablet
	Trulance <sup>®</sup> Tablet
	Viberzi <sup>®</sup> Tablet - <b>T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso <sup>®</sup> Capsule	Asacol <sup>®</sup> HD Tablet
balsalazide capsule (generic for Colazal <sup>®</sup> )	Azulfidine <sup>®</sup> Entab / Tablet
Lialda <sup>®</sup> Tablet	budesonide ER tablet (generic for Uceris <sup>®</sup> )
sulfasalazine IR / DR tablet (generic for Azulfidine <sup>®</sup> / Entab)	Colazal <sup>®</sup> Capsule
	Delzicol <sup>®</sup> Capsule
	Dipentum <sup>®</sup> Capsule
	mesalamine DR capsule (generic for Delzicol <sup>®</sup> , Asacol <sup>®</sup> HD, Lialda <sup>®</sup> )
	mesalamine ER capsule (generic for Apriso <sup>®</sup> , Pentasa <sup>®</sup> )
	Pentasa <sup>®</sup> Capsule
	Uceris <sup>®</sup> Tablet
ULCERATIVE COLITIS	
Rectal	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa <sup>®</sup> )	budesonide rectal foam
mesalamine suppository (generic for Canasa <sup>®</sup> )	Canasa <sup>®</sup> Suppository
	mesalamine kit (generic for Rowasa <sup>®</sup> )
	Rowasa <sup>®</sup> Kit
	SF-Rowasa <sup>®</sup> Enema
	Uceris <sup>®</sup> Rectal Foam
GENTOURINARY / RENAL	
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo <sup>®</sup> )	Auryxia <sup>®</sup> Tablet
calcium acetate tablet (generic for Eliphos <sup>®</sup> )	Fosrenol <sup>®</sup> Chewable Tablet / Powder Pack
Renvela <sup>®</sup> Powder Pack / Tablet	lanthanum carbonate chewable tablet (generic for Fosrenol <sup>®</sup> )
	MagneBind <sup>®</sup> 400 Rx Tablet
	sevelamer carbonate powder pack / tablet (generic for Renvela <sup>®</sup> )
	sevelamer hydrochloride tablet (generic for Renagel <sup>®</sup> )
	Velphoro <sup>®</sup> Chewable
	Xphozan <sup>®</sup> Tablet
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral <sup>®</sup> )	Avodart <sup>®</sup> Softgel
doxazosin tablet (generic for Cardura <sup>®</sup> )	Cardura <sup>®</sup> Tablet / XL Tablet
dutasteride capsule (generic Avodart <sup>®</sup> )	Cialis <sup>®</sup> Tablet (2.5 mg / 5 mg) - <b>Clinical criteria apply</b>
finasteride tablet (generic for Proscar <sup>®</sup> )	dutasteride / tamsulosin capsule (generic for Jalyn <sup>®</sup> )
tamsulosin capsule (generic for Flomax <sup>®</sup> )	Entadri <sup>™</sup> Capsule
terazosin capsule (generic for Hytrin <sup>®</sup> )	Flomax <sup>®</sup> Capsule
	Proscar <sup>®</sup> Tablet
	Rapaflo <sup>®</sup> Capsule
	silodosin capsule (generic for Rapaflo <sup>®</sup> )
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis <sup>®</sup> ) - <b>Clinical criteria apply</b>

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
fesoterodine ER tablet (generic for Toviaz <sup>®</sup> )	darifenacin ER tablet (generic for Enablex <sup>®</sup> )
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan <sup>®</sup> / XL)	Detrol <sup>®</sup> Tablet / LA Capsule
solifenacin tablet (generic for Vesicare <sup>®</sup> )	flavoxate tablet (generic for Urispas <sup>®</sup> )
tolterodine tablet / ER capsule (generic for Detrol <sup>®</sup> / LA)	Gelnique <sup>®</sup> Gel Sachets
Toviaz <sup>®</sup> Tablet	Gemtesa <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	mirabegron ER Tablet (generic for Myrbetriq <sup>®</sup> ) - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	Myrbetriq <sup>®</sup> Granules / ER Tablet - <b>T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years</b>
	oxybutynin tablet (2.5 mg)
	Oxytrol <sup>®</sup> Patch
	tropspium tablet / ER capsule (generic for Sanctura <sup>®</sup> / XR)
	Vesicare <sup>®</sup> LS Suspension / Tablet
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim <sup>®</sup> )	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcris <sup>®</sup> )	colchicine capsule (generic for Mitigare <sup>®</sup> )
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcris <sup>®</sup> Tablet
probenecid-colchicine tablet (generic for Col-Benemid <sup>®</sup> )	febuxostat tablet (generic for Uloric <sup>®</sup> Tablet)
	Gloperba <sup>®</sup> Solution
	Krystexxa <sup>®</sup> Vial
	Mitigare <sup>®</sup> (branded colchicine 0.6mg) Capsules
	Uloric <sup>®</sup> Tablet
	Zyloprim <sup>®</sup> Tablet
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox <sup>®</sup> )	Arixtra <sup>®</sup> Syringe
Fragmin <sup>®</sup> Syringe / Vial	fondaparinux syringe (generic for Arixtra <sup>®</sup> )
	Lovenox <sup>®</sup> Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis <sup>®</sup> Tablet / Starter Dose Pack	dabigatran capsule (generic for Pradaxa <sup>®</sup> Capsule)
Jantoven <sup>®</sup> (branded generic for Coumadin <sup>®</sup> )	Pradaxa <sup>®</sup> Pellet Pack
Pradaxa <sup>®</sup> Capsule	Savaysa <sup>®</sup> Tablet
warfarin tablet (generic for Coumadin <sup>®</sup> )	Xarelto <sup>®</sup> Suspension
Xarelto <sup>®</sup> Starter Pack / Tablet	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila <sup>®</sup> Syringe	Fylmetra <sup>®</sup> Syringe
Neupogen <sup>®</sup> Vial / Syringe	Granix <sup>®</sup> Safe Syringe / Syringe / Vial
Udenyca <sup>®</sup> Autoinjector / Syringe	Leukine <sup>®</sup> Vial
	Neulasta <sup>®</sup> Syringe / Kit
	Nivestym <sup>™</sup> Syringe / Vial
	Nyvepria <sup>™</sup> Syringe
	Releuko <sup>®</sup> Syringe / Vial
	Rolvedon <sup>™</sup> Syringe
	Stimufend <sup>®</sup> Syringe
	Udenyca <sup>®</sup> On-Body
	Zarxio <sup>®</sup> Syringe
	Ziextenzo <sup>®</sup> Syringe
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp <sup>®</sup> Syringe / Vial	Jesduvroq <sup>®</sup> Tablet
Epogen <sup>®</sup> Vial	Mircera <sup>®</sup> Syringe
Retacrit <sup>®</sup> Vial	Procrit <sup>®</sup> Vial
	Reblozyl <sup>®</sup> Vial
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate <sup>®</sup> Vial	Alvaiz <sup>™</sup> Tablet
Promacta <sup>®</sup> Suspension / Tablet	Tavalisse <sup>™</sup> Tablet
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol <sup>®</sup> )	Alocri <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> , Patanol <sup>®</sup> )	Alomide <sup>®</sup> Drops
	Alrex <sup>®</sup> Drops
	azelastine drops (generic for Optivar <sup>®</sup> )
	bepotastine drops (generic for Bepreve <sup>®</sup> )
	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat <sup>®</sup> )
	loteprednol drops (generic for Alrex <sup>®</sup> )

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

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ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron <sup>®</sup> )	Acular <sup>®</sup> Drops / LS Solution
diclofenac drops (generic for Voltaren <sup>®</sup> )	Acurvail <sup>®</sup> Solution
difluprednate drops (generic for Durezol <sup>®</sup> )	bromfenac drops (generic for Prolensa <sup>®</sup> , Xibrom <sup>®</sup> , BromSite <sup>®</sup> )
Flarex <sup>®</sup> Drops	BromSite <sup>®</sup> Solution
fluorometholone drops (generic for FML <sup>®</sup> )	Dextenza <sup>®</sup> Insert
flurbiprofen drops (generic for Ocufen <sup>®</sup> )	Dexycu <sup>™</sup> Vial
ketorolac solution (generic for Acular <sup>®</sup> / LS)	Durezol <sup>®</sup> Drops
Lotemax <sup>®</sup> Drops	FML <sup>®</sup> Forte Drops / Liquifilm <sup>®</sup> Drops
Nevanac <sup>®</sup> Droptainer	Ilevro <sup>®</sup> Drops
Pred Mild <sup>®</sup> Drops	Iluvien <sup>®</sup> Implant
prednisolone acetate drops (generic for Pred Forte <sup>®</sup> )	Inveltys <sup>™</sup> Drops
	Lotemax <sup>®</sup> Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax <sup>®</sup> )
	Maxidex <sup>®</sup> Drops
	Ozurdex <sup>®</sup> Implant
	Pred Forte <sup>®</sup> Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte <sup>®</sup> )
	Prolensa <sup>®</sup> Drops
	Retisert <sup>®</sup> Implant
	Triescence <sup>®</sup> Vial
	Xipere <sup>™</sup> (Intraocular)
	Yutiq <sup>™</sup> Implant
ANTI-INFLAMMATORY / IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis <sup>®</sup> Drops / Restasis <sup>®</sup> Multidose <sup>™</sup> Drops	Cequa <sup>™</sup> Drops
Xiidra <sup>®</sup> Drops	cyclosporine emulsion (generic for Restasis <sup>®</sup> )
	Eysuvis <sup>®</sup> Drops
	Miebo <sup>™</sup> Drops
	Tyrvaya <sup>®</sup> Nasal Spray
	Verkazia <sup>®</sup> Eye Emulsion - <b>T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)</b>
	Vevve <sup>®</sup> Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan <sup>®</sup> P Drops	apraclonidine drops (generic for Iopidine <sup>®</sup> )
brimonidine drops (generic for Alphagan <sup>®</sup> )	brimonidine P drops (generic for Alphagan <sup>®</sup> P)
	Iopidine <sup>®</sup> Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan <sup>®</sup> Drops	betaxolol drops (generic for Betoptic <sup>®</sup> )
timolol drops / GFS gel-solution (generic for Timoptic <sup>®</sup> / Timoptic XE <sup>®</sup> )	Betimol <sup>®</sup> Drops
	Betoptic <sup>®</sup> S Drops
	brimonidine tartrate / timolol drops (generic for Combigan <sup>®</sup> )
	carteolol drops (generic for Ocupress <sup>®</sup> )
	Istalol <sup>®</sup> Drops
	levobunolol drops (generic for Betagan <sup>®</sup> )
	timolol drop (generic for Istalol <sup>®</sup> Drops)
	timolol maleate drop (generic for Timoptic <sup>®</sup> Ocudose <sup>®</sup> Drops)
	Timoptic <sup>®</sup> Drops / Ocudose <sup>®</sup> Drops / XE <sup>®</sup> Solution

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

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<b>OTC</b>	
<b>ANTIBIOTICS</b>	
Preferred	Non-Preferred
Ciprodex <sup>®</sup> Suspension	Cipro <sup>®</sup> HC Suspension
ciprofloxacin-dexamethasone suspension (generic for Ciprodex <sup>®</sup> )	ciprofloxacin solution (generic for Cetraxal <sup>®</sup> )
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin <sup>®</sup> )	ciprofloxacin-fluocinolone drops (generic for Otovel <sup>®</sup> )
ofloxacin drops (generic for Floxin <sup>®</sup> )	Cortisporin-TC <sup>®</sup> Suspension
	Otovel <sup>®</sup> Drops
<b>ANTI-INFECTIVES AND ANESTHETICS</b>	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol <sup>®</sup> )	acetic acid-hydrocortisone solution (generic for Vosol <sup>®</sup> HC)
<b>ANTI-INFLAMMATORY</b>	
Preferred	Non-Preferred
Dermotic <sup>®</sup> Oil	Flac <sup>®</sup> Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic <sup>®</sup> )
<b>RESPIRATORY</b>	
<b>BETA-ADRENERGIC HANDHELD, LONG ACTING</b>	
Preferred	Non-Preferred
Serevent <sup>®</sup> Diskus <sup>®</sup>	Striverdi <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray
<b>BETA-ADRENERGIC HANDHELD, SHORT ACTING</b>	
Preferred	Non-Preferred
ProAir <sup>®</sup> HFA inhaler	albuterol HFA inhaler (generic for Proair <sup>®</sup> HFA Inhaler / Proventil <sup>®</sup> HFA Inhaler / Ventolin <sup>®</sup> HFA Inhaler)
Ventolin <sup>®</sup> HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex <sup>®</sup> HFA Inhaler)
Xopenex <sup>®</sup> HFA Inhaler	Proair <sup>®</sup> Digihaler <sup>™</sup>
	Proair <sup>®</sup> RespiClick <sup>®</sup>
	Proventil <sup>®</sup> HFA Inhaler
<b>BETA-ADRENERGIC, NEBULIZERS</b>	
<b>T/F of only one preferred drug required</b>	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb <sup>®</sup> )	arformoterol solution (generic for Brovana <sup>®</sup> )
albuterol 1.25mg / 3ml solution (generic for Accuneb <sup>®</sup> )	Brovana <sup>®</sup> Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist <sup>®</sup> )
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex <sup>®</sup> / Concentrate )
	Perforomist <sup>®</sup> Solution
<b>BETA-ADRENERGIC, ORAL</b>	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil <sup>®</sup> Repetabs)	albuterol ER tablets (generic for VoSpire <sup>®</sup> ER)
albuterol syrup (generic for Ventolin <sup>®</sup> Syrup)	
terbutaline tablet (generic for Brethine <sup>®</sup> )	



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ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Bevespi <sup>®</sup> Aerosphere <sup>®</sup>
Atrovent <sup>®</sup> HFA Inhaler	Daliresp <sup>®</sup> Tablet
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Incruse <sup>®</sup> Ellipta <sup>®</sup> Inhaler	tiotropium inhaler (generic for Spiriva <sup>®</sup> Handihaler <sup>®</sup> )
ipratropium nebulizer solution (generic for Atrovent <sup>®</sup> )	Tudorza <sup>®</sup> Pressair <sup>®</sup> Inhaler
ipratropium / albuterol solution (generic for Duoneb <sup>®</sup> )	Yupelri <sup>™</sup> Solution
troflumilast tablet (generic for Daliresp <sup>®</sup> )	
Spiriva <sup>®</sup> Handihaler <sup>®</sup> / Respimat <sup>®</sup> Inhalation Spray	
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Alvesco <sup>®</sup> Inhaler	ArmonAir <sup>™</sup> Digihaler <sup>™</sup>
Arnuity <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Pulmicort <sup>®</sup> Flexhaler
Asmanex <sup>®</sup> HFA Inhaler / Twisthaler <sup>®</sup>	Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort <sup>®</sup> Respules)	
Flovent <sup>™</sup> Diskus / HFA Inhaler	
fluticasone propionate HFA / diskus (generic for Flovent <sup>®</sup> HFA / Diskus)	
QVAR <sup>®</sup> ReditHaler <sup>™</sup>	
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Digihaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	AirSupra <sup>™</sup> Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	Breyna <sup>™</sup> Inhaler
	Breztri <sup>™</sup> Aerosphere <sup>™</sup>
	budesonide / formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone / salmeterol HFA inhaler (generic for Advair <sup>®</sup> HFA)
	fluticasone / salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone / salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	fluticasone / vilanterol inhalation (generic for Breo <sup>®</sup> Ellipta <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
azelastine spray (generic for Astelin <sup>®</sup> )	<b>T/F of preferred agents not required in children &lt; 4 years of age for steroid-containing products</b>
Dymista <sup>®</sup> Nasal Spray	azelastine nasal spray (generic for Astepro <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	Beconase <sup>®</sup> AQ Nasal Spray
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	flunisolide nasal spray (generic for Nasalide <sup>®</sup> )
	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
	Ommaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasi <sup>®</sup> Nasal Spray / Children's Spray
	Ryvaltris <sup>®</sup> Nasal Spray
	Sinuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zylflo <sup>®</sup> Filmtab

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec <sup>®</sup> OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec <sup>®</sup> OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec <sup>®</sup> OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal <sup>®</sup> OTC Tablet)	Clarimex <sup>®</sup> Tablet - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal <sup>®</sup> Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex <sup>®</sup> ) - <b>T/F of preferred agents not required for children &lt; 2 years of age</b>
loratadine tablet OTC (generic for Claritin <sup>®</sup> OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra <sup>®</sup> OTC)
	levocetirizine Rx solution (generic for Xyzal <sup>®</sup> Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin <sup>®</sup> OTC)
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
<b>Quantity limit of 102 days supply per 12 months apply to all drugs in this class</b>	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D <sup>®</sup> OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC)
	Clarimex-D <sup>®</sup> Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D <sup>®</sup> 24 hour)
FIRST GENERATION ANTIHISTAMINES	
Preferred	Non-Preferred
carbinoxamine solution	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal <sup>™</sup> ER Suspension - <b>T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage</b>
	RyClora <sup>™</sup> Solution
	RyVent <sup>™</sup> Tablet
	Vistaril <sup>®</sup> Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Forte)	Acanya <sup>®</sup> Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Gel)	adapalene gel pump (generic for Differin <sup>®</sup> )
adapalene cream / gel (generic for Differin <sup>®</sup> )	Altreno <sup>®</sup> Lotion (Topical)
azelaic acid gel (generic for Finacea <sup>®</sup> )	Arazlo <sup>™</sup> Lotion
clindamycin phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> , Clindagel <sup>®</sup> )	Atralin <sup>®</sup> Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T <sup>®</sup> )	Avar <sup>®</sup> Cleanser / LS Cleanser
clindamycin-benzoyl peroxide gel (generic for Duac <sup>®</sup> )	Avar-E <sup>®</sup> Emollient Cream / Green Emollient Cream / LS Cream
erythromycin gel (generic for Emcin <sup>®</sup> , Eryette <sup>®</sup> , EryGel <sup>®</sup> , et. al.)	Benzamycin <sup>®</sup> Gel
erythromycin solution (generic for Emcin <sup>®</sup> , EryDerm <sup>®</sup> , EryMax <sup>®</sup> , et. al)	BP <sup>®</sup> 10-1 Wash / Cleansing Wash
erythromycin-benzoyl peroxide gel (generic for Benzamycin <sup>®</sup> )	Cabtree <sup>™</sup> Gel
Finacea <sup>®</sup> Gel	Cleocin <sup>®</sup> T Lotion
Retin-A <sup>®</sup> Cream / Gel	Clindacin <sup>®</sup> ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Retin-A <sup>®</sup> Micro Gel	Clindagel <sup>®</sup> Gel
	clindamycin / tretinoin (generic for Veltin <sup>®</sup> )
	clindamycin phosphate foam (generic for Evoclin <sup>®</sup> )
	clindamycin-benzoyl peroxide gel (generic for Neuac <sup>®</sup> )
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin <sup>®</sup> )
	clindamycin-benzoyl peroxide pump (generic for Acanya <sup>®</sup> )
	clindamycin-benzoyl peroxide pump (generic for Onexton <sup>®</sup> )
	dapsone gel / gel pump (generic for Aczone <sup>®</sup> Gel)
	Ery <sup>™</sup> Pads
	Erygel <sup>®</sup> Gel
	Evoclin <sup>®</sup> Foam
	Fabior <sup>®</sup> Foam
	Finacea <sup>®</sup> Foam
	Klaron <sup>®</sup> Lotion
	Neuac <sup>®</sup> Gel / Kit
	Onexton <sup>®</sup> Gel / Gel Pump
	Ovace <sup>®</sup> Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A <sup>®</sup> Micro Pump Gel
	Rosula <sup>®</sup> Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar <sup>®</sup> / LS)
	sodium sulfacetamide lotion (generic for Klaron <sup>®</sup> )
	sodium sulfacetamide shampoo, wash (generic for Ovace <sup>®</sup> / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet <sup>®</sup> , Plexion <sup>®</sup> , Zetacet <sup>®</sup> )
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin <sup>®</sup> )
	SSS <sup>®</sup> 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia <sup>™</sup> )
	sulfacetamide-sulfur cream (generic for Avar <sup>®</sup> E, SSS <sup>®</sup> 10-5)
	Sumadan <sup>®</sup> Kit / XLT Kit / Wash
	Sumaxin <sup>®</sup> Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac <sup>®</sup> , Fabior <sup>®</sup> )
	tretinoin cream / gel (generic for Retin-A <sup>®</sup> )
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A <sup>®</sup> Micro)
	Winlevi <sup>®</sup> Cream
	Ziana <sup>®</sup> Gel
	Zma Clear <sup>™</sup> Cleanser
ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel <sup>®</sup> Pump	Androderm <sup>®</sup> Patch
testosterone gel pump (generic for AndroGel <sup>®</sup> )	AndroGel <sup>®</sup> Packet
	Fortesta <sup>®</sup> Gel Pump

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	Natesto <sup>®</sup> Nasal Gel
	Testim <sup>®</sup> Gel
	testosterone gel / packet (generic for Testim <sup>®</sup> , Vogelxo <sup>®</sup> )
	testosterone gel pump (generic for Fortesta <sup>®</sup> , Axiron <sup>®</sup> )
	testosterone packet (generic for AndroGel <sup>™</sup> )
	Vogelxo <sup>®</sup> Gel / Packet / Pump
<b>NSAIDS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
diclofenac topical gel (generic for Voltaren <sup>®</sup> Gel)	diclofenac epolamine patch (generic for Flector <sup>®</sup> )
	diclofenac solution / pump (generic for Pennsaid <sup>®</sup> )
	Flector <sup>®</sup> Patch
	Licart <sup>™</sup> Patch
	Pennsaid <sup>®</sup> Solution Packet / Pump
<b>ANTIBIOTICS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
gentamicin cream / ointment (generic for Garamycin <sup>®</sup> )	Centany <sup>®</sup> AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban <sup>®</sup> )	mupirocin cream (generic for Bactroban <sup>®</sup> )
	Xepi <sup>™</sup> Cream
<b>ANTIBIOTICS - VAGINAL</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Cleocin <sup>®</sup> Vaginal Ovules	Cleocin <sup>®</sup> Vaginal Cream
Clindesse <sup>®</sup> Vaginal Cream	clindamycin vaginal cream (generic for Cleocin <sup>®</sup> Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel <sup>®</sup> Vaginal Gel)	Vandazole <sup>®</sup> Vaginal Gel
Nuversa <sup>®</sup> Vaginal Gel	Xaciatro <sup>®</sup> Vaginal Gel
<b>ANTIFUNGALS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
ciclopirox cream / solution (generic for Loprox <sup>®</sup> , Penlac <sup>®</sup> )	Bensal HP <sup>®</sup> Ointment
clotrimazole Rx cream (generic for Lotrimin <sup>®</sup> Rx)	Ciclodan <sup>®</sup> Cream / Cream Kit / Kit / Solution
clotrimazole-betamethasone cream (generic for Lotrisone <sup>®</sup> )	ciclopirox gel / shampoo / suspension (generic for Loprox <sup>®</sup> )
ketconazole cream / shampoo (generic for Nizoral <sup>®</sup> )	ciclopirox treatment kit (generic for Ciclodan <sup>®</sup> )
Klayesta <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole Rx solution (generic for Lotrimin <sup>®</sup> Rx)
Nyamyce <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole-betamethasone lotion (generic for Lotrisone <sup>®</sup> )
nystatin cream / ointment / powder (generic for Mycostatin <sup>®</sup> , Nystop <sup>®</sup> )	econazole cream (generic for Spectazole <sup>®</sup> )
Nystop <sup>®</sup> Powder	Ertaczo <sup>®</sup> Cream
	Extina <sup>®</sup> Foam
	Jublia <sup>®</sup> Topical Solution
	ketconazole foam (generic for Extina <sup>®</sup> )
	Ketodan <sup>®</sup> Foam / Foam Kit
	Loprox <sup>®</sup> Suspension / Cream / Kit
	luliconazole cream (generic for Luzu <sup>®</sup> )
	Luzu <sup>®</sup> Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion <sup>®</sup> ) - <b>Clinical criteria apply</b>
	naftifine cream / gel (generic for Nafin <sup>®</sup> )
	Nafin <sup>®</sup> Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog II <sup>®</sup> )
	oxiconazole cream (generic for Oxistat <sup>®</sup> )
	Oxistat <sup>®</sup> Lotion
	salicylic acid ointment (generic for Bensal HP <sup>®</sup> )
	tavaborole topical solution (generic for Kerydin <sup>®</sup> )
	Triamazole <sup>™</sup> Combo Pack
	Vusion <sup>®</sup> Ointment - <b>Clinical criteria apply</b>

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ANTIPARASITICS	
T/F of only one preferred drug required	
Preferred	Non-Preferred
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Eurax <sup>®</sup> Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide <sup>®</sup> )
	Ovide <sup>®</sup> Lotion
	Sklice <sup>®</sup> Lotion
	spinosad topical suspension (generic for Natroba <sup>®</sup> )
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax <sup>®</sup> )	acyclovir cream (generic for Zovirax <sup>®</sup> )
Zovirax <sup>®</sup> Cream	Denavir <sup>®</sup> Cream
	peniclovir cream (generic for Denavir <sup>®</sup> )
	Xerese <sup>®</sup> Cream
	Zovirax <sup>®</sup> Ointment
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Adbry <sup>®</sup> Syringe	Opzelura <sup>™</sup> Cream
Dupixent <sup>®</sup> Pen / Syringe	pimecrolimus cream (generic for Elidel <sup>®</sup> )
Elidel <sup>®</sup> Cream	
Eucrisa <sup>®</sup> 2% Ointment	
Protopic <sup>®</sup> Ointment	
tacrolimus ointment (generic for Protopic <sup>®</sup> )	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	Hyftor <sup>™</sup> Gel
	imiquimod cream / cream pump (generic for Zyclara <sup>®</sup> )
	podofilox gel / solution (generic for Condylox <sup>®</sup> )
	Veregen <sup>®</sup> Ointment
	Zyclara <sup>®</sup> Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
calcipotriene cream / solution (generic for Dovonex <sup>®</sup> )	calcipotriene ointment / foam (generic for Dovonex <sup>®</sup> , Sorilux <sup>®</sup> )
	calcipotriene-betamethasone suspension / ointment (generic for Talconex <sup>®</sup> )
	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Duobrii <sup>™</sup> Lotion
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Talconex <sup>®</sup> Ointment / Suspension
	Vtama <sup>®</sup> Cream
	Zoryve <sup>®</sup> Cream
ROSACEA AGENTS	
Preferred	Non-Preferred
azelaic acid gel (generic for Finacea <sup>®</sup> )	brimonidine gel pump (generic for Mirvaso <sup>®</sup> )
Finacea <sup>®</sup> Gel	Finacea <sup>®</sup> Foam
metronidazole cream (generic for MetroCream <sup>®</sup> )	ivermectin cream (generic for Soolantra <sup>®</sup> )
metronidazole gel / pump (generic for MetroGel <sup>®</sup> )	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
Rosadan <sup>®</sup> Cream / Gel	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Kit

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STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmooth <sup>®</sup> FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate <sup>®</sup> )
desonide cream / ointment (generic for DesOwen <sup>®</sup> )	Aqua Glycolic <sup>®</sup> HC Kit
hydrocortisone cream / lotion / ointment (generic for Hytone <sup>®</sup> )	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	fluocinolone body / scalp oil (generic for DermaSmooth <sup>®</sup> FS Scalp / Body Oil)
	Hydroxym <sup>™</sup> Gel
	Texacort <sup>®</sup> Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate <sup>®</sup> )	Beser <sup>™</sup> Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon <sup>®</sup> )	clocortolone cream (generic for Cloderm <sup>®</sup> )
	Cloderm <sup>®</sup> Cream / Pump
	fluocinolone cream / ointment / solution (generic for Synalar <sup>®</sup> )
	flurandrenolide cream / lotion / ointment (generic for Cordran <sup>®</sup> )
	fluticasone lotion (generic for Cutivate <sup>®</sup> Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid <sup>®</sup> )
	hydrocortisone valerate cream / ointment (generic for Westcort <sup>®</sup> )
	Locoid <sup>®</sup> Lipocream / Lotion
	Pandel <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream (generic for Cyclocort <sup>®</sup> )
fluocinonide cream / gel / ointment / solution (generic for Lidex <sup>®</sup> )	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
	betamethasone valerate foam / lotion (generic for Valisone <sup>®</sup> )
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Ointment
	fluocinonide emollient cream (generic for Lidex <sup>®</sup> E)
	halcinonide cream (generic for Halog <sup>®</sup> )
	Halog <sup>®</sup> Cream / Ointment / Solution
	Kenalog <sup>®</sup> Spray
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog <sup>®</sup> )
	Vanos <sup>®</sup> Cream

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Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate <sup>®</sup> )	ApexiCon <sup>®</sup> E Cream
clobetasol solution (generic for Cormax <sup>®</sup> )	Bryhali <sup>™</sup> Lotion
halobetasol propionate cream / ointment (generic for Ultravate <sup>®</sup> )	clobetasol foam / emollient foam / emulsion foam (generic for Olux <sup>®</sup> / Olux-E <sup>®</sup> )
clobetasol shampoo (generic for Clobex <sup>®</sup> )	clobetasol lotion / spray (generic for Clobex <sup>®</sup> )
	Clodan <sup>®</sup> Kit / Shampoo
	halobetasol propionate foam (generic for Lexette <sup>®</sup> )
	Impeklo <sup>™</sup> Lotion
	Lexette <sup>®</sup> Foam
	Olux <sup>®</sup> Foam
	Temovate <sup>®</sup> Ointment
	Tovet <sup>™</sup> Foam / Foam Kit
	Ultravate <sup>®</sup> Lotion
MISCELLANEOUS	
WEIGHT MANAGEMENT AGENTS	
Incretin Mimetics	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Wegovy <sup>®</sup> Pen	Saxenda <sup>®</sup> Pen Zepbound <sup>®</sup> Pen
Non-Incretin Mimetics	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	orlistat capsule (generic for Xenical <sup>®</sup> )
phentermine tablet / capsule	Xenical <sup>®</sup> Capsule
IMMUNOMODULATORS, ASTHMA	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Fasenra <sup>®</sup> Pen / Syringe	Cinqair <sup>®</sup> Vial
Xolair <sup>®</sup> Syringe	Nucala <sup>®</sup> Syringe / Vial / Autoinjector
	Tezspire <sup>®</sup> Pen / Syringe - <b>T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma</b>
	Xolair <sup>®</sup> Vial
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane <sup>®</sup> )	methoxsalen rapid (generic for Oxsoalene-Ultra <sup>®</sup> )
EPINEPHRINE, SELF INJECTED	
<b>Quantity limits apply to all drugs in this class</b>	
Preferred	Non-Preferred
Epi-Pen <sup>®</sup> Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	Auvi-Q <sup>®</sup> Auto Injector
epinephrine auto injector (generic for Epi-Pen <sup>®</sup> / Epi-Pen <sup>®</sup> Jr.)	epinephrine auto injector (generic for AdrenaClick <sup>®</sup> )
	Symjepi <sup>™</sup> Syringe
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella <sup>®</sup> Tablet	Bijuva <sup>®</sup> Capsule
Amabelz <sup>™</sup> Tablet	Prefest <sup>™</sup> Tablet
estradiol/norethindrone tablet (generic for Activella <sup>®</sup> )	
Fyavolv <sup>™</sup> Tablet	
Jinteli <sup>®</sup> (branded generic for FemHRT <sup>®</sup> )	
Mimvey <sup>®</sup> / Lo (branded generic for Activella <sup>®</sup> )	
norethindrone-ethinyl estradiol (generic for FemHRT <sup>®</sup> )	
Premphase <sup>®</sup> Tablet	
Prempro <sup>®</sup> Tablet	

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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara <sup>®</sup> Pro Patch	Climara <sup>®</sup> Patch
CombiPatch <sup>®</sup> Patch	Divigel <sup>®</sup> Gel Packet
estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> )	Dotti <sup>™</sup> Patch
estradiol tablet (generic for Estrace <sup>®</sup> )	Duavee <sup>®</sup> Tablet
Evamist <sup>®</sup> Spray	Elestrin <sup>®</sup> Gel
Menest <sup>®</sup> Tablet	Estrace <sup>®</sup> Tablet
Premarin <sup>®</sup> Tablet	estradiol gel packet (generic for Divigel <sup>®</sup> )
	Lyllana <sup>™</sup> Patch
	Menostar <sup>®</sup> Patch
	Minivelle <sup>®</sup> Patch
	Osphena <sup>®</sup> Tablet
	Veozah <sup>™</sup> Tablet
	Vivelle-Dot <sup>®</sup> Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring <sup>®</sup> Vaginal Ring	Estrace <sup>®</sup> Cream
Premarin <sup>®</sup> Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> )
Vagifem <sup>®</sup> Vaginal Tablet	Femring <sup>®</sup> Vaginal Ring
	Imvexxy <sup>®</sup> Vaginal Inserts
	Yuvafem <sup>®</sup> Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC)	Alkindi <sup>®</sup> Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> )	Cortel <sup>®</sup> Tablet
dexamethasone solution (generic for Concede <sup>®</sup> )	cortisone tablet (generic for Patisono <sup>®</sup> )
Emlaza <sup>®</sup> Tablet - <b>Clinical criteria apply</b>	deflazacort tablet (generic for Emlaza <sup>®</sup> ) - <b>Clinical criteria apply</b>
hydrocortisone tablet (generic for Cortef <sup>®</sup> )	dexamethasone tablet dosepack / Intensol <sup>®</sup> Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> )	Emlaza <sup>®</sup> Suspension - <b>Clinical criteria apply. T/F of preferred agents not required for children &lt; 12 years of age.</b>
prednisolone sodium phosphate solution (generic for PediaPred <sup>®</sup> , OraPred <sup>®</sup> , Veripred <sup>®</sup> )	Eohilia <sup>®</sup> Suspension - <b>T/F of preferred agents not required for diagnosis of eosinophilic esophagitis</b>
prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> )	Hemady <sup>™</sup> Tablet
prednisone dose pack (generic for Sterapred <sup>®</sup> )	Medrol <sup>®</sup> Dose Pack / Tablet
prednisone solution / tablet (generic for Deltasone <sup>®</sup> )	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol <sup>®</sup> )
	Millipred <sup>®</sup> Dose Pack / Tablet
	prednisolone ODT (generic for Orapred <sup>®</sup> ODT)
	prednisolone tablet
	Prednisone Intensol <sup>®</sup> Concentrated Solution
	Rayos <sup>®</sup> Tablet
	Taperdex <sup>®</sup> Tablet
	Tarpevo <sup>™</sup> Capsule - <b>T/F of preferred agents not required for diagnosis of IgA nephropathy</b>
CYTOKINE AND CAM ANTAGONISTS (previously listed as Immunomodulators, Systemic)	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>T/F of only one Preferred drug required</b>	
Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada <sup>™</sup> Pen / Syringe
adalimumab-ikjp Pen / Syringe	Actemra <sup>®</sup> ACTPen <sup>™</sup> / Syringe / Vial
Cosentyx <sup>®</sup> Sensoready <sup>®</sup> Pen / UnoReady <sup>®</sup> Pen / Syringe	adalimumab-aaef Pen
Enbrel <sup>®</sup> Mini Cartridge / Sureclick <sup>®</sup> Syringe / Syringe / Vial	adalimumab-aaty Autoinjector / Syringe
Hadlima <sup>™</sup> Syringe / PushTouch	adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
Humira <sup>®</sup> Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-ryyk Autoinjector
infliximab vial (generic for Remicade <sup>®</sup> )	Amjevita <sup>™</sup> Syringe / Autoinjector
Otezla <sup>®</sup> Starter Pack / Tablet	Arcalyst <sup>®</sup> SQ Syringe
	Avsola <sup>®</sup> Vial
	Bimzelx <sup>®</sup> Autoinjector / Syringe
	Cibinqo <sup>™</sup> Tablet
	Cimzia <sup>®</sup> Starter Kit / Syringe Kit / Vial Kit
	Cosentyx <sup>®</sup> Vial
	Cyltezo <sup>™</sup> Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng <sup>™</sup> Syringe
	Entyvio <sup>®</sup> Pen / Vial
	Hyrimoz <sup>™</sup> Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Hulio <sup>™</sup> Pen / Syringe
	Idacio <sup>®</sup> Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris <sup>®</sup> Vial
	Ilumya <sup>®</sup> Syringe
	Inflectra <sup>™</sup> Vial
	Kevzara <sup>®</sup> Syringe / Pen
	Kineret <sup>®</sup> Syringe - <b>T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease</b>
	Olumiant <sup>®</sup> Tablet
	Omvoh <sup>™</sup> Pen / Vial
	Orencia <sup>®</sup> Clickjet <sup>®</sup> / Syringe / Vial
	Remicade <sup>®</sup> Vial
	Renflexis <sup>™</sup> Vial
	Rinvoq <sup>™</sup> ER Tablet
	Siliq <sup>®</sup> Syringe
	Simlandi <sup>®</sup> Autoinjector
	Simponi <sup>®</sup> Pen / Syringe / Aria <sup>®</sup> Vial
	Skyrizi <sup>™</sup> On-Body / Vial / Pen / Syringe

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

**Effective Date: October 1, 2024**

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

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to T/F criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.htm>

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	Sotyktu <sup>®</sup> Tablet
	Spevigo <sup>®</sup> Vial / Syringe
	Stelara <sup>®</sup> Syringe / Vial
	Taltz <sup>®</sup> Auto-injector / Syringe
	Tremfya <sup>®</sup> Syringe / Injector
	Tyenne <sup>®</sup> Vial
	Uplizna <sup>®</sup> Vial
	Velsipity <sup>®</sup> Tablet
	Xeljanz <sup>®</sup> Tablet / Solution / XR Tablet
	Yuflyma <sup>®</sup> Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry <sup>™</sup> Pen
	Zymfentra <sup>™</sup> Pen / Syringe

IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagra <sup>®</sup> XL Capsule	
Azasan <sup>®</sup> Tablet	
azathioprine tablet (generic for Imuran <sup>®</sup> )	
Cellcept <sup>®</sup> Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune <sup>®</sup> )	
cyclosporine modified capsule / solution (generic for Gengraf <sup>®</sup> , Neoral <sup>®</sup> )	
Envarsus <sup>®</sup> XR Tablet	
everolimus tablet (generic for Zortress <sup>®</sup> Tablet)	
Gengraf <sup>®</sup> Capsule / Solution	
Imuran <sup>®</sup> Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )	
mycophenolic acid tablet (generic for Myfortic <sup>®</sup> )	
Myfortic <sup>®</sup> Tablet	
Neoral <sup>®</sup> Capsule / Solution	
Prograf <sup>®</sup> Capsule / Granule Packet	
Rapamune <sup>®</sup> Solution / Tablet	
Rezurock <sup>™</sup> Tablet	
Sandimmune <sup>®</sup> Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune <sup>®</sup> )	
tacrolimus capsule (generic for Hecoria <sup>®</sup> , Prograf <sup>®</sup> )	
Tavneos <sup>®</sup> Capsule	
Zortress <sup>®</sup> Tablet	



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MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo <sup>®</sup> Tablet	Xenazine <sup>®</sup> Tablet
Austedo <sup>®</sup> XR Tablet / Titration Kit	
Ingrezza <sup>®</sup> Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Haegarda <sup>®</sup> Vial	Cinryze <sup>®</sup> Vial
Orladeyo <sup>®</sup> Capsule	Takzhryo <sup>®</sup> Vial / Syringe
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Beriner <sup>®</sup> Vial / Kit	Firazyr <sup>®</sup> Syringe
icatibant syringe (generic for Firazyr <sup>®</sup> )	Ruconest <sup>®</sup> Vial
Kalbitor <sup>®</sup> Vial	
Sajazir <sup>™</sup> Syringe (branded generic for icatibant)	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado <sup>™</sup> Nasal Spray	
LifEMS <sup>™</sup> naloxone Syringe Kit	
naloxone nasal spray (OTC)	
naloxone syringe / spray / vial (generic for Narcan <sup>®</sup> )	
naltrexone tablet	
Narcan <sup>®</sup> Nasal Spray (OTC)	
Opvese <sup>®</sup> Nasal Spray	
Vivitrol <sup>™</sup> Vial / Diluent	
Zimhi <sup>™</sup> Syringe	
OPIOID DEPENDENCE	
Preferred	Non-Preferred
<b>Prior Approval Not Required for Coverage of Preferred Agents</b>	<b>Clinical Criteria Apply to Non-Preferred Agents</b>
Brixadi <sup>™</sup> Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone <sup>®</sup> )
buprenorphine-naloxone SL tablet (generic for Suboxone <sup>®</sup> )	Lucemyra <sup>®</sup> Tablet - <b>T/F of preferred agents not required for diagnosis of opioid withdrawal</b>
buprenorphine SL tablet (generic for Subutex <sup>®</sup> )	Zubsolv <sup>®</sup> Tablet SL
Suboxone <sup>®</sup> SL Film	
Sublocade <sup>®</sup> Syringe	
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	baclofen oral solution
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	baclofen suspension (generic for Fleqsuvy <sup>™</sup> )
tizanidine tablet (generic for Zanaflex <sup>®</sup> )	chlorthalozone tablet (generic for Parafon Forte <sup>®</sup> )
	cyclobenzaprine ER capsule (generic for Amrix <sup>®</sup> ER)
	Dantrium <sup>®</sup> Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium <sup>®</sup> )
	Fexmid <sup>®</sup> Tablet
	Fleqsuvy <sup>™</sup> Suspension
	Lorzone <sup>®</sup> Tablet
	Lyvispah <sup>®</sup> Granule Packet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	Norgesic <sup>™</sup> Tablet / Forte Tablet
	orphenadrine / aspirin / caffeine tablet (generic for Norgesic <sup>™</sup> )
	orphenadrine citrate tablet / vial (generic for Norflex <sup>®</sup> )
	Orphengesic <sup>®</sup> Forte Tablet
	Robaxin <sup>®</sup> Vial
	tizanidine capsules (generic for Zanaflex <sup>®</sup> )
	Zanaflex <sup>®</sup> Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod 5 <sup>®</sup> G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	
Omnipod DASH <sup>™</sup> Pods (5-Pack) / Intro Kit	
Omnipod GO <sup>™</sup> Pods	

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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 <sup>®</sup> Transmitter / Receiver	Freestyle Libre <sup>™</sup> 14 day Reader
Dexcom G7 <sup>®</sup> Receiver	
Freestyle Libre <sup>™</sup> 2 Reader	
Freestyle Libre <sup>™</sup> 3 Reader	

Continuous Glucose Monitor Sensors

Preferred	Non-Preferred
Freestyle Libre <sup>™</sup> 2 Sensor	Freestyle Libre <sup>™</sup> 14 day Sensor
Freestyle Libre <sup>™</sup> 3 Sensor	
Dexcom G6 <sup>®</sup> Sensor	
Dexcom G7 <sup>®</sup> Sensor	

**DIABETIC SUPPLIES**

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