

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

Effective Date January 1, 2026

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

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

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

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

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Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

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

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

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

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

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

ALZHEIMER'S AGENTS	
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adlarity® Patch
Exelon® Patch	Adulceln® Vial - Clinical criteria apply
memantine tablet / titration pack (generic for Namenda®)	Aricept® Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	Kisunla™ (donanemab-azbt) Vial
	Leqembi® Vial - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Memantine HCL-Donepezil HDL ER capsule (generic for NAMZARIC®)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon®)
	Zantecel® tablet
ANALGESICS	
OPIOID ANALGESICS	
Long Acting Opioids	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fantanyl 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™)	fantanyl patch (37.5 / 62.5 / 87.5mcg doses) (generic for Duragesic™)
OxyContin® Tablet	hydrocodone ER capsule (generic for Zohydro® ER)
	hydrocodone ER tablet (generic for Hysingla® ER)
	hydromorphone ER tablet (generic for Exalgo™)
	Hysingla® ER Tablet
	Methadone™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avina® Kadian®)
	MS Contin® Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
	tramadol ER tablet (Ultram ER®, Ryzolet®)
Orally Dissolving / Oral Spray Schedule II Opioids	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Actiq® Lozenge	fantanyl citrate buccal tablet (generic for Fentora®)
	fantanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
Short Acting Schedule II Opioids	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Endocod® Tablet (branded generic for Percocet®)	codeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycor®, Loreor®, Lortab®, Norco®, Vicodin®)	Dilaudid® Liquid / Tablet
hydromorphone tablet (generic for Dilaudid®)	hydrocodone-ibuprofen tablet (generic for Ibudone®, Represain®, Vicoprofen®)
morphine solution / tablet (generic for MSIR®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone solution / tablet (generic for Roxicodone®)	levorphanol tablet (generic for Levco-Dromoran®)
oxycodone-acetaminophen capsules (generic for Tylox®)	meperidine solution / tablet (generic for Demerol®)
oxycodone-acetaminophen tablets (generic for Percocet®)	morphine oral syringe
	hydrocodone-acetaminophen Solution (generic for Zohbit)
	morphine suppositories (generic for Roxanol®)
	Naloxon® Tablet
	oxycodone capsule (generic for OxyIR®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-acetaminophen solution
	oxymorphone tablet (generic for Orona®)
	Percocet® Tablet
	Probat® Tablet / Solution
	Roxicodone® Tablet
	Roxycodone® Tablet
	Roxycodone® Tablet
Short Acting Schedule III – IV Opioids / Analgesic Combinations	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet 50 mg (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®)
	Seglentis® Tablet
	tramadol solution (generic for Qdolo™)
	tramadol tablet (25 mg, 75 mg, 100 mg)
NON-OPIOID ANALGESICS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Journava™ Tablet Quantity limit of a 14 day supply	

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SECOND GENERATION

Plans may not apply additional utilization management or prior authorization criteria to this category
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any second generation product.

Preferred	Non-Preferred
Brievac® Tablet / Solution	Banzel® Suspension
clobazam suspension / tablet (generic for Onfi™)	Banzel® Tablet
clonazepam tablet (generic for Klonopin™)	clonazepam ODT (generic for Klonopin™ Wafer)
Diacomit® Capsule / Powder Pack	Diastrat® Rectal Gel
diazepam rectal / system (generic for Diastrat® Accudial / Podi System)	Elepsia™ XR Tablet
Eprontia™ Solution	Epilexol® Solution - Clinical criteria apply
Finstep® Solution	Gabaronet™ Tablet
Fycompa® Tablet / Suspension	Keppra® Tablet / Solution / XR Tablet
gabapentin capsule / solution / tablet (generic for Neurontin™)	Klonopin® Tablet
lacosamide tablet (generic for Vimpat®)	lacosamide solution (generic for Vimpat®)
lamotrigine chewable / tablet / ODT (generic for Lamictal®)	Lamictal® Chewable / ODT / ODT Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine ER tablet (generic for Lamictal® XR)	lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Levetiracetam tablet (generic for Spritam™)
Nasizim® Nasal Spray	Liberant™ (lacosamide) Buccal Film
Qualex® XR Capsule	Lyrice® Capsule / Solution
Romazepam® Tablet	Motoply XR™ (lacosamide extended release) Capsule
rufinamide suspension (generic for Banzel®)	Neurontin® Capsule / Solution / Tablet
rufinamide tablet (generic for Banzel®)	Onfi® Suspension / Tablet
Sabrel® Tablet / Powder Packet	perampamel Tablet (generic for Fycompa®)
Subventic® Tablet / Tab Start Kit	Spritam® Tablet
tinazidine tablet (generic for Gabitril®)	Svmvanzan® Film
topiramate sprinkle capsule / tablet (generic for Topamax®)	Toramax® Sprinkle Capsule / Tablet
Valtooco® Nasal Spray	toniramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
vigabatrin powder packet (generic for Sabrel®)	topiramate ER sprinkle capsule (generic for Qualex®)
Xcoori® Tablet / Titration Pack	Trokendi® XR Capsule
zonisamide capsule (generic for Zonegran®)	vigabatrin tablet (generic for Sabrel®)
	Vigadron® Powder Packet / Tablet
	Vigafyle™ Solution
	Vigapode™ Powder Packet
	Vimpat® Solution / Starter Kit / Tablet
	Zoniside™ Oral Suspension
	Zulam® Oral Suspension

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

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

Lincosamides and Oxazolidinones

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

Macrolides and Ketolides

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

Nitroimidazoles (Gastrointestinal Antibiotics)

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl®)	Aerczole® DR Tablet
vancomycin capsule (generic for Vancocin®)	Difical® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq®)	Firvanq® Solution
	Flagyl® Capsule
	Likenez® Suspension
	metronidazole 125 mg tablet (generic for Flagyl®)
	metronidazole capsule (generic for Flagyl®)
	neomycin tablet (generic for Mycifradin®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin®)
	Sokosec® Granules
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Vovax® Capsule - Clinical criteria apply

Quinolones

Preferred	Non-Preferred
Cipro® Suspension	Baxdela® Tablet
cpvofloxacin tablet (generic for Cipro®)	Cipro® Tablet
levofloxacin tablet (generic for Levaquin®)	cpvofloxacin suspension (generic for Cipro®)
moxifloxacin tablet (generic for Avelox®)	levofloxacin solution (generic for Levaquin®)
	ofloxacin tablet (generic for Floxin®)

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Tetracycline Derivatives		
Preferred		Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)	
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet	
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)	
	doxycycline monohydrate 40mg DR capsule (generic for Oracen®)	
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet	
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)	
	doxycycline suspension (generic for Vibramycin®) - T/F of preferred agents not required for patients < 12 years of age	
	Lymepak™ Tablet	
	minocycline 50mg, 75mg, 100mg tablet	
	minocycline ER tablet (generic for Sokodyn® ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.	
	Minoltra® ER Tablet	
	Morgadox® Capsule / Kit	
	Nazura® Tablet	
	Oracea® capsule	
	tetracycline capsule (generic for Sumycin®)	
	tetracycline tablet (generic for Sumycin® / Panmycin®)	
Antifungals		
Preferred		Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex® Troche)	Brexafemme® Tablet	
itraconazole suspension / tablet (generic for Diflucan®)	Crescent® Capsule	
griseofulvin suspension (generic for Grifulvin V®)	Diflucan® Suspension / Tablet	
griseofulvin ultra tablet (generic for Gris-Pog®)	flucytosine capsule (generic for Ancobon®)	
mycostatin suspension (generic for Nidstat®)	griseofulvin micro tablets (generic for Grifulvin V®)	
mycostatin tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sparanox®)	
terbinafine tablet (generic for Lamisil®)	ketonazole tablet (generic for Nizoral®)	
	Noxafil® Suspension / Tablet / DR Suspension Packet	
	Oravig® Buccal Tablet	
	posaconazole tablet / suspension (generic for Noxafil®)	
	Sporanox® Capsule / Solution	
	Tobura® Capsule	
	Vfend® Suspension / Tablet	
	Vivyoa® Capsule - Clinical criteria apply	
	voriconazole suspension / tablet (generic for Vfend®)	
Antivirals (General)		
Preferred		Non-Preferred
Paxlovid™ Tablet dose Pack		
Legavira™ Capsule		
Antivirals (Hepatitis B Agents)		
Preferred		Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)	
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet	
tenofovir disoproxil fumarate tablet (generic for Viread®)	Vemlidy® Tablet	
Viread® Powder / Tablet		
Antivirals (Hepatitis C Agents)		
Preferred		Non-Preferred
Pegasis® Syringe / Vial		
sofosbuvir capsule / tablet (generic for Sopegus®, Rebetol®)		
Clinical criteria apply to all drugs listed below		
Prior Approval Not Required for Mavyret® Tablet / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)		
All genotypes without cirrhosis		Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)		Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack		ledipasvir-sofosbuvir tablet (generic for Harvoni®)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)		Sovaldi® Pellet Pack / Tablet
		Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)		
Mavyret® Tablet (Up to 12 weeks of therapy)		
Mavyret® Pellet Pack		
sofosbuvir-velpatasvir tablet (generic for Epclusa®)		
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.		
Vosevi™ Tablet		
All genotypes with decompensated cirrhosis		
sofosbuvir-velpatasvir tablet (generic for Epclusa®)		
Antivirals (Herpes Treatments)		
Preferred		Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet	
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet	
valacyclovir tablet (generic for Valtrex®)		
Antivirals (Influenza)		
Preferred		Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)	
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet	
	Rekenza® Diskhaler	
	Tamiflu® Capsule / Suspension	
	Xofluzan® Tablet - T/F of only one preferred drug required	
Antibiotics, Inhaled		
Plans may not apply additional utilization management or prior authorization criteria to this category		
T/F of only one preferred drug required		
Preferred		Non-Preferred
Ktabis™ Pak	Arkalvee® Vial	
Bethkis® Ampule	Cayston® Solution	
tobramycin inhalation solution (generic for Tobi™)	tobramycin inhalation pak (generic for Ktabis™)	
	Tobi™ Podhaler™ / Solution	
	tobramycin Ampule (generic for Bethkis®)	
BEHAVIORAL HEALTH		
ANTIDEPRESSANTS		
Preferred		Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Auvelty® Tablet	
desvenlafaxine ER tablet (generic for Pristiq™)	Bupropion XL tablet (generic for Forfivo® XL)	
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule	
Effexor® XR Capsule	desvenlafaxine ER tablet (generic for Khedezla®)	
mirazepine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)	
trazodone tablet (generic for Desovel®)	Eraxem® Patch	
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Eraxem® Capsule / Titration Pak	
vilazodone tablet (generic for Viibrevl®)	Forfivo® XL Tablet	
	Marplan® Tablet	
	Nardil® Tablet	
	nefazodone tablet (generic for Serzone®)	
	phenelzine tablet (generic for Nardil®)	
	Pristiq® ER Tablet	
	Raklessy™ Solution	
	Remeron® Soliab® / Tablet	
	tranylcypromine tablet (generic for Parimate®)	
	Trinella® Tablet	
	venlafaxine hydrochloride ER tablet	
	venlafaxine ER tablet	
	Vibeyd® Tablet	
	Wellbutrin® SR	
	Zurzuvac™ Capsule T/F of preferred agents not required for diagnosis of post-partum depression	

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Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
fluoxetine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age
Paxil® Suspension	fluvoxamine ER capsule (generic for Luvox CR®)
sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro® Tablet
	paroxetine capsule (generic for Brisdelle®)
	paroxetine suspension / CR tablet (generic for Paxil® CR)
	Paxil® Tablet / CR Tablet
	Prozac® Pibule
	sertraline capsule
	Zoloft® Solution / Tablet

ANTHYPERKINESIS / ADHD	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adzenes® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydravis®)
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Aptensio® XR Capsule
atomoxetine capsule (generic for Strattera®)	Azlaras® Capsule
clonidine ER tablet (generic for Kapvuv®)	Cotempla® XR-ODT
Concerta® Tablet	Decadim® Spansul®
Dantrolene Patch	dextroamphetamine ER capsule (generic for Decodrine® Spansul®)
desmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	dextroamphetamine solution (generic for ProCentra®)
dextroamphetamine tablet (generic for Dexamine®)	Dyanavel® XR Suspension - T/F of preferred agents not required for children < 12 years of age
guanfacine ER tablet (generic for Intuniv®)	Dyanavel® XR Tablet
lisdexamfetamine chewable tablet (generic for Vyvanse®)	Evekeo® Tablet / Evekeo® ODT Tablet
Methylphenidate Solution	Focalin® Tablet
methylphenidate CD capsule (generic for Metadate® CD)	Focalin® XR Capsule
methylphenidate ER tablet (generic for Concerta®)	Intuniv® Tablet
methylphenidate tablet / solution (generic for Methylphenidate®, Ritalin®)	Jornay PM™ Capsule
Vyvanse® Capsule	lisdexamfetamine capsule (generic for Vyvanse®)
Vyvanse® Chewable Tablet	methamphetamine tablet (generic for Desoxyn®)
	methylphenidate chewable (generic for Methylphenidate®)
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydravis® ER Capsule
	Onyda XR Suspension - T/F of preferred agents not required for children < 12 years of age
	ProCentra® Solution
	Quebreo® Capsule
	Quilichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age
	Quillivant® XR Suspension - T/F of preferred agents not required for children < 12 years of age
	Rekxiva® ER Tablet
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Xelstrym® Patch
	Zenese® Tablet

INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
Ablify Asuntivo® Syringe Kit	
Ablify Mylan® Syringe / Vial	
Aristada® / Intra® Syringe	
Eranofit® (paliperidone palmitate) extended-release injectable suspension	
fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Halold® decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Halold decanoate®)	
Inveon® Hafvera Prefilled Syringe Kit	
Inveon® Sustenna Prefilled Syringe	
Inveon® Trinzo Syringe	
Persero® Syringe	
Risperdal® Consta Vial	
risperidone ER vial (generic for Risperdal® Consta)	
Bykinds® Vial / Vial Kit	
Uzedv® Syringe Kit	
Zyprexa® Relprevi® Vial Kit	

ATYPICAL ANTIPSYCHOTICS	
Oral / Transdermal	
Plans may not apply additional utilization management or prior authorization criteria to this category	
T/F of only one preferred drug required	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify®)	Ablify® Tablet / Ablify® MyCite® Tablet
asenapine SL tablet (generic for Saphris® SL)	aripiprazole ODT (generic for Abilify® Discmelt®)
clozapine tablet (generic for Clozaril®)	Carbita® Capsule
lurasidone tablet (generic for Latuda®)	clozapine ODT (generic for FazClo®)
olanzapine ODT / tablet (generic for Zyprexa®)	Clozaril® Tablet
paliperidone ER tablet (generic for Inveon®)	Cobenfy
quetiapine tablet / ER tablet (generic for Serenquel® / XR)	Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Fampr® Tablet / Titration Pack
Vraylar® Capsule	Geodon® Capsule
ziprasidone capsule (generic for Geodon®)	Invega® Tablet
	Latuda® Tablet
	Lybalvi® Tablet
	Nuplazid® Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbyax®)
	Onasemnogene Aacetate Oral Film
	Rexval® Tablet / 7-Day Pack / 14-Day Pack
	Risperdal® Solution / Tablet
	Sarbris® SL Tablet
	Sevinal® Patch
	Serenquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Zyprexa® Tablet / Zydin® Tablet

CARDIOVASCULAR	
ACE INHIBITORS	
Preferred	Non-Preferred
benzazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Alhace® Capsule
lisinopril tablet (generic for Prinsiv® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Alhace®)	enalapril solution (generic for Epaned®) - T/F of preferred agents not required for children < 12 years of age
	Epaned® Solution - T/F of preferred agents not required for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moxipril tablet (generic for Univaso®)
	perindopril tablet (generic for Accon®)
	Qbrexio® Solution - T/F of preferred agents not required for children < 12 years of age
	quinopril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Zestril® Tablet

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

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ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine-benzazepril capsule (generic for Lotrel®)	Preferred	Non-Preferred
		Lotrel® Capsule trandolapril-verapamil ER tablet (generic for Tarka®)
ACE INHIBITOR / DIURETIC COMBINATIONS		
enalapril-HCTZ tablet (generic for Vasotec®)	Preferred	Non-Preferred
lisinopril-HCTZ tablet (generic for Prinivil®, Zestrin®)		Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) Vasotec® Tablet Zestrin® Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS		
irbesartan tablet (generic for Avapro®)	Preferred	Non-Preferred
losartan tablet (generic for Cozaar®)		Atacand® Tablet Averna® Tablet Benicar® Tablet candesartan tablet (generic for Atacand®) Cozaar® Tablet Diovan® Tablet Edarby® Tablet sposartan tablet (generic for Teveten®) Micardis® Tablet telmisartan tablet (generic for Micardis®) valsartan oral solution
olmesartan tablet (generic for Benicar®)		
valsartan tablet (generic for Diovan®)		
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS		
amlodipine-olmesartan tablet (generic for Azor®)	Preferred	Non-Preferred
amlodipine-valsartan tablet (generic for Exforge®)		Azor® Tablet Exforge® Tablet / HCT Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)		
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS		
irbesartan-HCTZ tablet (generic for Avalide®)	Preferred	Non-Preferred
losartan-HCTZ tablet (generic for Hyzaar®)		Atacand® HCT Tablet Avalide® Tablet Benicar® HCT Tablet candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet Edarbyclor® Tablet Hyzaar® Tablet Micardis® HCT Tablet telmisartan-HCTZ tablet (generic for Micardis® HCT)
olmesartan-HCTZ tablet (generic for Benicar® HCT)		
valsartan-HCTZ tablet (generic for Diovan® HCT)		
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS		
Entresto® Tablet	Preferred	Non-Preferred
		Entresto® (sacubitril / valsartan) Sprinkle/Pellets T/F of preferred agents not required for children < 12 years of age sacubitril and valsartan tablet (generic for Entresto®)
ANTI-ARRHYTHMICS		
amiodarone tablet (generic for Cordarone®)	Preferred	Non-Preferred
disopyramide capsule (generic for Norpace®)		Multaq® Tablet Norpace® Capsule / CR Capsule Pacuron® Tablet quinidine gluconate ER tablet (generic for Quinagate DuraTab®) Tikosin® Capsule
doxofetilide capsule (generic for Tikosin®)		
flcainamide tablet (generic for Tambocor®)		
metoprolol succinate XL tablet (generic for Toprol XL®)		
propafenone SR capsule (generic for Rhythmol SR®)		
quinidine sulfate tablet (generic for Quinides® Tablet)		
BETA BLOCKERS		
atenolol tablet (generic for Tenormin®)	Preferred	Non-Preferred
bisoprolol tablet (generic for Zebeta®)		Plans may not apply additional utilization management or prior authorization criteria to this category
carvedilol tablet (generic for Coreg®)		acebutolol capsule (generic for Sectral®) Betapace® Tablet / AF Tablet betaxolol tablet (generic for Kerlone®) Bystolic® Tablet carvedilol ER capsule (generic for Coreg® CR Capsule) Coreg® Tablet / CR Capsule Inderal® LA Capsule / XL Capsule Imopran® XL Capsule Kaspipran® Sprinkle - T/F of preferred agents not required for children < 12 years of age Lopressor® Tablet pindolol tablet (generic for Viskin®) Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet
Humalog® Solution		
labetalol tablet (generic for Trandate®)		
metoprolol succinate XL tablet (generic for Toprol XL®)		
metoprolol tartrate tablet (generic for Lopressor®)		
nadolol tablet (generic for Corgard®)		
nebivolol tablet (generic for Bystolic®)		
propranolol solution / tablet / ER capsule (generic for Inderal®)		
Sorine® Tablet		
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)		
BETA BLOCKER DIURETIC COMBINATIONS		
atenolol-chlorthalidone tablet (generic for Tenoretic®)	Preferred	Non-Preferred
bisoprolol-HCTZ tablet (generic for Ziac®)		metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderid®) Tenoretic® Tablet Ziac® Tablet
BILE ACID SEQUESTRANTS		
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	Preferred	Non-Preferred
colestipol tablet (generic for Colestid® Tablet)		colesevelam packet / tablet (generic for Welchol®) Colestid® Granules / Tablet colestipol granules (generic for Colestid®) Prevalite® Packet / Powder Questran® Light Powder / Packet / Powder Welchol® Packet / Tablet

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CHOLESTEROL LOWERING AGENTS		
Preferred		Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Atoprev® Tablet	
ezetimibe (generic for Zetia™)	amoldipine-atorvastatin tablet (generic for Caduet®)	
lovastatin tablet (generic for Mevacor®)	Atorval® Suspension	
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet	
rosuvastatin tablet (generic for Crestor®)	Crestor®	
simvastatin tablet (generic for Zocor®)	Ezallo® Capsule	
	ezetimibe-simvastatin (generic for Vytorin®)	
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)	
	Justapil® Capsule - Clinical criteria apply	
	Lescol® XL Tablet	
	Lipitor® Tablet	
	Livalo® Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV	
	Nexletol® Tablet - Clinical criteria apply	
	Nexlizor® Tablet - Clinical criteria apply	
	pitavastatin tablet (generic for Livalo™) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV	
	Vytorin® Tablet	
	Zetia® Tablet	
	Zocor® Tablet	
	Zypitamag® Tablet	
CORONARY VASODILATORS		
Preferred		Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et al.)	Giontro® Sublingual Powder	
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil® Titradose® Tablet	
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur™, Minitran™, Nitrostat™, et. al)	Nitro-Bid® Ointment	
Nitrostat® SL Tablet	Nitro-Dur® Patch	
	nitroglycerin ointment (generic for Nitro-Bid®)	
	Nitrolingual® Spray	
	Venous™ Tablet	
DIIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)	
felodipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacirc™)	
felodipine ER tablet (generic for Adiant CC™ / Procardia XL™)	Katerzia® Suspension - T/F of preferred agents not required for children < 12 years of age	
Norliqua® Solution	levamlodipine tablet (generic for Compair®)	
	nicardipine capsule (generic for Cardene®)	
	nimodipine capsule (generic for Nimotop®)	
	nimodipine solution	
	nisoldipine ER tablet (generic for Sular™)	
	Norvasc® Tablet	
	Nymalize® Solution / oral syringe	
	Procardia® XL Tablet	
	Sular® Tablet	
DIRECT RENIN INHIBITOR		
Preferred		Non-Preferred
Tektura® Tablet	alsikiren tablet (generic for Tektura® Tablet)	
Tektura® HCT Tablet		
ENDOTHELIN RECEPTOR ANTAGONISTS		
Covered for diagnosis of Pulmonary Arterial Hypertension only		
Preferred		Non-Preferred
ambesentan tablet (generic for Letaris® Tablet)	bosentan tablet/tablet for suspension (generic for Tracleer®)	
Tracleer® Tablet	Letaris® Tablet	
	Opsumit® Tablet	
	Opsumit® Tablet	
	Tracleer® Suspension	
INHALED PROSTACYCLIN ANALOGS		
Preferred		Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	Tyvaso® DPI	
Ventavis® Solution		
NIACIN DERIVATIVES		
Preferred		Non-Preferred
niacin ER tablet (generic for Niaspan®)		
NITRATE COMBINATION		
Preferred		Non-Preferred
Bidil® Tablet	isosorbide dinit/hydralazine tablet (generic for Bidil®)	
NON-DIIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS		
Preferred		Non-Preferred
Caria XT® Capsule (branded generic for Cardizem CD®)	diltiazem LA tablet (generic for Cardizem LA®)	
Dil XR® Capsule (branded generic for Dilacor XR®)	Matinia® LA Tablet (generic for Cardizem LA®)	
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Verapamil Capsule SR (generic for Verelan®)	
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)	
Tiazac XT® Capsule (branded generic for Tiazac®)	Verelan® PM Capsule	
Tiadyt® ER Capsule		
verapamil tablet / ER tablet (generic for Calan® / SR)		
ORAL PULMONARY HYPERTENSION		
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only		
Preferred		Non-Preferred
Ahqs® Tablet (branded generic for tadalafil)	Adcirca® Tablet	
sildenafil tablet (generic for Revatio®)	Adempas® Tablet	
tadalafil tablet (generic for Adcirca®)	Liqev® Suspension	
	Orentram® ER Tablet / Titration Kit	
	Revatio® Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY	
	sildenafil suspension (generic for Revatio™) - T/F of preferred agents not required for children < 12 years of age	
	Tadliq® Suspension	
	Untravi® Tablet / Titration Pack	
PLATELET INHIBITORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Brilinta® Tablet	aspirin/dipyridamol ER capsule (generic for Azorenox®)	
clopidogrel tablet (generic for Plavix®)	Effient® Tablet	
dipyridamol tablet (generic for Persantine®)	Plavix® Tablet	
prasugrel tablet (generic for Effient® Tablet)	Ticagrelor Tablet (generic for Brilinta®)	
ANTIANGINAL & ANTIISCHEMIC		
Preferred		Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Aspruzo™ Sprinkle	
SYMPATHOLYTICS AND COMBINATIONS		
Preferred		Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	clonidine LA tablet (generic for Nexiclon® XR)	
guanfacine tablet (generic for Tenex®)	methyldopa-HCTZ tablet (generic for Alderl®)	
methyldopa tablet (generic for Aldomet®)	methyldopa vial (generic for Aldomet®)	
	Nexiclon® XR Tablet	

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Premixed 70/30 Combination Insulin		
Preferred	T/F of only one preferred drug required. Prior authorization is required for N/P insulins. Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.	Non-Preferred
insulin aspart protamine-aspart 70/30 U-100 FlexPen® (generic for Novolog® Mix 70/30)	Novolin® 70/30 FlexPen® / Vial	
Humalog® 70/30 KwikPen® / Vial	Relion Novolin® 70/30 Vial	
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®	
	Novolog® Mix 70/30 Vial / FlexPen®	
	Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen®	
	Amylin Analogs	
Requires T/F or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog		
Preferred		Non-Preferred
Symlin® Pen Injector		
GLP-1 Receptor Agonists and Combinations indicated for the treatment of Diabetes		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Byetta® Pen	Bydureon® BC/nc™	
Trulicity® Pen	exenatide Pen (generic for Byetta®)	
Victoza® Pen	liraglutide pen (generic for Victoza™)	
Ozempic® Pen	Mounjaro® Pen	
	Rybelsus® Tablet	
	Soliqua® Pen	
	Xultophy® Pen	
HYPOGLYCEMICS - ORAL		
2nd Generation Sulfonylureas		
Preferred		Non-Preferred
glimepiride tablet (generic for Amaril®)		
glipizide tablet / ER tablet (generic for Glucotrol® / XL)		
Glucotrol® XL Tablet		
glyburide micronized tablet (generic for Micronase®, Glybuse®)		
glyburide tablet (generic for Diabeta™)		
Glybuse® Tablet		
Alpha-Glucosidase Inhibitors		
Preferred		Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)	
	Precose® Tablet	
Biguanides and Combinations		
Preferred		Non-Preferred
glipizide-metformin tablet (generic for Metaglin®)	metformin ER tablet (generic for Fortamet®)	
glyburide-metformin tablet (generic for Glucovance®)	metformin ER tablet (generic for Glimeza™)	
metformin tablet / ER tablet (generic for Glucophage® / ER)	metformin solution (generic for Riomet®) - T/F of preferred agents not required for children < 12 years of age	
	metformin tablet (625 mg)	
	Riomet® Solution	
DPP-IV Inhibitors and Combinations		
Requires T/F or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination		
Preferred		Non-Preferred
Januvia® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)	
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)	
Jentaduo® Tablet / XR Tablet	alogliptin/pioglitazone tablet (generic for Oseni®)	
Onglyza® Tablet	Bryson® Solution	
Tradjenta® Tablet	Glyxambi® Tablet	
	Kazano® Tablet	
	Kombiglyze® XR Tablet	
	Nesina® Tablet	
	Oseni® Tablet	
	Otern® Tablet	
	saxagliptin tablet (generic for Onglyza®)	
	saxagliptin-metformin ER tablet (generic for Kombiglyze® XR)	
	stadipitin / metformin ER Tablet (generic for Zituvmet®XR)	
	stadipitin tablet (generic for Januvia®)	
	stadipitin-metformin tablet (generic for Zituvmet®)	
	Stegujan® Tablet	
	Triardy® XR Tablet	
	Zituvmet	
	Zituvmet XR	
	Zituvio® Tablet	
	Meglitimides	
Preferred		Non-Preferred
nateglinide tablet (generic for Starlix®)		
repaglinide tablet (generic for Prandin®)		
SGLT-2 Inhibitors and Combinations		
Plans may not apply additional utilization management or prior authorization criteria to this category Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)	
Jardiance® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo® XR)	
Synjardy® Tablet	Empfi® Tablet	
Synjardy® XR Tablet	Invokamet® Tablet / XR Tablet	
Xigduo® XR Tablet	Invokana® Tablet	
	Seglurmet™ Tablet	
	Steglatro™ Tablet	
Thiazolidinediones and Combinations		
Preferred		Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet	
	Actos® Tablet	
	Duactac® Tablet	
	pioglitazone-glimepiride tablet (generic for Duactac®)	
	pioglitazone-metformin tablet (generic for ActoPlus Met®)	

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GASTROINTESTINAL

ANTIEMETIC/ANTIVERTIGO AGENTS

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

Preferred	Non-Preferred
aprepitant capsule (generic for Emend™) - Clinical criteria apply	Akanzo™ Capsule / Vial
Diclofenac Tablet	Antivert™ Tablet / Chewable Tablet
metoclopramide (generic for Antivert™)	Anzemet™ Tablet
metoclopramide solution / tablet (generic for Reglan™)	Apovise™ Vial
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran™)	aprepitant pack (generic for Emend™) - Clinical criteria apply
prochlorperazine tablet (generic for Compazine®)	Barbensys™ Vial
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Boniesta™ Tablet
Promethgan® (promethazine) Suppository (12.5 mg and 25 mg)	Cinvanti™ Vial
scopolamine patch (generic for Transderm-Scop®)	Compro™ Suppository
Transderm-Scop® Patch	dimenhydrinate vial (generic for Dramamine®)
	doxylamine-pyridoxine tablet (generic for Diclenz®)
	divontralol capsule (generic for Marjant™)
	Emend™ Capsule / Powder Packet / Trefold Pack - Clinical criteria apply
	Emend™ Vial
	Focivex™ (fosaprepitant) Vial
	fosaprepitant vial (generic for Emend™)
	Gimoti™ Nasal Spray
	granisetron vial / tablet (generic for Kytra™)
	Marinol® Capsule
	metoclopramide vial
	ondansetron ODT (16 mg)
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	Posifree™ Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethgan® Suppository (50 mg)
	Reglan™ Tablet
	Sancuso® Patch
	Sustol® Syringe
	Tigan™ Vial
	trimethoprim/azithromycin capsule (generic for Tigan™)

BILE ACID SALTS

T/F of only one preferred drug required

Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Bykav™ Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso™)	Chemodal™ Tablet
	Cholbam™ Capsule
	Cteab™ Tablet
	Igipro™ (elfibramor) Tablet
	Livdial™ Capsule
	Livomar® Oral Solution/ Tablet
	Ocaliva® Tablet
	Rehone™ Capsule
	Urso Forte® Tablet

H. PYLORI COMBINATIONS

Preferred	Non-Preferred
Pylera® Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)
	bismuth-zinc-levofloxacin-clarithromycin pack (generic for Prevpac®)
	Omeclimax-Pak® Combo Pack
	Talcia® Capsule
	Voquezna® Tablet / Dual Pak / Triple Pak

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pencil®)	cimetidine tablet (generic for Tagamet®)
	cimetidine solution (generic for Tagamet®)
	nizatidine capsule (generic for Axid®)

PANCREATIC ENZYMES

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

Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Viskase® Tablet	
Zenpep® Capsule	

PROGESTINS USED FOR CACHEXIA

Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)

PROTON PUMP INHIBITORS

T/F of preferred agents not required for children < 12 years of age

Preferred	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium® Rx)	Dexilan™ Capsule
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilan™)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
ranitidine tablet (generic for Prontix®)	Kocovone™ Suspension
Prontix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoliTab™)
	Nexium® Rx Capsule
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	ranitidine suspension (generic for Prontix®)
	Prevacid® Rx / OTC Capsule / SoliTab
	Prilosec® Rx Suspension
	Prontix® Tablet
	rabeprazole tablet (generic for Aciphex®)

SELECTIVE CONSTIPATION AGENTS

Preferred	Non-Preferred
Linzess® Capsule	alosetron tablet (generic for Lotronex®)
lubiprostone capsule (generic for Amitiza®)	Amitiza™ Capsule
	Ibserla™ Tablet
	Lotronex™ Tablet
	Motegrity™ Tablet
	Movantik® Tablet
	prucalopride tablet (generic for Motegrity®)
	Symproic® Tablet
	Viberzi™ Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)

ULCERATIVE COLITIS

Oral

Preferred	Non-Preferred
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
Pentasa® Capsule	budesonide ER tablet (generic for Uceris®)
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol® Capsule
	Dipentum® Capsule
	Lialda™ Tablet
	mesalazine DR capsule / tablet (generic for Delzicol®, Asacol® HD, Lialda®)
	mesalazine ER capsule (generic for Apriso®, Pentasa®)

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ULCERATIVE COLITIS		
Rectal		
T/F of only one preferred drug required		
Preferred		Non-Preferred
mesalazine enema (generic for Rowasa®)	budesonide rectal foam	
mesalazine suppository (generic for Canasa®)	Canasa® Suppository	
SF Rowasa® Enema	mesalazine enema (generic for SF Rowasa®)	
	mesalazine kit (generic for Rowasa®)	
	Rowasa® Kit	
GENTOURINARY/RENAL		
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)		
Preferred		Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet	
calcium acetate tablet (generic for Eliphos®)	ferric citrate Tablet (generic for Auryxia®)	
sevelamer carbonate powder pack / tablet (generic for Renvela®)	Fosrenol® Chewable Tablet / Powder Pack	
	lanthanum carbonate chewable tablet (generic for Fosrenol®)	
	MagneBind® 400 Rx Tablet	
	Renvela® Powder Pack / Tablet	
	sevelamer hydrochloride tablet (generic for Renaseq®)	
	Velphoro® Chewable	
	Xshoza® Tablet	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS		
Preferred		Non-Preferred
alfuzosin ER tablet (generic for Urotrin®)	Cinlar® Tablet / XL Tablet	
dosazolin tablet (generic for Carbara®)	Cialis® Tablet 5 mg - Clinical criteria apply	
dutasteride capsule (generic: Avodart®)	dutasteride / tamsulosin capsule (generic for Jabn®)	
finasteride tablet (generic for Proscar®)	Flomax® Capsule	
tamsulosin capsule (generic for Flomax®)	Proscar® Tablet	
terazosin capsule (generic for Hytrin®)	Rapaflo® Capsule	
	siolodol capsule (generic for Rapaflo®)	
	tadalafil tablet (2.5 mg / 5 mg) (generic for Cialis®) - Clinical criteria apply	
	Tenzyl™ Oral Solution	
URINARY ANTISPASMODICS		
Preferred		Non-Preferred
fenoterodine ER tablet (generic for Toviax®)	darifenacin ER tablet (generic for Enablex®)	
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropan®/XL)	Detrol® Tablet / LA Capsule	
solifenacin tablet (generic for Vesicare®)	flavoxate tablet (generic for Urinaps®)	
tolterodine tablet / ER capsule (generic for Detrol® / LA)	Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years	
Myrbetriq® ER Tablet	mirabegron ER Tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years	
	Myrbetriq® Granules - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years	
	oxybutynin tablet (2.5 mg)	
	Oxytrol® Patch	
	Toviax® Tablet	
	trospium tablet / ER capsule (generic for Sanctura® / XR)	
	Vesicare® LS Suspension / Tablet	
GOUT		
Preferred		Non-Preferred
allopurinol tablet (generic for Zyloric®)	allopurinol tablet (200 mg)	
colchicine tablet (generic for Colcrys®)	colchicine capsule (generic for Mitigare®)	
probencid tablet (generic for Benemid®)	Cokery® Tablet	
probencid-colchicine tablet (generic for Col-Benemid®)	fibroxistat tablet (generic for Uloric® Tablet)	
	Glipser® Solution	
	Krytoxexa® Vial	
	Mitigare® (branded colchicine 0.6mg) Capsules	
	Uloric® Tablet	
	Zykloprim® Tablet	
HEMATOLOGIC ANTICOAGULANTS		
Injectable		
Preferred		Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)	Arixtra® Syringe	
Fragmin® Vial	fondaparinux syringe (generic for Arixtra®)	
	Fragmin® Syringe	
	Lovenox® Syringe / Vial	
	Oral	
	Plans may not apply additional utilization management or prior authorization criteria to this category	
HEMATOLOGIC ANTICOAGULANTS		
Preferred		Non-Preferred
Eliquis® Tablet / Starter Dose Pack/ Sprinkle / Suspension	dabigatran capsule (generic for Pradaxa® Capsule)	
Jantoven® (branded generic for Coumadin®)	Pradaxa® Pellet Pack	
Pradaxa® Capsule	Rivaroxaban tablet (generic for Xarelto®)	
warfarin tablet (generic for Coumadin®)	Savaysa® Tablet	
Xarelto® Starter Pack / Tablet	Xarelto® Suspension	
COLONY STIMULATING FACTORS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Fulphix® Syringe	Granis® Safe Syringe / Syringe / Vial	
Fylnstra® Syringe	Leukine® Vial	
Neupogen® Vial / Syringe	Neulasta® Syringe / Kit	
	Nivestym® Syringe / Vial	
	Nvoprin® Syringe	
	Rekuko® Syringe / Vial	
	Robvelon® Syringe	
	Ryzant® Syringe	
	Stimufend® Syringe	
	Udenvea® On-Body / Autoinjector / Syringe	
	Zarzio® Syringe	
	Ziostenzo® Syringe	
HEMATOPOIETIC AGENTS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Clinical criteria apply to all drugs in this class		
Preferred		Non-Preferred
Aranesp® Syringe / Vial	Minicera® Syringe	
Eprex® Vial	Procer® Vial	
Retacrit® Vial	Rebkozyl® Vial	
	Vafeso® (vadilastat) Tablet	
THROMBOPOIESIS STIMULATING AGENTS		
Preferred		Non-Preferred
Nplate® Vial	Alvazir® Tablet	
Promacta® Suspension / Tablet	Doplet	
	chromopag olamine Suspension / Tablet (generic for Promacta®)	
	Midplate	
	Tavalos® Tablet	
OPHTHALMIC		
ALLERGIC CONJUNCTIVITIS AGENTS		
Preferred		Non-Preferred
azelastine drops (generic for Optivar®)	Alomide® Drops	
cromolyn sodium drops (generic for Cromol®)	Alex® Drops	
olopatadine drops (generic for Pataday®, Patanol®)	bepotastine drops (generic for Bepreve®)	
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	Bepreve® Drops	
	cefenastine drops (generic for Elesta®)	
	loteprednol drops (generic for Alex®)	
	Zervate® Drops	

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ANTIBIOTICS		
Preferred		Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azastat® Drops	
ceprofloxacin solution drops (generic for Cloxam™)	bacitracin ointment (generic for AK-Tracin®)	
erythromycin ointment (generic for Iotycin™)	Besivance® Suspension	
gentamicin drops (generic for Gramamycin™)	Clonax™ Ointment	
moxifloxacin ophthalmic solution (generic for Vigamox®)	neofloxacin drops (generic for Zymarax®)	
ofloxacin drops (generic for Ocuflox™)	levofloxacin Drops (Generic for Levaquin®)	
Polycin® Ointment (branded generic for Polysporin®)	moxifloxacin ophthalmic solution (generic for Moxeza®)	
polymyxin-trimethoprim drops (generic for Polytim™)	Natasya® Drops	
sulfacetamide drops (generic for Bleph-10™)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)	
tobramycin drops (generic for Tobrex®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)	
	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)	
	Ocuflox® Drops	
	sulfacetamide ointment (generic for Cetamide™)	
	Tobrex® Ointment	
	Vigamox® Drops	
ANTIBIOTICS-STEROID COMBINATIONS		
Preferred		Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol® Drops / Ointment	
Tobradex® Ointment	Neo-Polycin® HC (branded generic for Cortisporin®)	
tobramycin-dexamethasone suspension (generic for Tobradex®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)	
	neomycin-polymyxin-HC drops (generic for Ocucrin™)	
	sulfacetamide-prednisolone drops (generic for Vasocidin®)	
	Tobradex® ST Drops	
	Zyket® Drops	
ANTI-INFLAMMATORY		
Preferred		Non-Preferred
dexamethasone drops (generic for Decadron™)	Acular® Drops / LS Solution	
diclofenac drops (generic for Voltaren™)	Acuvail® Solution	
difluprednate drops (generic for Durzol®)	bromfenac drops (generic for Prolema®, Xbrom®, BromStat®)	
Flarex® Drops	BromStat® Solution	
thioricetholone drops (generic for FML®)	Dexenza™ Insert	
harbipropfen drops (generic for Ocufen™)	Durezol® Drops	
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops	
Nevanac® Droptainer	Iluvyr® Drops	
Pred Mild® Drops	Ibuprofen Implant	
prednisolone acetate drops (generic for Pred Forte®)	Inveylis® Drops	
	ketorolac solution (generic for Acular® / LS)	
	Lotemax® Gel / SM Gel / Ointment	
	loteprednol drops / gel (generic for Lotemax®)	
	Mastix® Drops	
	Ozardex® Implant	
	Pred Forte® Drops	
	prednisolone sodium phosphate drops (generic for Inflammase Forte™)	
	Prolema® Drops	
	Refisert® Implant	
	Trisenace® Vial	
	Xipere™ (Intraocular)	
	Yutiq® Implant	
ANTI-INFLAMMATORY / IMMUNOMODULATOR		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Restasis® Drops	Cequa® Drops	
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)	
	Eysavis® Drops	
	Miebo® Drops	
	Restasis® MultiDose™ Drops	
	Trivert® Drops	
	Tyrvaya® Nasal Spray	
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)	
	Vevve® Drops	
ALPHA 2 ADRENERGIC AGENTS		
Preferred		Non-Preferred
Albuzan® P Drops	apracloidine drops (generic for Iopidine®)	
brimonidine drops (generic for Albuzan™)	brimonidine P drops (generic for Albuzan® P)	
	Iopidine® Drops	
BETA BLOCKER AGENTS / COMBINATIONS		
Preferred		Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)	
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops	
	Betoptic® S Drops	
	brimonidine tartrate / timolol drops (generic for Combigan™)	
	cartolol drops (generic for Ocupress™)	
	Istalol® Drops	
	levobunolol drops (generic for Betagan®)	
	timolol hemihydrate (generic for Betimol® drops)	
	timolol drop (generic for Istalol® Drops)	
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)	
	Timoptic® Drops / Ocudose® Drops / XE® Solution	
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred		Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops	
dorzolamide-timolol drops (generic for Cosopt®)	brimonidine drops (generic for Azopt® Drops)	
Simbriata® Drops	Cosopt® Drops / PF Drops	
	dorzolamide-timolol PF drops (generic for Cosopt® PF)	
PROSTAGLANDIN AGONISTS		
Preferred		Non-Preferred
bimatoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)	
Travatan® Z Drops	Duro® Implant	
	Idose® TR Implant	
	Iyazul® Drops	
	Lumigan® Drops	
	latanoprost drops (generic for Zoptan™)	
	travoprost drops (generic for Travatan® Z)	
	Vyzulta® Drops	
	Xalatan® Drops	
	Xelpros® Drops	
	Zoptan® Drops	
RHO KINASE MODIFIERS / COMBINATIONS		
Plans may not apply additional utilization management or prior authorization criteria to this category		
Preferred		Non-Preferred
Rhopressa® Drops		
Rocklatan® Drops		

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LEUKOTRIENE MODIFIERS		
Preferred		Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet montelukast granules (generic for Singulair®) Singulair® Chewable / Granules / Tablet zafrilukast tablet (generic for Accolate®) sileuton tablet (generic for Zyltha®) Zyltha® Filmtab	
LOW SEDATING ANTIHISTAMINES		
Preferred		Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup) cetirizine Rx syrup (generic for Zyrtec® Syrup) cetirizine tablets OTC (generic for Zyrtec® OTC Tablet) levocetirizine OTC tablet (generic for Xyzal® OTC Tablet) levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) loratadine tablet OTC (generic for Claritin® OTC)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet) cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup) cetirizine OTC solution Claritin® Tablet - T/F of preferred agents not required for children < 2 years of age desloratadine ODT / Tablet (generic for Clarinax®) - T/F of preferred agents not required for children < 2 years of age fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution (generic for Claritin® OTC)	
LOW SEDATING ANTIHISTAMINE COMBINATIONS		
Plans may not apply additional utilization management prior authorization criteria to this category Quantity limit of 102 days supply per 12 months apply to all drugs in this class		
Preferred		Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC) Clarimex-D® Tablet fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)	
FIRST GENERATION ANTIHISTAMINES		
Preferred		Non-Preferred
carbinoxamine solution cyproheptadine syrup / tablet hydroxyzine capsule / solution / tablet	carbinoxamine tablet clemastine tablet Karbinal® ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora® Solution RyVent® Tablet Vistaril® Capsule	
TOPICALS		
ACNE AGENTS		
Preferred		Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte) adapalene / benzoyl peroxide (generic for Epiduo® Gel) adapalene gel (generic for Differin®) azelaic acid gel (generic for Finacea®) clindamycin lotion (generic for Cloacin-T®) clindamycin phosphate phedlets / solution (generic for Cloacin-T®) clindamycin-benzoyl peroxide gel (generic for Benzacm®-Neusa®) Differin® gel pump Differin® lotion/cream Epiduo® gel pump erythromycin gel (generic for Erimin®, Erycette®, EryGel®, et. al.) erythromycin solution (generic for Erimin®, EryDerm®, EryMax®, et. al.) erythromycin-benzoyl peroxide gel (generic for Benzamycin®) Finacea® Gel	adapalene cream / gel pump (generic for Differin®) AkGel® Avar® Cleanser / LS Cream Avar® Emollient Cream / Green Emollient Cream / LS Cream BP® 10-1 Wash / Cleansing Wash ClearAcrylic / ClearAcrylic Pro Cloacin® T Lotion Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit Clindagel® Gel clindamycin / tretinoin (generic for Velin®) clindamycin phosphate foam (generic for Evoclin®) clindamycin phosphate gel (Clindagel®) clindamycin-benzoyl peroxide pump (generic for Acanya®) clindamycin-benzoyl peroxide pump (generic for Benzacm®) clindamycin-benzoyl peroxide pump (generic for Onaxton®) dapipone gel / gel pump (generic for Aczone® Gel) Ery® Pads Eryvel® Gel Evoclin® Foam Fabree® Foam Finacea® Foam Neusa® Gel / Kit Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash Rosamil Cleanser lotion Rosnil® Cloths / Wash sodium sulfacetamide cleanser / cream (generic for Avar® / LS) sodium sulfacetamide lotion (generic for Klaron®) sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus) sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacac®) sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®) SSS® 10-5 Cream / Foam sulfacetamide-sulfur 9-4% cleanser (generic for Zecic®) sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5) Sumaxin® Kit / XLT Kit / Wash Suniver® Cleansing Pad / CP Kit / TS Topical Suspension / Wash tazarotene cream / foam / gel (generic for Tanore®, Fabior®) tretinoin cream / gel (generic for Retin-A®) tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro) Twyneo® Cream Winlevi® Cream Zma Clear® Cleanser	
ANDROGENIC AGENTS		
Preferred		Non-Preferred
Androge® Pump testosterone gel pump (generic for Androge®)	Androge® Packet Natesto® Nasal Gel Testim® Gel testosterone gel pump (generic for Fortesta®, Axiron®) testosterone packet (generic for Androge®) Vogelxo® Gel / Packet / Pump	
NSAIDS		
Preferred		Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel) diclofenac solution (generic for Pennsaid®)	diclofenac epolamine patch (generic for Flector®) diclofenac pump (generic for Pennsaid®) Pennsaid® Solution Packet / Pump	
ANTIBIOTICS		
Preferred		Non-Preferred
gentamicin cream / ointment (generic for Grammycin®) mupirocin ointment (generic for Bactroban®)	Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban®) Xero® Cream	

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High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream (generic for Cyclocort®)
fluocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
triamcinolone acetone cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam / lotion (generic for Valisone®)
	desonimetasone cream / gel / ointment / spray (generic for Topicort®)
	diflucan cream / ointment (generic for Eflocon®)
	Diprolone® Ointment
	Duoacetonide emollient cream (generic for Lidex® E)
	halcinonide cream (generic for Halog®)
	halcinonide solution (generic for Halog®)
	Halog® Cream / Ointment
	Kenalog® Spray
	Topicort® Cream / Gel / Ointment / Spray
	triamcinolone spray (generic for Kenalog®)
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	ApexCon® E Cream
clobetasol shampoo (generic for Clobox®)	clobetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®)
clobetasol solution (generic for Cormax®)	clobetasol lotion / spray (generic for Clobox®)
halobetasol propionate cream / ointment (generic for Ultravate®)	Clobox® Shampoo / Spray
	Clodan® Kit / Shampoo
	halobetasol propionate foam (generic for Lexett®)
	Impidol® Lotion
	Lexette® Foam
	Olux® Foam
	Temovate® Ointment
	Tovet® Foam / Foam Kit
	Ultravate® Lotion
MISCELLANEOUS	
Uremic Disorder Treatments	
Preferred	Non-Preferred
Orahm® Capsule	
Orlistat® Tablet	
Myfembree® Tablet	
Urea Cycle Disorder Treatments, Oral	
Preferred	Non-Preferred
Carbag® Tablet for oral suspension	Buphen® Tablet/Powder
	carbamyl acid Tablet for oral suspension (generic for Carbag®)
	Dipriva® Suspension
	Pheburane® Oral Pellets
	Ravict® Liquid T/F of preferred drug is not required for Urea cycle disorder
	sodium phenylbutyrate Tablet/Powder (generic for Buphen®)
WEIGHT MANAGEMENT AGENTS	
GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimetics)	
Preferred	Non-Preferred
Wegovy® Pen	Saxenda® (liraglutide) Pen
	Zepbound® (tirazepatide) Pen
Weight Management (Non-Incretin Mimetics)	
Preferred	Non-Preferred
diethylpropion tablet / ER tablet	benzphetamine tablet
phendimetrazine tablet / ER capsule	lisdexamfetamine (generic for Xenical®)
phenentermine tablet / capsule	phentermine/Topiramate Capsule (generic for Qsymia®)
	Xenical® (orlistat) Capsule
IMMUNOMODULATORS, ASTHMA	
Preferred	Non-Preferred
Fasenra® Pen / Syringe	Cinqair® Vial
Xolair® (omalizumab) Autoinjector/Syringe	Nucala® Syringe / Vial / Autoinjector
	Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
	Xolair® Vial
IMMUNOMODULATORS, Atopic Dermatitis	
Preferred	Non-Preferred
Adbry® Syringe / Autoinjector	Ebflus® Pen
DuPIXENT® Pen / Syringe	Cibinqo® Tablet
Eucrisa® 2% Ointment	Eblyssa™ Syringe (abrizikumab-bkz)
nitroderm cream (generic for Elidel®)	Nemlivo® Pen
tacrolimus ointment (generic for Protopic®)	Ozocrelum® Cream
	Zorvee® (roflumilast) 0.15% Cream
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxalen rapid (generic for Oxsoalen-Ultra®)
EPINEPHRINE, SELF ADMINISTERED	
Preferred	Non-Preferred
Auto-Q® Auto Injector	
epinephrine auto injector (generic for Epi-Pen® / Epi-Pen® Jr / Adrenackick®)	
Epi-Pen® Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	
neffy® nasal spray	
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella® Tablet	Abigale® Lo Tablet
Amabelt® Tablet	Bituva® Capsule
estradiol/norethindrone tablet (generic for Activella®)	
Eyavoh® Tablet	
Jintec® (branded generic for FemiHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethandrone-ethinyl estradiol (generic for FemiHRT®)	
Prempress® Tablet	
Prempo® Tablet	

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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)	Dotm™ Patch
estradiol tablet (generic for Estrace®)	Duavee® Tablet
Evamist® Spray	Elocon® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	Estradiol Gel Pump
	estradiol gel packet (generic for Divigel®)
	Lybiam™ Patch
	Menostar® Patch
	Minivelle® Patch
	Ospheo® Tablet
	Veevah® Tablet
	Vivelle-Dot® Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
estradiol vaginal cream (generic for Estrace®)	Estrace® Cream
Estring® Vaginal Ring	estradiol tablet (generic for Vagifem®)
Premarin® Vaginal Cream	Femring® Vaginal Ring
Vaiofem® Vaginal Tablet	Imvexxy® Vaginal Inserts
	Yuvafem® Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkandri® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron™)	Agamree® Suspension
dexamethasone solution (generic for Condecix™)	Cortel® Tablet
Emflaza® Tablet / Suspension - Clinical criteria apply	coritzone tablet (generic for Patisona™)
hydrocortisone tablet	deflazacort suspension (generic for Emflaza™) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	deflazacort tablet (generic for Emflaza™) - Clinical criteria apply
prednisolone sodium phosphate solution (generic for PedialPred®, OraPred®, Veripred™)	dexamethasone tablet dosepack / Intensol® Drops
prednisolone solution (generic for Prelone®, Millipred®)	Eohlin® Suspension-T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisone dose pack (generic for Sterapred®)	Hermady® Tablet
prednisone solution / tablet (generic for Delasona®)	Klaminid® Solution
	Medrol® Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet
	prednisolone ODT (generic for Oapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taparedx® Tablet
	Tarpsyo® Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
CYTOKINE AND CAM ANTAGONISTS	
Plans may not apply additional utilization management or prior authorization criteria to this category	
Clinical criteria apply to all drugs in this class	
T/F of only one Preferred drug required	
Preferred	Non-Preferred
adalimumab-adaq Pen / Syringe	Abrilada® Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actemra® ACT Pen™ / Syringe / Vial
Cosentyx® Sonoready® Pen / UnoReady® Pen / Syringe	adalimumab-ascf Pen
Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	adalimumab-ary Autoinjector / Syringe
Humira® Syringe / Push-Touch	adalimumab-bfp Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimumab-rvkk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Amievin® Syringe / Autoinjector
Onzyla® Starter Pack / Tablet	Arcalyst® SO Syringe
Pyzchiva® (ustekinumab-twe) Syringe/Vial	Avastin® Vial
Stovessa® (ustekinumab-sfba) Vial / Syringe	Bimzelx® Autoinjector / Syringe
Xeljanz® Tablet	Cimzia® Starter Kit / Syringe Kit / Vial Kit
	Cosentyx® Vial
	Cyltezo® (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng® Syringe
	Entyvio® Pen / Vial
	Hulio® Pen / Syringe
	Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
	Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
	Ilaris® Vial
	Ilumya® Syringe
	Imuklosin® Syringe/Vial
	Infectra® Vial
	Kezvara® Syringe / Pen
	Kineret® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant® Tablet
	Omniscia® (mirikizumab-mkz) Syringe
	Omniscia® Pen / Vial
	Omniscia® Checkje® / Syringe / Vial
	Onfi® Syringe/Vial
	Remicade® Vial
	Rendlexa™ Vial
	Rinvov® (unadacitinib) LQ Solution
	Rinvov® ER Tablet
	Scleradi® Vial / Syringe
	Simlano® Autoinjector/Kit
	Simpsoni® Pen / Syringe / Aral® Vial
	Skyris® On-Body Vial / Pen / Syringe
	Sotkin® Tablet
	Spevigo® Vial / Syringe
	Stelara® Syringe / Vial T/F of preferred ustekinumab is required
	Takz® Auto-injector / Syringe
	Tofendence™ (tocilizumab-bvst) Vial
	Tremfya® Syringe / Injector / Vial / Pen Induction PK-Crohn
	Tyemne® (tocilizumab-anza) Autoinjector / Syringe
	Tyemne® Vial
	Unlizza® Vial
	ustekinumab Vial / Syringe (generic for Stelara®)
	ustekinumab-ackn syringe (generic for Stelara® Scleradi B™)
	Ustekinumab-twe Vial / Syringe (generic for Pyzchiva®)
	Vesipity® Tablet
	Xeljanz® Solution / XR Tablet
	Yescarta® Syringe/Vial
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry® Pen
	Zymfentra™ Pen / Syringe

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Continuous Glucose Monitor Sensors

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

Clinical criteria apply to all items in this class

Preferred

Non-Preferred

Freestyle Libre™ 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 2 Plus Sensor	
Freestyle Libre™ 3 Sensor	
Freestyle Libre™ 3 Plus Sensor	
Dexcom G6® Sensor	
Dexcom G7® Sensor (10 day sensor and 15 day sensor)	

DIABETIC SUPPLIES

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

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

Meters	Lancing Devices
ACCU-CHEK® Guide Retail care kit * (see above for billing)	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Guide Mc Retail care kit * (see above for billing)	ACCU-CHEK® Fastclix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK® AVIVA PLUS 50 et test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 et test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 50 et test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 100 et test strips	
Lancets	
ACCU-CHEK® Softclix 100 et Lancets	
ACCU-CHEK® Fastclix 102 et Lancets	