

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

Effective DATE: Draft for January 12, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
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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 (donepezil transdermal system)
Exelon® Patch	Aduhelm™ Vial Clinical Criteria Apply
memantine tablet / titration pack (generic for Namenda®)	Aricept™ Tablet
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®)
	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namenda® Tablet
	Namzaric® Capsule / Titration Pack
	rivastigmine (Transdermal) (generic for Exelon® Patch)
	Razadyne® ER Capsule

Add new to market product ADLARITY (donepezil transdermal system) as Non-Preferred

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

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

Remove Arymo ER and Duragesic patch (obsolete/non-rebateable)

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

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

Remove Abstral SL Tablet (obsolete/non-rebateable)

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	Apadaz™ Tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet)
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	codeine sulfate tablet
hydromorphone tablet (generic for Dilaudid® Tablet)	Dilaudid® Liquid / Tablet
morphine solution / tablet (generic for MSIR®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone solution / tablet (generic for Roxicodone®)	levorphanol tablet (generic for Levo-Dromoran®)

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oxycodone-acetaminophen capsules (generic for Tylox [®])	Lorcet [®] Tablet / HD Tablet /Plus-Tablet
oxycodone-acetaminophen tablets (generic for Percocet [®])	Lortab [®] Elixir
	meperidine solution / tablet (generic for Demerol [®])
	morphine oral syringe
	morphine suppositories (generic for Roxanol [®])
	Naloxet [®] Tablet
	Noreo [®] Tablet
	Nucynta [®] Tablet
	Osaydo [®] Tablet
	oxycodone-acetaminophen solution
	oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®])
	oxycodone concentrated solution (generic for Roxicodone [®] Intensol)
	oxycodone-ibuprofen tablet (generic for Combunox [®])

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oxycodone oral syringe

oxymorphone tablet (generic for Opana®)

oxycodone capsule (generic for OxyIR®)

Percocet® Tablet

Primlev® Tablet

Prolate® Tablet

Roxicodone® Tablet

RoxyBond® Tablet

Remove obsolete/non-rebateable products: Lorcet Plus Tablet, Nalocet Tablet, Norco Tablet, Oxaydo Tablet, oxycodone-ibuprofen tablet (generic for Combunox), Primlev Tablet, Prolate Tablet, RoxyBond Tablet; Add oxycodone-acetaminophen solution as non-preferred

Short Acting Schedule III – IV Opioids / Analgesic Combinations

Clinical criteria apply to all drugs in this class

Preferred

codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)

tramadol tablet (generic for Ultram®)

tramadol-acetaminophen tablet (generic for Ultracet®)

Non-Preferred

Ascomp® Capsule (branded generic for Fiorinal with Codeine®)

butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)

butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)

butorphanol spray (generic for Stadol®)

dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)

Fioricet with Codeine® Capsule

~~Fiorinal with Codeine® Capsule~~

pentazocine-naloxone tablet (generic for Talwin NX®)

Seglantis® (Oral)

tramadol HCl solution (generic (AG) for Qdolo®))

Ultracet® Tablet

Ultram® Tablet

Remove Fiorinal with Codeine® Capsule (obsolete/non-rebateable)

NSAIDS

Preferred

celecoxib capsule (generic for Celebrex®)

ibuprofen suspension / tablet (generic for Motrin®)

indomethacin capsule (generic for Indocin®)

ketorolac tablet (generic for Toradol®)

meloxicam tablet (generic for Mobic Tablet®)

naproxen EC / DR tablet (generic for Naprosyn® EC)

naproxen tablet (generic for Naprosyn® Tablet)

sulindac tablet (generic for Clinoril®)

Non-Preferred

Arthrotec® Tablet

Celebrex® Capsule

Daypro® Caplet

diclofenac potassium capsule (Oral) (Generic for Zipsor®)

diclofenac potassium tablet (generic for Cataflam®)

diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)

diclofenac sodium-misoprostol tablet (generic for Arthrotec®)

diffunisal tablet (generic for Dolobid®)

Duexis® Tablet - **Trial and failure of only celecoxib required**

etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)

Feldene® Capsule

fenoprofen capsule/ tablet (generic for Nalfon®)

flurbiprofen tablet (generic for Ansaïd®)

ibuprofen / famotidine tablet (generic for Duexis®) **Trial and failure of only celecoxib required**

~~Indocin® Suppository / Suspension~~

indomethacin ER capsule (generic for Indocin SR®)

ketoprofen capsule (generic for Orudis®)

ketoprofen ER capsule (generic for Oruvail®)

ketorolac tromethamine nasal spray (generic for Sprix®)

Lofena (diclofenac potassium) 25 mg tablet

meclfenamate capsule (generic for Meclomen®)

mefenamic acid capsule (generic for Ponstel®)

meloxicam capsule (generic for Vivlodex® Capsule)

Mobic® Tablet

nabumetone tablet (generic for Relafen®)

Nalfon® Capsule / Tablet

Naprelan® Tablet

naproxen sodium ER tablet (generic for Naprelan®)

naproxen sodium tablet (generic for Anaprox®)

naproxen suspension (generic for Naprosyn®)

naproxen-esomeprazole tablet (generic for Vimovo® Tablet) - **Trial and failure of only celecoxib required**

oxaprozin tablet (generic for DayPro®)

piroxicam capsule (generic for Feldene®)

~~Qmiiz™ ODT-Tablet-~~

Relafen™ DS Tablet

~~Sprix™ Nasal Spray~~

~~Tivorbes® Capsule~~

tolmetin capsule / tablet (generic for Tolectin®)

Vimovo® Tablet - **Trial and failure of only celecoxib required**

Vivlodex® Capsule

Zipsor® Capsule

Zorvolex® Capsule

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Add Lofena (diclofenac potassium) 25 mg tablet as Non-Preferred; Remove Qmiiz ODT Tablet and Tivorbex Capsule (obsolete/non-rebateable)

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NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule
gabapentin capsule / solution / tablet (generic for Neurontin [®])	Drizalma [™] Sprinkle
lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	duloxetine capsule (generic for Irenka [®])
pregabalin capsule / solution (generic for Lyrica [®] Capsule / Solution)	Gralise[®] Tablet
	Horizan [®] Tablet
	Lidoderm [®] Patch - Clinical criteria apply
	Lyrica [®] Capsule / Solution
	Lyrica [®] CR Tablet
	Neurontin [®] Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica [®] CR Tablet)
	Quenza [®] Kit
	Savella [®] Tablet / Titration Pack
	ZTLido [™] Patch - Clinical criteria apply
No recommendations. Class open for comments.	
ANTICONVULSANTS CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom [®] Tablet	Carbatrol [®] Capsule
carbamazepine chewable tablet (generic for Tegretol [®])	carbamazepine suspension / tablet (generic for Tegretol [®])
carbamazepine ER capsule (generic for Carbatrol [®])	carbamazepine XR tablet (generic for Tegretol XR [®])
Equetro [®] Capsule	Epitol [®] Tablet
oxcarbazepine suspension / tablet (generic for Trileptal [®])	Trileptal [®] Tablet / Suspension
Oxtellar [®] XR Tablet	
Tegretol [®] Suspension / Tablet / XR Tablet	
No recommendations. Class open for comments.	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.	
Preferred	Non-Preferred
Celontin [®] Kapseal	Depakote [®] ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension	Depakote [®] Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	felbamate suspension / tablet (generic for Felbatol [®])
ethosuximide capsule / solution (generic for Zarontin [®])	Mysoline [®] Tablet
Felbatol [®] Suspension / Tablet	Peganone[®] Tablet
phenobarbital tablet / elixir / solution	Zarontin [®] Capsule / Solution
Phenytek [®] Capsule	
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin [®])	
phenytoin extended capsules (generic for Phenytek [®])	
primidone Tablet (generic for Mysoline [®])	
valproic acid capsule / solution (generic for Depakene [®])	
<u>Remove</u> Peganone Tablet (obsolete/non-rebateable)	
SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.	
Preferred	Non-Preferred
Banzel [®] Suspension / Tablet	clonazepam ODT (generic for Klonopin [®] Wafer)
Briviact [®] Tablet and Solution	Elepsia [™] XR Tablet
clobazam suspension (generic for Onfi [®] Suspension)	Keppra [®] Tablet / Solution / XR Tablet
clobazam tablet (generic for Onfi [®] Tablet)	Klonopin [®] Tablet
clonazepam tablet (generic for Klonopin [®])	lacosamide solution and tablet (generic for Vimpat[®])
Diacomit [®] Capsule / Powder Pack	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Diastat [®] Acudial [®] / Pedi System	lamotrigine starter kits (generic for Lamictal [®])
diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System)	Lyrica [®] Capsule / Solution
Epidiolex [®] Solution - Clinical Criteria Apply	Neurontin [®] Capsule / Solution / Tablet
Eprontia [™] Solution	Onfi [®] Suspension / Tablet
Fintepla [®] Solution	Qudexy [®] XR Capsule
Fycompa [®] Tablet / Suspension	rufinamide suspension (generic for Banzel [®] Suspension)
gabapentin capsule / solution (generic for Neurontin [®])	rufinamide tablet (generic for Banzel[®])
gabapentin tablet (generic for Neurontin [®] Tablet)	Spritam [®] Tablet
Gabitril [®] Tablet	Subvenite (lamotrigine) Tab Start Kit
lacosamide solution and tablet (generic for Vimpat[®])	Sympazan [®] Film
lamotrigine chewable / tablet (generic for Lamictal [®])	tiagabine tablet (generic for Gabitril [®])
lamotrigine ER tablet / ODT / ODT Starter Kit (generic for Lamictal [®] XR / ODT)	Topamax [®] Sprinkle Capsule / Tablet
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	topiramate ER capsule (generic for Qudexy [®])
Nayzilam [®] Nasal Spray	Trokendi [®] XR Capsule
Roweeptra [™] Tablet	vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet)
Sabril [®] Powder Packet	Vigadrone [®] Powder Packet
Sabril [®] Tablet	Vimpat[®] Solution / Starter Kit / Tablet
Subvenite (lamotrigine) tablet	ZONISADE (zonisamide) ORAL SUSPENSION
topiramate sprinkle capsule / tablet (generic for Topamax [®])	ZTALMY (ganaxalone) ORAL SUSPENSION

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Valtoco® Nasal Spray

Vimpat® Solution / Starter Kit / Tablet

Xcopri® Tablet / Titration Pack

zonisamide capsule (generic for Zonegran®)

Add new to market products as Non-Preferred: rufinamide tablet, ZONISADE (zonisamide) ORAL SUSPENSION and ZTALMY (ganaxalone) ORAL SUSPENSION; Add Subvenite (lamotrigine) tablet as Preferred and Subvenite Tab Start Kit as Non-Preferred; Brand/generic switch--Move lacosamide solution/tablet to Preferred and move Vimpat Solution/Starter Kit/Tablet to Non-Preferred

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ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	Augmentin [®] Suspension+ XR Tablet
ampicillin capsule / injection / vial	cefactor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef [®])
Bicillin C-R injection	cefepodoxime suspension / tablet (generic for Vantin [®])
cefadroxil capsule / suspension (generic for Duricef [®])	Keflex [®] Capsule
cefdinir capsule / suspension (generic for Omnicef [®])	Suprax [®] Capsule / Chewable / Suspension
cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension)	
cefprozil suspension / tablet (generic for Cefzil [®])	
cefuroxime tablet (generic for Cefin [®])	
cephalexin capsule / suspension / tablet (generic for Keflex [®])	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen [®] injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
Remove Augmentin [®] Suspension (obsolete/non-rebateable)	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin [®])	Cleocin [®] Capsules / Injection
linezolid suspension (oral) / tablet (generic for Zyvox [®])	Cleocin [®] Pediatric Solution
	clindamycin injection (generic for Cleocin [®] Injection)
	Lincozin [®] Vial
	lincomycin injection (generic for Lincozin Vial [®])
	linezolid IV solution (generic for Zyvox [®])
	Sivextro [®] Tablet / Vial
	Synercid [®] Vial
	Zyvox [®] Tablet / IV Solution / Suspension
No recommendations. Class open for comments.	
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax [®])	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin [®])	erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension)
E.E.S. [®] Granules / Filmtab	erythromycin ethylsuccinate 400 suspension (Generic for Eryped [®])
Eryped [®] Suspension	erythromycin ethylsuccinate 400 suspension (Generic (AG) for Eryped [®])
Erythrocin [®] Filmtab	Ery-Tab [®] Tablet
erythromycin EC capsule (generic for Eryc [®])	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S. [®] Filmtab)	
No recommendations. Class open for comments.	
Nitromidazoles (Gastrointestinal Antibiotics)	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemcolo (rifamycin) DR Tablet
vancomycin capsule (generic for Vancocin [®])	Difficid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile
	Firvanq [™] Solution
	Flagyl [®] Capsule / Tablet
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alinia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solosec [™] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	Vancomycin Oral Solution
	Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
Add Aemcolo (rifamycin) DR Tablet and Vancomycin Oral Solution as Non-Preferred	
Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet

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levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin ER-tablet -suspension (generic for Cipro [®] XR / Suspension)
moxifloxacin tablet (generic for Avelox [®])	levofloxacin solution (generic for Levaquin [®] Solution)
	ofloxacin tablet (generic for Floxin [®])
Remove ciprofloxacin ER tablet (obsolete/non-rebateable)	

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®])	Doryx [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®])
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin Suspension [®]) - Exemption for patients < 12 years of age
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline ER capsule (Generic for Ximino [™] ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuzyra [™] Tablet
	Oracea [®] Capsule
	Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Targadox [®]
	tetracycline capsule (generic for Sumycin [®])
	Vibramycin [®] Capsule / Suspension / Syrup
	Ximino [™] ER Capsule
No recommendations. Class open for comments.	
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
fluconazole suspension / tablet (generic for Diflucan [®])	Brexafemme [®] Tablet
griseofulvin suspension (generic for Grifulvin V [®])	Cresamba [®] Capsule
griseofulvin ultra tablet (generic for Gris-Peg [®])	Diflucan [®] Suspension / Tablet
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet
	Oravig[®] Buccal Tablet
	posaconazole suspension tablet (generic for Noxafil [®])
	Sporanox [®] Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	VIVJOA (oticonazole) capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend [®])
Add new to market VIVJOA (oticonazole) capsule as Non-Preferred with clinical criteria; Remove obsolete/non-rebateable product--Oravig [®] Buccal Tablet (generic for Noxafil [®])	
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread [®])	Epivir [®] HBV Tablet / Solution
Viread [®] Powder / Tablet	Hepsera [®] Tablet
	Vemlidy [®] tablet
No recommendations. Class open for comments.	
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys [®] Syringe	Pegasys [®] Vial
ribavirin capsule / tablet (generic for Copegus [®] , Rebeto [®])	Pegintron [®] -Kit
	Ribosphere[®] Capsule / Tablet / Ribapak[™]
Clinical criteria apply to all drugs listed below	
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 [®] Tablet)
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	Sovaldi [®] Pellet Pack / Tablet
	Viekira [™] Pak
All genotypes with compensated cirrhosis (Child Pugh-A)	Zepatier [®] Tablet
Mavyret [™] Tablet (Up to 12 weeks of therapy)	
Mavyret [™] Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™]	

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<u>All genotypes with decompensated cirrhosis</u>	
sofobuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	
Remove Pegintron [®] Kit and Ribasphere [®] Capsule / Tablet / RibaPak [™] (obsolete/non-rebateable)	

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Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax [®])	Sitavig [®] Buccal Tablet
famciclovir tablet (generic for Famvir [®])	Valtrex [®] Caplet
valacyclovir tablet (generic for Valtrex [®])	Zovirax [®] Suspension
No recommendations. Class open for comments.	
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu [®])	amantadine tablet (generic for Symmetrel [®])
rimantadine tablet (generic for Flumadine [®])	Flumadine [®] Tablet
	Relenza [®] Diskhaler
	Tamiflu [®] Capsule / Suspension
	Xofluza [™] Tablet Trial and failure of only one preferred drug required
No recommendations. Class open for comments.	
Antibiotics, Inhaled	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Kitabis [™] Pak (tobramycin inhalation solution)	Arikayce [®] Vial
Bethkis [®] (tobramycin inhalation solution)	Cayston [®] Solution
	tobramycin solution / pak
	Tobi [™] Podhaler [™] / Solution
No recommendations. Class open for comments.	
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL)	Aplenzin [®] Tablet
desvenlafaxine ER tablet (generic for Pristiq [®])	Bupropion XL tablet (generic for Forfivo [®] XL)
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule
Effexor [®] XR Capsule	desvenlafaxine ER tablet (generic for Khedezla [®])
maprotiline tablet (generic for Ludomil [®])	duloxetine capsule (generic for Irenka [®])
mirtazapine ODT / tablet (generic for Remeron [®])	Emsam [®] Patch
Nardil [®] Tablet	Fetzima [®] Capsule / Titration Pak
phenelzine tablet (generic for Nardil [®])	Forfivo [®] XL Tablet
Pristiq [®] ER Tablet	Khedezla[®] Tablet
tranylcypromine tablet (generic for Parnate [®])	Marplan [®] Tablet
trazodone tablet (generic for Desyrel [®])	nefazodone tablet (generic for Serzone [®])
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	Remeron [®] Soltab [™] / Tablet
	Trintellix [®] Tablet
	VENLAFAXINE BESYLATE ER TAB
	venlafaxine ER tablet
	Viibryd [®] Starter Pack / Tablet
	VILAZODONE TABLET (GENERIC FOR VIIBRYD)
	Wellbutrin [®] SR / XL Tablet
Add new to market products as Non-Preferred--VENLAFAXINE BESYLATE ER TAB and VILAZODONE TABLET (GENERIC FOR VIIBRYD); Remove Khedezla[®] Tablet (obsolete/non-rebateable)	
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Brisdelle [®] Capsule
escitalopram tablet (generic for Lexapro [®])	Celexa [®] Tablet
fluoxetine capsule / solution (generic for Prozac [®])	citalopram capsule
fluvoxamine tablet (generic for Luvox [®])	escitalopram solution (generic for Lexapro [®] Solution)
paroxetine suspension (generic for Paxil[®] Suspension)	fluoxetine tablet (generic for Prozac [®]) - Exemption for children <42 18 years of age
paroxetine tablet (generic for Paxil [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly)
sertraline concentrated solution / tablet (generic for Zoloft [®])	fluvoxamine ER capsule (generic for Luvox CR [®])
	Lexapro [®] Tablet
	paroxetine capsule (generic for Brisdelle [®] Capsule)
	paroxetine CR tablet (generic for Paxil CR [®])
	Paxil [®] Suspension / Tablet / CR Tablet
	Pexeva [®] Tablet
	Prozac [®] Pulvule
	Sarafem[®] Tablet
	sertraline capsule
	Zoloft [®] Solution / Tablet
Add paroxetine suspension as Preferred; Remove Sarafem[®] Tablet (obsolete/non-rebateable)	

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ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Aptensio [®] XR Capsule	Adderall [®] Tablet (Generic Product Per FDA)
Adderall [®] XR Capsule	Adhansia [™] XR Capsule
amphetamine salt combo tablet (generic for Adderall [®])	Adzenys [®] XR ODT / ER suspension
atomoxetine capsule (generic for Strattera [®])	amphetamine ER suspension (generic for Adzenys [®])
clonidine ER tablet (generic for Kapvay [®])	amphetamine salt combo XR capsule (generic for Adderall [®] XR)
Concerta [®] Tablet	amphetamine sulfate tablet (generic for Evekeo [®] Tablet)
Daytrana [®] Patch	Azstarys [™] Capsule
dextroamphetamine tablet (generic for Dexedrine [®])	Cotempla [™] XR-ODT
Dyanavel [®] XR Suspension	Desoxyn [®] Tablet
Focalin [®] Tablet / XR Capsule	Dexedrine [®] Spansule [®]
guanfacine ER tablet (generic for Intuniv [®])	dexmethylphenidate tablet / ER capsules (generic for Focalin [®] / XR)
Methylin [®] Solution	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	dextroamphetamine solution (generic for ProCentra [®])
Quillichew [®] ER Tablet	DYANA VEL (amphetamine) XR TABLET
Quillivant [®] XR Suspension	Evekeo [®] Tablet / Evekeo [®] ODT Tablet
Vyvanse [®] Capsule / Chewable Tablet	Intuniv [®] Tablet
	Jornay PM [™] Capsule
	methamphetamine tablet (generic for Desoxyn [®])
	methylphenidate CD capsule (generic for Metadate [®] CD)
	methylphenidate chewable / solution (generic for Methylin [®])
	methylphenidate ER capsule (generic for Aptensio [®] XR)
	methylphenidate ER tablet (generic for Concerta [®] Tablet)
	methylphenidate LA capsule (generic for Ritalin [®] LA)
	METHYLPHENIDATE PATCH (generic for Daytrana)
	Mydayis [®] ER Capsule
	ProCentra [®] Solution
	Qelbree [™] Capsule
	Relexxii [™] ER Tablet
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera [®] Capsule
	Zenzedi [®] Tablet
Add new to market products as Non-Preferred: DYANA VEL (amphetamine) XR TABLET and METHYLPHENIDATE PATCH (generic for Daytrana)	
INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena [®] Syringe / Vial	
Aristada [®] / Initio [™] Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate [®])	
Haldol [®] decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])	
Invega [®] Hafyera	
Invega [®] Sustenna Prefilled Syringe	
Invega [®] Trinza Syringe	
Perseris [®] Syringe	
Risperdal [®] Consta Syringe	
Zyprexa [®] Relprevv [™] Vial Kit	
No recommendations. Class open for comments.	
ATYPICAL ANTIPSYCHOTICS	
Oral / Topical	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
clozapine tablet (generic for Clozaril [®])	aripiprazole ODT (generic for Abilify [®] Discmelt [®])
FazaClo[®] ODT	asenapine tablet (generic for Saphris [®] SL Tablet)
Invega [®] Tablet	Caplyta [™] Capsule
Latuda [®] Tablet	clozapine ODT (generic for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Fanapt [®] Tablet / Titration Pack
risperidone ODT / solution / tablet (generic for Risperdal [®])	Geodon [™] Capsule
Saphris [®] SL Tablet	Lybalvi [™] Tablet
Symbyax [®] Capsule	Nuplazid [®] Capsule
Vraylar [®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required	Nuplazid [®] Tablet
ziprasidone capsule (generic for Geodon [®])	olanzapine-fluoxetine capsule (generic for Symbyax [®])
	paliperidone ER tablet (generic for Invega [®])
	Rexulti [®] Tablet
	Risperdal [®] Solution / Tablet
	Secuado [®] Patch
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Zyprexa [®] Tablet / Zydis [®] Tablet

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Remove FazaClo ODT (obsolete/non-rebateable)

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CARDIOVASCULAR	
ACE INHIBITORS	
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule
lisinopril tablet (generic for Prinivil [®] and Zestril [®])	captopril tablet (generic for Capoten [®])
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned [®]) - Exemption for children < 12 years of age
	Epaned [®] Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril [®])
	Lotensin [®] Tablet
	moexipril tablet (generic for Univas [®])
	Qbrelis [®] Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Aceon [®])
	Prinivil[®] Tablet
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Vasotec [®] Tablet
	Zestril [®] Tablet
Remove Prinivil Tablet (obsolete/non-rebateable)	
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule
	Tarka[®] ER-Tablet
	trandolapril-verapamil ER tablet (generic for Tarka [®])
Remove Tarka ER Tablet (obsolete/non-rebateable)	
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic [®])	Accuretic [®] Tablet
lisinopril-HCTZ tablet (generic for Prinzide [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)
	captopril-HCTZ tablet (generic for Capozide [®])
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
	Lotensin [®] HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
	Vaseretic [®] Tablet
	Zestoretic [®] Tablet
No recommendations. Class open for comments.	
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro [®])	Atacand [®] Tablet
losartan tablet (generic for Cozaar [®])	Avapro [®] Tablet
olmesartan tablet (generic for Benicar [®] Tablet)	Benicar [®] Tablet
valsartan tablet (generic for Diovan [®])	candesartan tablet (generic for Atacand [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®] Tablet)
No recommendations. Class open for comments.	
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor [®])	Azor [®] Tablet
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge [®] Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Exforge [®] HCT Tablet
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet)	telmisartan-amlodipine tablet (generic for Twynsta [®])
	Tribenzor [®] Tablet
No recommendations. Class open for comments.	

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ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide [®])	Atacand [®] HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet
olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet)	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Hyzaar [®] Tablet
	Micardis [®] HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)
No recommendations. Class open for comments.	
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto [®] - Clinical Criteria Apply	
No recommendations. Class open for comments.	
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone [®])	Multaq [®] Tablet
disopyramide capsule (generic for Norpace [®])	Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn [®])	Pacerone [®] Tablet
flecainide tablet (generic for Tambocor [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])
mexiletine capsule (generic for Mexitil [®])	Rythmol SR [®] Capsule
propafenone tablet (generic for Rythmol [®])	Tikosyn [®] Capsule
propafenone SR capsule (generic for Rythmol SR [®])	
quinidine sulfate tablet (generic for Quinidex [®] Tablet)	
No recommendations. Class open for comments.	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
carvedilol tablet (generic for Coreg [®])	Betapace [®] Tablet / AF Tablet
labetalol tablet (generic for Trandate [®])	betaxolol tablet (generic for Kerlone [®])
metoprolol succinate XL tablet (generic for Toprol XL [®])	bisoprolol tablet (generic for Zebeta [®])
metoprolol tartrate tablet (generic for Lopressor [®])	Bystolic [®] Tablet
propranolol solution / tablet / ER capsule (generic for Inderal [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
Sorine [®] Tablet	Coreg [®] Tablet / CR Capsule
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®])	Corgard [®] Tablet
	Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma
	Inderal [®] LA Capsule / XL Capsule
	Innopran [®] XL Capsule
	Kaspargo [™] Sprinkle - Exemption for children < 12 years of age
	Lopressor [®] Tablet
	nadolol tablet (generic for Corgard [®])
	nebivolol tablet (generic for Bystolic [®])
	pindolol tablet (generic for Viskin [®])
	Sotylize [®] Solution
	Tenormin [®] Tablet
	timolol tablet (generic for Blocadren [®])
	Toprol XL [®] Tablet
No recommendations. Class open for comments.	
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	nadolol-bendroflumethiazide tablet (generic for Corzide [®])
	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
	Ziac [™] Tablet
No recommendations. Class open for comments.	

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BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®] Granules)
	Prevalite [®] Packet / Powder
	Questran [®] Light Powder / Packet / Powder
	Welchol [®] Packet / Tablet

No recommendations. Class open for comments.

CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor [®])	Atoprev [®] Tablet
ezetimibe (generic for Zetia [®])	amlodipine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor [®])	Caduet [®] Tablet
pravastatin tablet (generic for Pravachol [®])	Crestor [®] Tablet
rosuvastatin tablet (generic for Crestor [®])	Ezallor [™] Capsule
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin [®])
	fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
	Juxtapid [®] Capsule - Clinical criteria apply
	Lescol [®] XL Tablet
	Lipitor [®] Tablet
	Livalo [®] Tablet
	Nexleto [®] Tablet - Clinical Criteria Apply
	Nexlizet [®] Tablet - Clinical Criteria Apply
	Pravachol [®] Tablet
	Vytorin [®] Tablet
	Zetia [®] Tablet
	Zocor [®] Tablet
	Zypitamag [™] Tablet

Add clinical criteria for Nexleto and Nexlizet Tablets; remove Pravachol Tablet (obsolete/non-rebateable)

CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil [®] Titradose [®] , IsoDitrate [®] , et.al.)	Dilatrate[®] SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®])	Gonitro [®] Sublingual Powder
Minitran [®] Patch	Isordil [®] Tablet / Titradose [®] Tablet
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , Nitrolingual [®] , Nitromist [®])	Nitro-Bid [®] Ointment
Nitrostat [®] SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual [®] Spray
	Nitromist[®] Spray
	Verquvo [™] Tablet

Remove Dilatrate[®] SR Capsule and Nitromist[®] Spray (obsolete/non-rebateable)

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc [®])	Adalat [®] CC Tablet
nifedipine capsule (generic for Procardia [®])	felodipine ER tablet (generic for Plendil [®])
nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	isradipine capsule (generic for Dynacirc [®])
	Katerzia [™] Suspension Exemption for children < 12 years of age
	LEVAMLODIPINE TAB (generic for Conupri)
	nicardipine capsule (generic for Cardene [®])
	nimodipine capsule (generic for Nimotop [®])
	nisoldipine ER tablet (generic for Sular [®])
	NORLIQVA (amlodipine) SOLUTION
	Norvasc [®] Tablet
	Nymalize [®] Solution
	Procardia [®] Capsule / XL Tablet
	Sular [®] Tablet

Add new to market products as Non-Preferred: LEVAMLODIPINE TAB (generic for Conupri) and NORLIQVA (amlodipine) SOLUTION

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® Tablet)	ambrisentan tablet (generic for Letairis® Tablet)-
Letairis® Tablet	bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet	Letairis® Tablet
	Opsumit® Tablet
	Tracleer® Suspension
Brand/generic switch: Move Letairis Tablet to Non-Preferred and move ambrisentan tablet (generic for Letairis® Tablet) to Preferred	
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	TYVASO (treprostinil) DPI
Ventavis® Solution	
Add new to market TYVASO (treprostinil) DPI as Non-Preferred	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
Niaspan® ER Tablet	niacin ER tablet (generic for Niaspan®)
niacin ER tablet (generic for Niaspan®)	
Off-cycle move: Move niacin ER tablet (generic for Niaspan®) from Non-Preferred to Preferred (all strengths of Niaspan to be discontinued by manufacturer)	
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil® Tablet	isosorbide dinit/hydralazine tablet (Oral) (Generic (AG) for Bidil®)
No recommendations. Class open for comments.	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)	Calan SR® Caplet
Dilt XR® Capsule (branded generic for Dilacor XR®)	Cardizem CD® Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Cardizem® Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR)	diltiazem LA tablet (generic for Cardizem LA®)
Taztia XT® Capsule (branded generic for Tiazac®)	Matzim® LA Tablet (generic for Cardizem LA®)
Tiadyt® ER Capsule	Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM)
	Verelan® Capsule / Verelan® PM Capsule
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only	
Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirca® Tablet
sildenafil (generic for Revatio®) Tablet	Adempas® Tablet
tadalafil tablet (generic for Adcirca® Tablet)	Alyq® Tablet (branded generic for tadalafil)
	Orenitram® ER Tablet
	Revatio® Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio® Suspension) Exemption for children < 12 years of age
	Upravi® Tablet
Move Alyq® Tablet (branded generic for tadalafil) from Non-Preferred to Preferred	
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®)
clopidogrel tablet (generic for Plavix®)	Effient® Tablet
dipyridamole tablet (generic for Persantine®)	Plavix® Tablet
prasugrel tablet (generic for Effient® Tablet)	Yosprala® Tablet-
	Zonivity® Tablet
Remove Yosprala® Tablet (obsolete/non-rebateable)	
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	ASPRUZO SPRINKLE ER (ranolazine granules)
	Ranexa® Tablet
Add new to market ASPRUZO SPRINKLE ER (ranolazine granules) as Non-Preferred	

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SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
Catapres® TTS Patch	Catapres® Tablet
clonidine tablets (generic for Catapres®)	clonidine patch (generic for Catapres®-TTS)
clonidine patch (generic for Catapres®-TTS)	methylodopa-HCTZ tablet (generic for Aldoril®)
guanfacine tablet (generic for Tenex®)	methylodopa injection (generic for Aldomet® Injection)
methylodopa tablet (generic for Aldomet®)	
Off-cycle move: Move clonidine patch (generic for Catapres®-TTS) from Non-Preferred to Preferred (brand Catapres TTS Patch to be discontinued by manufacturer)	
TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)	Antara® Capsule
gemfibrozil tablet (generic for Lopid®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®)
	fenofibrate tablet (generic for Fenoglide®, Triglide®)
	fenofibric acid tablet (generic for Fibricor®)
	fenofibric acid capsule (generic for Trilipix®)
	Fenoglide® Tablet
	Fibricor® Tablet
	icosapent ethyl capsule (generic for Vascepa® Capsule)
	Lipofen® Capsule
	Lopid® Tablet
	Lovaza® Capsule - Exemption for patients with triglycerides ≥ 500mg/dl
	omega-3 acid ethyl esters capsule (generic for Lovaza®) - Exemption for patients with triglycerides ≥ 500mg/dl
	Tricor® Tablet
	Trilipix® Capsule
	Vascepa® Capsule
Remove Fibricor Tablet (obsolete/non-rebateable)	
CARDIOVASCULAR, OTHER	
Preferred	Non-Preferred
CAMZYOS (mavacamten) Clinical Criteria Apply	
CARDIOVASCULAR, OTHER market basket added to PDL Add new to market product--CAMZYOS (mavacamten) as Preferred with clinical criteria	
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt MLT®)	almotriptan tablet (generic for Axert®)
rizatriptan tablet (generic for Maxalt®)	Amerge® Tablet
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	Cambia™ Powder Packet Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan (generic for Relpax® Tablet)
	ELYXYB (celecoxib) SOLUTION Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage
	Prova® Tablet
	frovatriptan tablet (generic for Frova®)
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt® Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge®)
	Onzetra™ Xsail™ Nasal Powder
	Relpax® Tablet
	Reyvow™ Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan/naproxen (generic for Treximet® Tablet)
	Tosymra™ Nasal Spray
	Treximet® Tablet
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet / ZMT® Tablet
Add new to market product--ELYXYB (celecoxib) SOLUTION as Non-Preferred with trial and failure criteria	
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig™ (erenumab-aooe) Injection	Ajovy™ (fremanezumab-vfrm) Injection
Emgality® (galcanezumab-gnlm) Injection	Nurtec™ (rimegepant) ODT Tablet
	Qulipta™ (atogepant) Tablet
	Vyepti™ (eptinezumab-ijmr) Vial

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No recommendations. Class open for comments.

ANTIMIGRAINE AGENTS

CGRP Blockers/Modulators ACUTE TREATMENT

Clinical criteria apply to all drugs in this class

Preferred

UbrovelvyTM (ubrogepant) Tablet

Non-Preferred

NurtecTM (rimegepant) ODT Tablet

No recommendations. Class open for comments.

ANTI-NARCOLEPSY

Clinical criteria apply to all drugs in this class

Preferred

Nuvigil[®] Tablet

Provigil[®] Tablet

Non-Preferred

armodafinil tablet (generic for Nuvigil[®])

modafinil tablet (generic for Provigil[®])

SunosiTM Tablet

Wakix[®] Tablet

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ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel [®])	Apokyn [®] Injection
benztropine tablet (generic for Cogentin [®])	apomorphine (subcutaneous) (generic for Apokyn [®])
bromocriptine tablet (generic for Parlodel [®])	Azilect [®] Tablet
carbidopa-levodopa ODT (generic for Parcopa [®])	carbidopa tablet (generic for Lodosyn [®])
carbidopa-levodopa tablet / ER tablet (generic for Sinemet [®] / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])
pramipexole tablet (generic for Mirapex [®])	Comtan [®] Tablet
ropinirole tablet (generic for Requip [®])	Dhivy Tablet [™]
selegiline capsule / tablet (generic for Emsam [®])	Duopa [®] Suspension
trihexyphenidyl elixir / tablet (generic for Artane [®])	entacapone tablet (generic for Comtan [®])
	Gocovri [®] Capsule - Clinical criteria apply
	Horizant [®] Tablet
	Inbrija [™] Inhalation
	Kynmobi [™] SL Film
	Lodosyn [®] Tablet
	Mirapex [®] ER Tablet
	Neupro [®] Patch
	Nourianz [™] Tablet
	Ongentys [®] Capsule
	Osmolex ER [™] Tablet - Clinical criteria apply
	Parlodel [®] Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER [®])
	rasagiline tablet (generic for Azilect [®])
	ropinirole ER tablet (generic for Requip XL [®])
	Rytary [®] ER Capsule
	Sinemet [®] Tablet / CR Tablet
	Stalevo [®] Tablet
	Tasmar [®] Tablet
	tolcapone tablet (generic for Tasmar [®])
	Xadago [®] Tablet
	Zelapar [®] ODT
Remove Sinemet CR Tablet (obsolete/non-rebateable)	
MULTIPLE SCLEROSIS	
Injectable	
Preferred	Non-Preferred
Avonex [®] Pack / Pen / Syringe	Extavia [®] Kit / Vial
Betaseron [®] Kit / Vial	glatiramer syringe (generic for Copaxone [®] Syringe)
Copaxone [®] Syringe	Glatopa [®] Syringe
Rebif [®] Rebiodose [®] / Titration Pack / Syringe	Kesimpta [®] Injection
	Lemtrada [®] Vial
	Ocrevus [®] Vial
	Plegridy [®] Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri [®]
No recommendations. Class open for comments.	
MULTIPLE SCLEROSIS	
Oral	
Preferred	Non-Preferred
dalfampridine ER tablet (generic for Ampyra [®])	Ampyra [®] Tablet
Gilenya [®] Capsule	Aubagio [®] Tablet
dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule)	Bafiertam [™] Capsule
dimethyl fumarate starter pack (generic for Tecfidera [®] Capsule)	Mavenclad [®] Tablet
	Mayzent [®] Starter Pack / Tablet
	Ponvory [™] Starter Pack / Tablet
	TASCENSO (fingolimod) ODT
	Tecfidera [®] Capsule / Starter Pack
	Vumerity [™] Capsule
	Zeposia [®] Starter Pack / Capsule
Add new to market products--dimethyl fumarate starter pack (generic for Tecfidera [®] Capsule) as Preferred and add TASCENSO (fingolimod) ODT TABLET as Non-Preferred	
SEDATIVE HYPNOTICS	
Quantity limits apply to all sedative hypnotics	
Preferred	Non-Preferred
flurazepam capsule (generic for Dalmane [®])	Ambien [®] Tablet / CR Tablet
temazepam 15mg, 30mg capsule (generic for Restoril [®])	Belsomra [®] Tablet
zolpidem tablet (generic for Ambien [®])	Dayvigo [™] Tablet
	doxepin tablet (generic for Silenor [®])
	Edluar [®] SL Tablet
	estazolam tablet (generic for Prosom [®])
	eszopiclone tablet (generic for Lunesta [®])

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	Halcion [®] Tablet
	Hetioz [®] Capsule Clinical criteria apply
	Hetioz [®] LQ Suspension Clinical criteria apply
	Intermezzo [®] SL Tablet
	Lunesta [®] Tablet
	QUVIVIQ (daridorexant) tablet
	ramelteon tablet (generic for Rozerem [®] Tablet)
	Restoril [®] Capsule
	Rozerem [®] Tablet
	Silenor [®] Tablet
	temazepam 7.5, 22.5 mg capsule (generic for Restoril [®])
	triazolam tablet (generic for Halcion [®])
	zaleplon capsule (generic for Sonata [®])
	zolpidem ER tablet (generic for Ambien [®] CR)
	zolpidem SL tablet (generic for Intermezzo [®])
Add new to market product as Non-Preferred: QUVIVIQ (daridorexant) tablet; <u>remove</u> Intermezzo[®] SL Tablet (obsolete/non-rebateable)	

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SMOKING CESSATION	
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban [®] Tablet)	Nicotrol [®] Inhaler / NS Nasal Spray
Chantix [®] Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months	
nicotine gum / lozenge (buccal) / patch	
VARENICLINE STARTING MONTH BOX (generic for Chantix [®] Starting Month Box) - Quantity limited to 6 months per 12 months	
varenicline tablet (generic for Chantix [®] Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered.	
Add new to market product VARENICLINE STARTING MONTH BOX as Preferred with quantity limit of 6 months per 12 months	
ENDOCRINOLOGY GROWTH HORMONE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Genotropin [®] Cartridge / MiniQuick [®]	Humatrope [®] Cartridge / Vial
Norditropin [®] Flexpro [®]	Nutropin [®] AQ NuSpin [®]
Serostim [®] Vial	Omnitrope [®] Cartridge / Vial
	Saizen [®] Click-Easy [®] Cartridge / Vial
	Skytrofa [®] Cartridge
	Zomacton [®] Vial
	Zorbtive [®] Vial
No recommendations. Class open for comments.	
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior	Admelog [®] SoloStar [®] / Vial
insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®])	Afrezza [®] Inhalation Powder
Humalog [®] U-100 Junior KwikPen [®]	Apidra [®] SoloStar [®] / Vial
Humalog [®] U-100 KwikPen [®] / Vial	Fiasp [®] FlexTouch [®] / Penfill [®] / Vial
Novolog [®] U-100 Cartridge / FlexPen [®] / Vial	Humalog [®] U-100 Cartridge
	Humalog [®] U-200 KwikPen [®]
	insulin aspart U-100 cartridge / FlexPen [®] / vial (generic for Novolog [®])
	Lyumjev [™] U-100 KwikPen [®] / Vial
	Lyumjev [™] U-200 KwikPen [®]
Short Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Humulin [®] R Vial	Myxredlin [™] Injection
Humulin [®] R U-500 KwikPen [®] / U500 Vial	Novolin [®] R Vial / ReliOn [®] R Vial
	Novolin R FlexPen [®]
No recommendations. Class open for comments.	
Intermediate Acting Insulin	
Preferred	Non-Preferred
Humulin [®] N Vial	Humulin [®] N KwikPen [®]
	Novolin [®] N Vial / ReliOn [®] N Vial
Long Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Lantus [®] SoloStar [®] / Vial	Basaglar [®] KwikPen [®]
Levemir [®] FlexTouch [®] / Vial	INSULIN DEGLUDEC PEN/VIAL (generic for Tresiba)
	INSULIN GLARGINE VIAL/SOLOSTAR (authorized biologic for Lantus)
	Insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)
	Semglee [™] Pen / Vial
	Semglee [™] yfgn Pen / Vial
	Toujeo [®] SoloStar [®] / Max SoloStar [®]
	Tresiba [®] FlexTouch [®] / Vial
Add new to market products as Non-Preferred: INSULIN DEGLUDEC PEN/VIAL (generic for Tresiba) and INSULIN GLARGINE VIAL/SOLOSTAR (authorized biologic for Lantus)	
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog [®] 50/50 Mix KwikPen [®] / Vial	insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)
Humalog [®] 75/25 Mix KwikPen [®] / Vial	Novolog [®] Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30)	
Novolog [®] Mix 70/30 FlexPen [®]	
No recommendations. Class open for comments.	

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

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Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
Amylin Analogs	
Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog	
Preferred	Non-Preferred
Symlin® Pen Injector	

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GLP-1 Receptor Agonists and Combinations

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

Preferred	Non-Preferred
	Continuation of therapy requires documentation that clinical goals have been met
Bydureon [®] Pen	Adlyxin [®] Injection
Byetta [®] Pen	Bydureon [®] BCise™
Trulicity [®] Pen	Rybelsus [®] Tablet
Victoza [®] Pen	Soliqua [®] Injection
Ozempic [®] Injection	Xultophy [®] Injection
	MOUNJARO (tirzepatide) PEN

Add new to market product--MOUNJARO (tirzepatide) PEN as Non-Preferred

HYPOGLYCEMICS - ORAL
2nd Generation Sulfonylureas

Preferred	Non-Preferred
Amaryl [®] Tablet	
glimepiride tablet (generic for Amaryl [®])	
glipizide tablet / ER tablet (generic for Glucotrol [®] / XL)	
Glucotrol [®] Tablet / XL Tablet	
glyburide micronized tablet (generic for Micronase [®] , Glynase [®])	
glyburide tablet (generic for Diabeta [®])	
Glynase [®] Tablet	

Remove Glucotrol Tablet (obsolete/non-rebateable)

Alpha-Glucosidase Inhibitors

Preferred	Non-Preferred
acarbose tablet (generic for Precose [®])	miglitol tablet (generic for Glyset [®])
Glyset [®] Tablet	Precose [®] Tablet

Remove Glyset Tablet (obsolete/non-rebateable)

Biguanides and Combinations

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

Remove Glucophage Tablet/ER Tablet (obsolete/non-rebateable)

DPP-IV Inhibitors and Combinations

Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination

Preferred	Non-Preferred
Janumet [®] Tablet	alogliptin tablet (generic for Nesina [®])
Janumet [®] XR Tablet	alogliptin-metformin tablet (generic for Kazano [®])
Januvia [®] Tablet	alogliptin-pioglitazone tablet (generic for Oseni [®])
Jentaduo [®] Tablet	Glyxambi [®] Tablet
Onglyza [®] Tablet	Jentaduo [®] XR Tablet
Tradjenta [®] Tablet	Kazano [®] Tablet
	Kombiglyze [®] XR Tablet
	Nesina [®] Tablet
	Oseni [®] Tablet
	Qtern [®] Tablet
	Steglujan [®] Tablet
	Trijardy [®] XR Tablet

No recommendations. Class open for comments.

Meglitinides

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

Remove Prandin Tablet and Starlix Tablet (obsolete/non-rebateable)

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

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

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

No recommendations. Class open for comments.

Thiazolidinediones and Combinations

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

Remove Avandia Tablet (obsolete/non-rebateable)

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

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

Add Antivert tablet/chewable tablet as Non-Preferred; Remove metoclopramide ODT (generic for Metozolv[®]) (obsolete/non-rebateable)

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BILE ACID SALTS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Actigall® Capsule
ursodiol tablet (generic for Urso®)	Bylvy™ Capsule / Pellet Exemption for diagnosis of PFIC
	Chenodal® Tablet
	Cholbam® Capsule
	Ocaliva® Tablet
	Reltone™ Capsule
	Urso® Tablet / Urso® Forte Tablet
	LIVMARLI (maralixibat) oral solution
Add new to market product--LIVMARLI (maralixibat) oral solution as Non-Preferred; Remove Actigall® Capsule (obsolete/non-rebateable)	
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera® Capsule	Helidac® Therapy Pack
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia® Capsule
Remove Helidac® Therapy Pack (obsolete/non-rebateable)	
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine solution / tablet (generic for Tagamet®)
ranitidine syrup/tablet (generic for Zantac®)	nizatidine capsule / solution (generic for Axid®)
	Pepcid® Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule	Pancreaz® Capsule
Zenpep® Capsule	Pertzye® Capsule
	Viokase® Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium® Rx)	Exemption for children < 12 years of age
esomeprazole magnesium tablet OTC (generic for Nexium® OTC)	Aciphex® Sprinkle Capsules / Tablets
lansoprazole capsule (generic for Prevacid® Rx)	Dexilant® Capsule
Nexium® Rx Packet	DEXLANSOPRAZOLE CAPSULES (AG) (GENERIC(AG) FOR DEXILANT®)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium capsule OTC (generic for Nexium® OTC)
pantoprazole tablet (generic for Protonix®)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC)
	omeprazole ODT (OTC)
	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® Rx / Capsule / Packet
Remove Aciphex Sprinkle Capsules (obsolete/non-rebateable); Add omeprazole ODT (OTC)	
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex® Tablet)
Linzess® Capsule	Ibsrela® Tablet (Oral)
Movantik® Tablet	Lotronex® Tablet
	lubiprostone capsule (generic for Amitiza® Capsule)
	Motegrity™ Tablet
	Relistor® Syringe / Vial / Oral Tablet Clinical Criteria Apply
	Symproic® Tablet
	Trulance®
	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
No recommendations. Class open for comments.	

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ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol [®] HD Tablet
balsalazide capsule (generic for Colazal [®])	Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Colazal [®] Capsule
sulfasalazine IR tablet (generic for Azulfidine [®])	Delzicol [®] Capsule
	Dipentum [®] Capsule
	mesalamine DR capsule (generic for Delzicol [®] Capsule)
	mesalamine ER capsule (generic for Apriso [®] Capsule)
	mesalamine ER capsule (generic for Pentasa [®] Capsule)
	mesalamine tablet (generic for Asacol [®] HD / Lialda [®] Tablet)
	Pentasa [®] Capsule
	Uceris [®] Tablet
Add new to market product as Non-Preferred--mesalamine ER capsule (generic for Pentasa[®] Capsule)	
ULCERATIVE COLITIS	
Rectal	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Canasa [®] Suppository	mesalamine kit (generic for Rowasa [®] Kit)
mesalamine enema (generic for Rowasa [®] Enema)	mesalamine suppository (generic for Canasa [®] Suppository)
	Rowasa [®] Kit
	SF Rowasa [®] Enema
	Uceris [®] Rectal Foam
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	Fosrenol [®] Chewable
Renvela [®] Tablet	Fosrenol [®] Powder Pack
sevelamer carbonate powder pack (generic for Renvela [®] Powder Pack)	MagneBind [®] 400 Rx Tablet
	Phoslyra [®] Solution
	Renagel [®] Tablet
	Renvela [®] Powder Pack
	sevelamer hydrochloride tablet (generic for Renagel [®])
	sevelamer carbonate tablet (generic for Renvela [®])
	Velphoro [®] Chewable
	lanthanum carbonate chewable tablet (oral) (generic for Fosrenol [®] Chewable)
No recommendations. Class open for comments.	
GENITOURINARY/RENAL	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Avodart [®] Softgel
doxazosin tablet (generic for Cardura [®])	Cardura [®] Tablet / XL Tablet
dutasteride capsule (generic Avodart [®])	Cialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply
finasteride tablet (generic for Proscar [®])	dutasteride/ tamsulosin capsule (generic Jalyn capsule [®])
tamsulosin capsule (generic for Flomax [®])	Flomax [®] Capsule
terazosin capsule (generic for Hytrin [®])	Jalyn [®] Capsule
	Proscar [®] Tablet
	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo [®])
	tadalafil tablet (generic for Cialis [®]) (2.5mg and 5mg strengths only) Clinical criteria apply

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin ER tablet (generic for Ditropan XL [®])	Detro [®] (tolterodine) Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®] Tablet)	Ditropan [®] (oxybutynin) XL Tablet
Toviaz [®] (fesoterodine) Tablet	Enablex[®] (darifenacin) Tablet
	FESOTERODINE ER TABLET (generic for Toviaz)
	flavoxate tablet (generic for Urispas [®])
	Gelnique [®] (oxybutynin) Gel / Gel Sachets
	Gemtesa [®] (vibegron) Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment
	Myrbetriq [®] (mirabegron) Granules / ER Tablet Exemption in patients with a diagnosis of dementia or mild cognitive impairment
	Oxytrol [®] (oxybutynin) Patch
	tolterodine tablet / ER capsule (generic for Detro [®] / LA)
	tropium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] (solifenacin) LS Suspension
	Vesicare [®] (solifenacin) Tablet
Add new to market product--FESOTERODINE ER TABLET (generic for Toviaz) as Non-Preferred; remove Enablex[®] (darifenacin) Tablet (obsolete/non-rebateable)	
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	colchicine capsule (generic for Mitigare [®])
colchicine tablet (generic for Colcrys [®])	Colcrys [®] Tablet
probenecid tablet (generic for Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
probenecid-colchicine tablet (generic for Col-Benemid [®])	Gloperba [®] Solution
probenecid-colchicine tablet (generic for Col-Benemid [®])	Krystexxa [®] Injection
	Mitigare [®] (branded colchicine 0.6mg) Capsules
	Uloric [®] Tablet
	Zyloprim [®] Tablet
No recommendations. Class open for comments.	
HEMATOLOGIC ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin [®] Syringe / Vial	fondaparinux syringe (generic for Arixtra [®])
	Lovenox [®] Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis [®] Tablet and Starter Dose Pack	Bevyxxa[®] Capsule
Jantoven [®] (branded generic for Coumadin [®])	Coumadin[®] Tablet
Pradaxa [®] Capsule	DABIGATRAN CAPSULE (generic for Pradaxa [®] Capsule)
warfarin tablet (generic for Coumadin [®])	Savaysa [®] Tablet
Xarelto [®] Starter Pack / Tablet	Xarelto [®] Suspension
Add new to market product DABIGTRAN CAPSULE as Non-Preferred; Remove Bevyxxa[®] Capsule and Coumadin[®] Tablet (obsolete/non-rebateable)	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Neupogen [®] Vial / Syringe	Fulphila [™] Syringe
Nivestym [™] Syringe	Granix [®] Injection Syringe/Vial
Nyvepria [™] Syringe	Leukine [®] Injection
Udenyca [™] Syringe	Neulasta [®] Syringe / Kit
	Nivestym [™] Vial
	Releuko [®] Syringe (Subcutaneous)
	Releuko [®] Vial (Injection)
	Zarxio [®] Injection
	Ziextenzo [®] Syringe
No recommendations. Class open for comments.	
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Epogen [®] Vial
Procrit [®] Vial	Mircera [®] Syringe
	Reblozyl [®] Vial
	Retacri [®] Vial
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate [®] Vial	Tavalisse [™] Tablet

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Promacta® Suspension / Tablet	
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for CroLom®)	Alocril® Drops
olopatadine drops (generic for Pataday®)	Alomide® Drops
Pazeo® Drops	Alrex® Drops
	azelastine drops (generic for Optivar®)
	bepotastine drops (generic for Bepreve® Drops)
	Bepreve® Drops
	epinastine drops (generic for Elestat®)
	Lastacaft® Drops
	olopatadine drops (generic for Patanol®)
	Pataday® Drops
	Patanol® Drops
	Zerviate™ Drops
Remove obsolete/non-rebateable products: Pazeo® Drops, Pataday® Drops and Patanol® Drops	
ANTIBIOTICS	
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	Azasis® Drops
bacitracin-polymyxin ointment (generic for Polysporin®)	Baciguent® eye ointment
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin®)
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension
Gentak® Ointment (branded generic for Garamycin®)	Bleph-10® Drops
gentamicin drops (generic for Garamycin®)	Ciloxan® Drops / Ointment
moxifloxacin ophthalmic solution (generic for Vigamox® Drops)	gatifloxacin drops (generic for Zymaxid®)
ofloxacin drops (generic for Ocuflax®)	levofloxacin drops (generic for Quixin®)
Polycin® Ointment (branded generic for Polysporin®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
polymyxin-trimethoprim drops (generic for Polytrim®)	Moxeza® Drops
sulfacetamide drops (generic for Bleph-10®)	Natacyn® Drops
tobramycin drops (generic for Tobrex®)	neomycin/bacitracin/polymyxin oint (ophthalmic) (generic (AG) for Neosporin® Oph Oint)
	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflax® Drops
	Polytrim® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment/ Drops
	Vigamox® Drops
	Zymaxid® Drops
Add baciguent eye ointment as Non-Preferred; remove obsolete/non-rebateable products: Bleph-10® Drops and Moxeza® Drops	
ANTIBIOTICS-STERIOD COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Blephamide® Drops + S.O.P. Ointment
Tobradex® Drops / Ointment	Maxitrol® Drops / Ointment
	Neo-Polycin® HC (branded generic for Cortisporin®)
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops / ointment (generic for Ocetricin®)
	Pred-G® S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex® ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex® Suspension)
	Zylet® Drops
Remove Blephamide Drops (obsolete/non-rebateable)	

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ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvail® Solution
Durezol® Drops	bromfenac drops (generic for Xibrom®)
Flarex® Drops	Bromsite™ Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert
flurbiprofen drops (generic for Ocufen®)	Dexycu™ Vial
Ilevro® Drops	difluprednate drops (generic for Durezol®)
ketorolac solution (generic for Acular® / LS)	FML® Forte Drops / S.O.P. Ointment
Lotemax® Drops	FML® Liquifilm® Drops
Pred Mild® Drops	Iluvien® Implant
prednisolone acetate drops (generic for Pred Forte®)	Inveltys™ Drops
	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Nevanac® Droptainer
	Omnipred® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triessence® Vial
	Xipere™ (Intraocular)
	Yutiq™ Implant
<u>Remove</u> Omnipred Drops (obsolete/non-rebateable)	
ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Eysuvis™ Drops	Cequa™ Drops
Restasis® Drops / Restasis® Multidose™ Drops	cyclosporine (ophthalmic) (generic for Restasis®)
Xiidra® Drops	cyclosporine (generic (AG) for Restasis® (ophthalmic))
	Tyrvaya® Nasal Spray
No recommendations. Class open for comments.	
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan® Drops	betaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betoptic® S Drops
	brimonidine tartrate/timolol drops (Generic (AG) for Combigan®)
	brimonidine tartrate/timolol drops (ophthalmic) (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)
	Timoptic® Drops / Ocudose® Drops / XE® Solution
	Betimol Drops®
<u>Add</u> Betimol Drops as Non-Preferred	

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CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops	Cosopt® Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt® PF)
	Trusopt® Drops
No recommendations. Class open for comments.	
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia® Tablet
	Binosto® Effervescent Tablet
	Boniva® Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenity™ Syringe
	Evista® Tablet
	Forteo® Pen Injection
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	teriparatide injection (generic for Forteo® Injection)
	Tymlos® Injection
Remove Binosto® Effervescent Tablet (obsolete/non-rebateable)	

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OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex® Suspension	Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)	ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)
	ciprofloxacin-fluocinolone drops (generic for Otovel®)
	Cortisporin-TC® Suspension
	Otiprio® Suspension
	Otovel® Drops
Remove Otiprio® Suspension (obsolete/non-rebateable)	
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic® Oil	Flac® Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic®)
No recommendations. Class open for comments.	
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Arcapta® Neohaler®
	Striverdi® Respimat® Inhalation Spray
Remove Arcapta® Neohaler® (obsolete/non-rebateable)	
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Proair® HFA Inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
Ventolin® HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
	Proair® DigiHaler™
	Proair® RespiClick®
	Proventil® HFA Inhaler
	Ventolin® HFA Inhaler
	Xopenex® HFA Inhaler
Off-cycle move: Moved Ventolin HFA Inhaler from Non-Preferred to Preferred; remove ProAir HFA Inhaler (discontinued by manufacturer), remove trial and failure clarification for this category (no longer needed)	
BETA-ADRENERGIC, NEBULIZERS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana® Solution)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist® Solution)
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
albuterol sulfate 5mg / ml solution	Perforomist® Solution
	Xopenex® Solution / Concentrate Solution
No recommendations. Class open for comments.	
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol syrup (generic for Ventolin® Syrup)	albuterol tablets (generic for Proventil® Repetabs)
metaproterenol syrup (generic for Alupent® Syrup)	albuterol ER tablets (generic for VoSpire® ER)
terbutaline tablet (generic for Brethine®)	

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ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler	Daliresp [®] Tablet
Atrovent [®] HFA Inhaler	Duaklir [®] Pressair [®]
Bevespi [®] Aerosphere [®]	Incruse [®] Ellipta [®] Inhaler
Combivent [®] Respimat [®] Inhalation Spray	Lonhala [®] Magnair [®]
ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	Seebri [®] Neohaler [®]
ipratropium-albuterol solution (generic for Duoneb [®])	Tudorza [®] Pressair [®] Inhaler
Spiriva [®] Handihaler [®]	Utibron[®] Neohaler[®]
Spiriva [®] Respimat [®] Inhalation Spray	Yupelri [™] Solution
Stiolto [®] Respimat [®] Inhalation Spray	

Remove Utibron[®] Neohaler[®] (obsolete/non-rebateable)

INHALED CORTICOSTEROIDS

Preferred	Non-Preferred
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort [®] Respules)	Alvesco [®] Inhaler
Flovent [®] Diskus	ArmonAir [™] Digihaler [™]
Flovent [®] HFA Inhaler	Arnuity [®] Ellipta [®] Inhaler
	Asmanex [®] HFA Inhaler
	Asmanex [®] Twisthaler [®]
	Pulmicort [®] Flexhaler
	Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg
	QVAR [®] ReditHaler [™]
	FLUTICASONE PROPIONATE HFA (generic for Flovent [®] HFA)

Add new to market product--FLUTICASONE PROPIONATE HFA (generic for Flovent HFA) as Non-Preferred

INHALED CORTICOSTEROID COMBINATIONS

Preferred	Non-Preferred
Advair [®] Diskus [®]	AirDuo [®] Digihaler [™] / RespiClick [®]
Advair [®] HFA Inhaler	Breo [®] Ellipta [®]
Dulera [®] Inhaler	Breztri [™] Aerosphere [™]
Symbicort [®] Inhaler	budesonide/formoterol inhalation (generic for Symbicort [®])
	fluticasone/salmeterol inhalation (generic for Advair [®] Diskus [®])
	fluticasone/salmeterol inhalation (generic for AirDuo [®])
	FLUTICASONE-VILANTEROL (generic for Breo [®] Ellipta [®])
	Trelegy [®] Ellipta [®]
	Wixela [™] Inhub [™]

Add new to market product--FLUTICASONE-VILANTEROL (generic for Breo Ellipta) as Non-Preferred

INTRANASAL RHINITIS AGENTS

Preferred	Non-Preferred
Astepro[®] Nasal Spray	Exemption for steroids applies to children < 4 years of age
azelastine spray (generic for Astelin [®])	azelastine nasal spray (generic for Astepro [®])
fluticasone spray (generic for Flonase [®])	azelastine-fluticasone nasal spray (generic for Dymista [®])
ipratropium spray (generic for Atrovent [®] Nasal)	Beconase [®] AQ Nasal Spray
olopatadine nasal spray(generic for Patanase [®])	Dymista [®] Nasal Spray
	flunisolide nasal spray (generic for Nasalide [®])
	mometasone nasal spray (generic for Nasonex [®])
	Nasonex[®] Nasal Spray
	Omnaris [®] Nasal Spray
	Patanase [®] Nasal Spray
	QNasi [®] Nasal Spray / Children's Spray
	RYALTRIS [®] (olopatadine and mometasone) Nasal Spray
	Sinuva [™] Implant
	Xhance [™] Nasal Spray
	Zetonna [®] Nasal Spray

Add new to market product--RYALTRIS (olopatadine and mometasone) Nasal Spray as Non-Preferred; remove Astepro Nasal Spray and Nasonex Nasal Spray (obsolete/non-rebateable)

LEUKOTRIENE MODIFIERS

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

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablets)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)	Clarinet® Tablet - Exemption for children < 2 years of age
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	desloratadine ODT / Tablet (generic for Clarinet®)
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
loratadine tablet OTC (generic for Claritin® OTC)	levocetirizine Rx solution (generic for Xyzal® Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)
	Quzyttir™ Vial
Add levocetirizine OTC tablet as Preferred and remove Quzyttir™ Vial (obsolete/non-rebateable)	
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
Quantity limit of 102 days supply per 12 months apply to all drugs in this class	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
	Clarinet-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D® 24 hour)
	Semprex-D® Capsule
Add fexofenadine-pseudoephedrine ER 24h tablet as Non-Preferred	
ACNE AGENTS	
Preferred	Non-Preferred
clindamycin-benzoyl peroxide gel (generic for Duac®)	Acanya® Gel Pump
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Azzone® Gel
Differin® Cream / Gel Pump / Lotion	ADAPALENE / BENZOYL PEROXIDE (GENERIC FOR EPIDUO® FORTE)
Epiduo® Gel	adapalene / benzoyl peroxide (generic for Epiduo® Gel)
Epiduo® Forte	adapalene cream / gel / gel pump / solution (generic for Differin®)
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, A/T/S®, T-Stat®)	Akief® Cream
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Aktipak® Pouch
Retin-A® Cream / Gel	ALTRENO® LOTION (TOPICAL)
Retin-A® Micro Gel / Micro Pump Gel	Amzeeq™ Foam
	Arazlo™ Lotion
	Atralin® Gel
	Avar® Cleanser / Cleansing Pads / Foam
	Avar® LS Cleanser / LS Cleansing Pads / LS Foam
	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
	Avita® Cream / Gel
	azelaic acid gel (generic for Finacea®)
	Benzacn® Gel / Pump
	Benzamycin® Gel
	BP® 10-1 Wash / Cleansing Wash
	Cleocin® T Gel / Lotion / Pledgets
	Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel® Gel
	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)
	clindamycin-benzoyl peroxide gel (generic for Neucac®)
	clindamycin-benzoyl peroxide / pump (generic for Benzacn®)
	clindamycin-benzoyl peroxide with pump (generic for Acanya®)
	dapsone gel (generic for Azzone® Gel)
	Ery® Pads
	Erygel® Gel
	erythromycin gel / pledgets (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®)
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam / Gel
	Klaron® Lotion
	Neucac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash
	Promiseb® Complete+ Topical Cream
	Rosula® Cloths / Wash
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan®)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxia®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia)
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / Wash / XLT Kit

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	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac®)
	tazarotene foam (generic for Fabior®)
	tazarotene gel (generic for Tazorac gel)
	Tazorac® Cream / Gel
	tretinoin cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	Tretin-X™ Combo Pack / Cream
	TWYNEO® CREAM (TOPICAL)
	WINLEVI (clascoterone) 1% Cream
	Ziana® Gel

Add new to market products as Non-Preferred--tazarotene gel (generic for Tazorac gel) and WINLEVI (clascoterone) 1% Cream; add sulfacetamide-sulfur 9-4% cleanser (generic for Zencia) as Non-Preferred; remove obsolete/non-rebateable products: Epiduo Gel, Aktipatch Pouch, Avar foam, Avar-E LS cream, Benzaclin® Gel / Pump, Cleocin T gel/pledgets, Promise Complete

ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel® Pump	Androderm® Patch
	AndroGel® Packet
	Axiron® Topical Gel / Solution
	Fortesta® Gel Pump
	Natesto® Nasal Gel
	Testim® Gel
	testosterone gel / packet (generic for Testim®, Vogelxo®)
	testosterone gel pump (generic for AndroGel® Pump)
	testosterone gel pump / solution (generic for Axiron®, Fortesta®)
	testosterone packet (generic for AndroGel® packet)
	Vogelxo® Gel / Packet / Pump

Add testosterone packet (generic for AndroGel packet) as Non-Preferred; remove Axiron® Topical Gel / Solution and testosterone solution (generic for Axiron) (obsolete/non-rebateable)

NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector® Patch)
	diclofenac solution pump (generic for Pennsaid® pump)
	diclofenac solution (generic for Pennsaid®)
	Dicloflex™ DC Pack
	Flector® Patch
	Licart™ Patch
	Pennsaid® Solution Packet / Pump
	Voltaren® Gel

Add new to market product--diclofenac solution pump (generic for Pennsaid pump) as Non-Preferred; remove Dicloflex™ DC Pack and Voltaren gel (obsolete/non-rebateable)

ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Centany® AT Ointment Kit / Ointment
mupirocin ointment (generic for Bactroban® Ointment)	mupirocin cream (generic for Bactroban® Cream)
	Xepi™ Cream

ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Metrogel® Vaginal Gel
Nuversa® Vaginal Gel	Vandazole® Vaginal Gel
	XACIATO® (clindamycin phosphate) vaginal gel

Add new to market product--XACIATO (clindamycin phosphate) vaginal gel as Non-Preferred

ANTIFUNGALS	
Preferred	Non-Preferred
ciclopirox cream (generic for Loprox® Cream)	Bensal HP® Ointment
ciclopirox solution (generic for Penlac® Solution)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin® Rx)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
clotrimazole-betamethasone cream (generic for Lotrisone® cream)	ciclopirox treatment kit (generic for Ciclodan® Kit)
ketoconazole cream / shampoo (generic for Nizoral®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
Nyamy® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)
Nystop® Powder	Ertaczo® Cream
	Exelderm® Cream / Solution
	Extina® Foam
	Jublia® Topical Solution

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

Effective DATE: Draft for January 12, 2023 Meeting

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	Kerydin® Topical Solution
	ketoconazole foam (generic for Extina® Foam)
	Ketodan® foam/foam kit
	Loprox® shampoo / suspension / cream / kit
	luliconazole cream (generic for Luzu® Cream)
	Luzu® Cream
	Mentax® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	naftifine cream / gel (generic for Naftin® Cream / Gel)
	Naftin® Cream / Gel
	nystatin-triamcinolone cream / ointment (generic for Mycolog II®)
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Cream / Lotion
	sulconazole nitrate cream (generic for Exelderm®)
	sulconazole nitrate soln (generic for Exelderm®)
	tavaborole topical solution (generic for Kerydin® Topical Solution)
	Vusion® Ointment - Clinical criteria apply
Add Ketodan foam/foam kit as Non-Preferred; remove Naftin cream (obsolete/non-rebateable)	

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ANTIPARASITICS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Natroba [®] Topical Suspension	Crotan [™] Lotion
permethrin cream (generic for Elimite [®])	Elimite[®] Cream
	Eurax [®] Cream / Lotion
	ivermectin lotion (generic for Sklice [®] Lotion)
	lindane shampoo
	malathion lotion (generic for Ovide [®])
	Ovide [®] Lotion
	Sklice [®] Lotion
	spinosad topical suspension (generic for Natroba [®])
Remove Elimite Cream (obsolete/non-rebateable)	
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax [®] Ointment)	acyclovir cream (generic for Zovirax [®] Cream)
Zovirax [®] Cream	Denavir [®] Cream
	Xerese [®] Cream
	Zovirax [®] Ointment
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Elidel [®] Cream	Adbry [™] (Subcutaneous)
Eucrisa [®] 2% Ointment	Dupixent [®] Injection
tacrolimus ointment (generic Protopic [®])	Dupixent [®] Pen
	Opzelura [™] Cream
	pimecrolimus cream (generic for Elidel [®] Cream)
No recommendations. Class open for comments.	
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara [®])	Aldara[®] Cream
imiquimod cream pump (generic for Aldara [®])	Condylox [®] Gel
	HYFTOR (sirolimus) gel
	imiquimod cream (generic for Zyclara [®]) (topical)
	imiquimod cream pump (generic for Zyclara [®]) (topical)
	podofilox solution (generic for Condylox [®] Solution)
	Veregen [®] Ointment
	Zyclara [®] Cream and Cream Pump
Add new to market product--HYFTOR (sirolimus) gel as Non-Preferred; remove Aldara Cream (obsolete/non-rebateable)	
PSORIASIS	
Preferred	Non-Preferred
Dovonex [®] Cream	calcipotriene cream / ointment / solution (generic for Dovonex [®])
	calcipotriene foam (generic for Sorilux[®] Foam)
	calcipotriene-betamethasone suspension / ointment (generic for Talconex [®])
	calcitriol ointment (generic for Vectical [®])
	Duobrii [™] Lotion
	Enstilar [®] Foam
	Sorilux [®] Foam
	Taclonex [®] Ointment / Suspension
	Vectical [®] Ointment
	VTAMA[®] (tapinarof) cream
	ZORYVE[®] (rofulimast) cream
Add new to market products as Non-Preferred: VTAMA (tapinarof) cream and ZORYVE (rofulimast) cream; add calcipotriene foam as Non-Preferred	
ROSACEA AGENTS	
Preferred	Non-Preferred
MetroCream [®]	azelaic acid gel (generic for Finacea [®])
MetroGel [®]	EPSOLAY[®] (benzoyl peroxide) 5% CREAM PUMP
	Finacea [®] Foam / Gel
	ivermectin cream (generic for Soolantra [®])
	metronidazole cream (generic for MetroCream [®])
	metronidazole gel / pump[(generic for MetroGel [®])
	metronidazole lotion (generic for MetroLotion [®])
	Mirvaso [®] Gel Pump
	Noritate [®] Cream
	Rhofade [®] Cream

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	Rosadan [®] Cream / Gel / Kit
	Soolantra [®] Cream
	Zilxi [™] Foam
<u>Add</u> new to market product--EPSOLAY (benzoyl peroxide) 5% CREAM PUMP as Non-Preferred	

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

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

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ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara [®] Pro Patch	Alora[®] Patch
CombiPatch [®]	Climara [®] Patch
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Divigel [®] Gel Packet
estradiol tablet (generic for Estrace [®])	Doti [™] Patch
Evamist [®] Spray	Duavee [®] Tablet
Menest [®] Tablet	Elestrin [®] Gel
Premarin [®] Tablet	Estrace [®] Tablet
	Lyllana [™] Patch
	Menostar [®] Patch
	Minivelle [®] Patch
	Vivelle-Dot [®] Patch
Remove Alora [®] Patch (obsolete/non-rebateable)	
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Amabelz [®] Tablet	Estrace [®] Cream
Estring [®] Vaginal Ring	estradiol vaginal cream / tablet (generic for Estrace [®])
Premarin [®] Vaginal Cream	Femring [®] Vaginal Ring
Vagifem [®] Vaginal Tablet	Imvexxy [®] Vaginal Inserts
	Yuvafem [®] Vaginal Tablet
Add Amabelz Tablet as Preferred	
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Alkindi [®] Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron [®])	Cortel [®] Tablet
dexamethasone solution (generic for Concedix [®])	cortisone tablet (generic for Patisone [®])
hydrocortisone tablet (generic for Cortel [®])	dexamethasone tablet dosepack
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	dexamethasone Intensol [®] Drops
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Emflaza [®] Suspension / Tablet Clinical criteria apply
prednisolone solution (generic for Prelone [®] , Millipred [™])	Entocort[®] EC Capsule
prednisone dose pack (generic for Sterapred [®])	Hemady [™] Tablet
prednisone solution / tablet (generic for Deltasone [®])	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®])
	Millipred [®] Dose Pack / Tablet
	Ortikos [™] Capsule
	prednisolone ODT (generic for Orapred [®] ODT)
	Prednisone Intensol [®] Concentrated Solution
	Rayos [®] Tablet
	Taperdex [®] Tablet
	Tarpeyo [™] Capsule - Exemption for diagnosis of IgA nephropathy
Remove Entocort [®] EC Capsule (obsolete/non-rebateable)	
IMMUNOMODULATORS, SYSTEMIC	
Clinical criteria apply to all drugs in this class Trial and failure of only one Preferred drug required	
Preferred	Non-Preferred
Cosentyx [®] Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial
Enbrel [®] Kit / Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial	Arcalyst [®] SQ Syringe
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Avsola [®] Injection
	Cibinqo [™] Tablet (Oral)
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Enspryng [™] Injection
	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya [®] Injection
	Inflectra [™] Vial
	infliximab (injection) (generic for Remicade [®])
	Kevzara [®] Injection
	Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant [®] Tablet
	Orencia [®] Clickjet [®] / Syringe / Vial
	Otezla [®] Starter Pack / Tablet
	Remicade [®] Injection
	Renflexis [™] Injection
	Rinvoq [™] ER Tablet
	Siliq [®] Injection
	Simponi [®] Aria Vial / Pen Injector / Syringe
	SKYRIZI [®] (risankizumab-rzaa) ON-BODY
	SKYRIZI [®] (risankizumab-rzaa) VIAL
	Skyrizi [™] Pen / Syringe

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	SOTYKTU® (deucravacitinib) tablet
	SPEVIGO® (spesolimab-sbzo) vial
	Stelara® Syringe / vial
	Taltz® Auto-injector / Syringe
	Tremfya® Injection
	Uplizna® Vial
	Xeljanz® Tablet / Solution / XR Tablet
Add new to market products as Non-Preferred with clinical criteria: SKYRIZI (risankizumab-rzaa) ON-BODY, SKYRIZI vial, SOTYKTU (deucravacitinib) tablet and SPEVIGO (spesolimab-sbzo) vial	
IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock™ Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune® Solution / Tablet)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
Tavneos® capsule (oral)	
Zortress® Tablet	
No recommendations. Class open for comments.	

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MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo TM Tablet	Xenazine [®] Tablet
Ingrezza [®] Capsule	
Ingrezza [®] Initiation Pack	
tetrabenazine tablet	
Add Ingrezza Initiation Pack as Non-Preferred	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado TM Nasal Spray	
naloxone ampule / syringe / vial (generic for Narcan [®])	
naloxone spray (nasal) (Generic (AG) for Narcan [®] Nasal Spray))	
naltrexone (oral)	
Narcan [®] Nasal Spray	
Vivitrol [®] Injection	
Zimhi TM (injection)	
No recommendations. Class open for comments.	
OPIOID DEPENDENCE	
Clinical criteria apply to all drugs in this class	
Trial and failure of Suboxone [®] SL film or buprenorphine-naloxone SL tablet (generic Suboxone [®]) required for coverage of non-preferred options	
For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.	
Preferred	Non-Preferred
buprenorphine-naloxone sl tablet (generic for Suboxone [®])	buprenorphine sl tablet (generic for Subutex [®])
Suboxone [®] SL Film	buprenorphine-naloxone sl film (generic for Suboxone [®])
Sublocade TM	Lucemyra [®] Tablet (oral)
	Zubsolv [®] Tablet SL
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal [®])	Amrix [®] ER Capsule
cyclobenzaprine tablet (generic for Flexeril [®])	baclofen (AG) oral solution
methocarbamol tablet (generic for Robaxin [®])	chlorzoxazone tablet (generic for Parafon Forte [®])
tizanidine tablet (generic for Zanaflex [®] Tablet)	cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule)
	Dantrium [®] Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium [®])
	Fexmid [®] Tablet
	Fleqsuvy TM Suspension (Oral)
	Lorzone [®] Tablet
	LYVISPAH [®] (baclofen) 10 MG GRANULE PACKET
	metaxalone tablet (generic for Skelaxin [®])
	Norgesic TM Forte Tablet
	orphenadrine citrate ampule / tablet / vial (generic for Norflex [®])
	Parafon [®] Forte Caplet
	Robaxin [®] Tablet / Vial
	Skelaxin [®] Tablet
	tizanidine capsules (generic for Zanaflex [®] Capsule)
	Zanaflex [®] Capsule / Tablet
Add new to market product LYVISPAH (baclofen) 10 MG GRANULE PACKET as Non-Preferred; remove obsolete/non-rebateable products: orphenadrine citrate ampule (generic for Norflex [®]), Parafon [®] Forte Caplet and Robaxin [®] Tablet	
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod DASH [®]	
Omnipod DASH [®] Kit	
Omnipod 5 [®]	
Omnipod 5 [®] Kit	

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

Effective DATE: Draft for January 12, 2023 Meeting

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
More information on the PDL can be found at: <https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical criteria apply to all items in this class

Continuous Glucose Monitor Transmitters / Receivers / Readers

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

No recommendations. Class open for comments.

Continuous Glucose Monitor Sensors

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

Add new to market product--Freestyle Libre[™] 3 Sensor as Preferred

DIABETIC SUPPLIES

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

Meters	Lancing Devices
ACCU-CHEK [®] Guide Retail care kit * (see above for billing)	ACCU-CHEK [®] Softclix lancing device kit (Blue)
ACCU-CHEK [®] Guide Me Retail care kit * (see above for billing)	ACCU-CHEK [®] Softclix lancing device kit (Black)
Test Strips	ACCU-CHEK [®] Multiclix lancing device kit
ACCU-CHEK [®] AVIVA 50 ct test strips	
ACCU-CHEK [®] AVIVA PLUS 50 ct test strips	ACCU-CHEK [®] Fastclix lancing device kit
ACCU-CHEK [®] SMARTVIEW 50 ct test strips	Control Solutions
ACCU-CHEK [®] COMPACT Plus 51 ct test strips	ACCU-CHEK [®] Aviva glucose control solution (2 levels)
ACCU-CHEK [®] Guide 50 ct test strips	ACCU-CHEK [®] Compact blue glucose control solution (2 levels)
ACCU-CHEK [®] Guide 100 ct test strips	ACCU-CHEK [®] Compact Plus clear glucose control solution (2 levels)
Lancets	ACCU-CHEK [®] SmartView glucose control solution (1 level)
ACCU-CHEK [®] Multiclix 102 ct Lancets	ACCU-CHEK [®] Guide 2-Level control solution (2-levels)
ACCU-CHEK [®] Softclix 100 ct Lancets	
ACCU-CHEK [®] Fastclix 102 ct Lancets	

Remove obsolete/non-rebateable products: ACCU-CHEK[®] AVIVA 50 ct test strips, ACCU-CHEK[®] COMPACT Plus 51 ct test strips and ACCU-CHEK[®] Compact blue glucose control solution (2 levels)