

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

**Effective DATE: DRAFT**

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

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

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

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

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

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

**ALZHEIMER'S AGENTS**

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

**ANALGESICS**

**OPIOID ANALGESICS**

**Long Acting Opioids**

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

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

**Orally Disintegrating / Oral Spray Schedule II Opioids**

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

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

**Short Acting Schedule II Opioids**

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

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

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oxycodone-ibuprofen tablet (generic for Combunox®)

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

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NEUROPATHIC PAIN	
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Drizalma™ Sprinkle
<b>lidocaine patch (generic for Lidoderm®) - Clinical criteria apply</b>	duloxetine capsule (generic for Irenka®)
pregabalin capsule / solution (generic for Lyrica® Capsule / Solution)	Gralise® Tablet
	Horizan® Tablet
	<b>lidocaine patch (generic for Lidoderm®) - Clinical criteria apply</b>
	Lidoderm® Patch - <b>Clinical criteria apply</b>
	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 - <b>Clinical criteria apply</b>
ANTICONSULSANTS	
CARBAMAZEPINE DERIVATIVES	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom® Tablet	Carbatrol® Capsule
carbamazepine chewable tablet (generic for Tegretol®)	carbamazepine suspension / tablet (generic for Tegretol®)
carbamazepine ER capsule (generic for Carbatrol®)	carbamazepine XR tablet (generic for Tegretol XR®)
Equetro® Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Trileptal® Tablet / Suspension
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
FIRST GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.	
Preferred	Non-Preferred
Celontin® Kapsel	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®)	<b>Felbator® Suspension / Tablet</b>
<b>Felbatol® Suspension / Tablet</b>	Mysoline® Tablet
phenobarbital tablet / elixir / solution	Peganone® Tablet
Phenytek® Capsule	Zarontin® Capsule / Solution
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
primidone Tablet (generic for Mysoline®)	
valproic acid capsule / solution (generic for Depakene®)	
SECOND GENERATION	
Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.	
Preferred	Non-Preferred
Banzel® Suspension / Tablet	<b>Banzel® Suspension / Tablet</b>
Briviact® Tablet and Solution	<b>Briviact® Tablet and Solution</b>
clobazam suspension (generic for Onfi® Suspension)	<b>clobazam suspension (generic for Onfi® Suspension)</b>
clobazam tablet (generic for Onfi® Tablet)	<b>clobazam tablet (generic for Onfi® Tablet)</b>
clonazepam tablet (generic for Klonopin®)	clonazepam ODT (generic for Klonopin® Wafer)
Diacomit® Capsule / Powder Pack	diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
Diastat® Acudial® / Pedi System	<b>Diacomit® Capsule / Powder Pack</b>
Epidiolex® Solution - <b>Clinical Criteria Apply</b>	Eilepsia™ XR Tablet
EPRONTIA™ SOLUTION	<b>EPRONTIA™ SOLUTION</b>
Fintepla® Solution	<b>Eveompa® Tablet / Suspension</b>
<b>Eycompa® Tablet / Suspension</b>	Keppra® Tablet / Solution / XR Tablet
gabapentin capsule / solution (generic for Neurontin®)	Klonopin® Tablet
gabapentin tablet (generic for Neurontin® Tablet)	<b>LACOSAMIDE SOLUTION AND TABLET</b>
Gabitril® Tablet	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
lamotrigine chewable / tablet (generic for Lamictal®)	lamotrigine starter kits (generic for Lamictal®)
<b>lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)</b>	<b>lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT)</b>
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Lyrica® Capsule / Solution
Nayzilam® Nasal Spray	Neurontin® Capsule / Solution / Tablet
Rowcepra™ Tablet	Onfi® Suspension / Tablet
Sabril® Powder Packet	Quexy® XR Capsule
<b>Sabril® Tablet</b>	rufinamide suspension (generic for Banzel® Suspension)
topiramate sprinkle capsule / tablet (generic for Topamax®)	<b>Sabril® Tablet</b>
Valtoco® Nasal Spray	Spritam® Tablet
Vimpat® Solution / Starter Kit / Tablet	Sympazan® Film
<b>Xcopri® Tablet / Titration Pack</b>	tiagabine tablet (generic for Gabitril®)
zonisamide capsule (generic for Zonegran®)	Topamax® Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Quexy®)
	Trokendi® XR Capsule
	vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet)
	Vigadrone® Powder Packet
	<b>Vimpat® Solution / Starter Kit / Tablet</b>

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	Xcopri <sup>®</sup> Tablet / Titration Pack
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ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin <sup>®</sup> / XR)	Augmentin <sup>®</sup> Suspension / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef <sup>®</sup> )
Bicillin C-R injection	cefprozime suspension / tablet (generic for Vantin <sup>®</sup> )
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	Keflex <sup>®</sup> Capsule
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	Suprax <sup>®</sup> Capsule / Chewable / Suspension
cefixime capsule / suspension (generic for Suprax <sup>®</sup> Capsule / Suspension)	
cefprozil suspension / tablet (generic for Cefzil <sup>®</sup> )	
cefuroxime tablet (generic for Ceftin <sup>®</sup> )	
cephalexin capsule / suspension / tablet (generic for Keflex <sup>®</sup> )	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen <sup>®</sup> injection / vial	
Unasyn <sup>®</sup> injection / vial	
Zosyn <sup>®</sup> injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	Cleocin <sup>®</sup> Capsules / Injection
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Cleocin <sup>®</sup> Pediatric Solution
	clindamycin injection (generic for Cleocin <sup>®</sup> Injection)
	Lincocin <sup>®</sup> Vial
	lincomycin injection (generic for Lincocin Vial <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Synercid <sup>®</sup> Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	erythromycin e.s. 200mg suspension (generic for E.E.S. <sup>®</sup> Suspension)
E.E.S. <sup>®</sup> Granules / Filmtab	ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (GENERIC FOR ERYPED <sup>®</sup> )
Eryped <sup>®</sup> Suspension	ERYTHROMYCIN ETHYLSUCCINATE 400 SUSPENSION (AG) (GENERIC FOR ERYPED <sup>®</sup> )
Erythrocin <sup>®</sup> Filmtab	Ery-Tab <sup>®</sup> Tablet
erythromycin EC capsule (generic for Erye <sup>®</sup> )	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S. <sup>®</sup> Filmtab)	
Nitromidazoles	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Difficid <sup>®</sup> Suspension / Tablet - <b>Trial and failure of only vancomycin is required for treatment of Clostridium difficile</b>
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Firvanq <sup>™</sup> Solution
	Flagyl <sup>®</sup> Capsule / Tablet
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	nitazoxanide tablet (generic for Alinia <sup>®</sup> Tablet)
	paromomycin capsule (generic for Humatin <sup>®</sup> )
	Solosec <sup>™</sup> Granules
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	Xifaxan <sup>®</sup> Tablet - <b>Exemption for a diagnosis of Hepatic Encephalopathy</b>
Quinolones	
Preferred	Non-Preferred
Cipro <sup>®</sup> Suspension	Baxdela <sup>™</sup> Tablet
ciprofloxacin tablet (generic for Cipro <sup>®</sup> )	Cipro <sup>®</sup> Tablet
levofloxacin tablet (generic for Levaquin <sup>®</sup> )	ciprofloxacin ER tablet / suspension (generic for Cipro <sup>®</sup> XR / Suspension)
moxifloxacin tablet (generic for Avelox <sup>®</sup> )	levofloxacin solution (generic for Levaquin <sup>®</sup> Solution)
	ofloxacin tablet (generic for Floxin <sup>®</sup> )

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Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>®</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin Suspension <sup>®</sup> ) - <b>Exemption for patients &lt; 12 years of age</b>
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER) <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	<b>MINOCYCLINE ER CAPSULE (GENERIC FOR XIMINO™ ER)</b>
	minocycline 50mg, 75mg, 100mg tablet
	Minolira <sup>™</sup> ER Tablet
	Morgidox <sup>®</sup> Capsule / Kit
	Nuzyla <sup>™</sup> Tablet
	Oracea <sup>®</sup> Capsule
	Solodyn <sup>®</sup> ER Tablet - <b>Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.</b>
	<b>TARGADOX<sup>®</sup></b>
	tetracycline capsule (generic for Sumycin <sup>®</sup> )
	Vibramycin <sup>®</sup> Capsule / Suspension / Syrup
	Ximino <sup>™</sup> ER Capsule
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Brexafemme <sup>®</sup> Tablet
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Cresamba <sup>®</sup> Capsule
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
nystatin suspension (generic for Nilstat <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
terbinafine tablet (generic for Lamisil <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
	ketonazole tablet (generic for Nizoral <sup>®</sup> )
	Noxafil <sup>®</sup> Suspension / Tablet
	Oravig <sup>®</sup> Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil <sup>®</sup> )
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>™</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
tenofovir tablet (generic for Viread <sup>®</sup> )	Epivir <sup>®</sup> HBV Tablet / Solution
Viread <sup>®</sup> Powder / Tablet	Hepsera <sup>®</sup> Tablet
	Vemlidy <sup>®</sup> tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys <sup>®</sup> Syringe	Pegasys <sup>®</sup> Vial
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	Pegintron <sup>®</sup> Kit
	Ribasphere <sup>®</sup> Capsule / Tablet / RibaPak <sup>™</sup>
<b>Clinical criteria apply to all drugs listed below</b>	
<b>All genotypes without cirrhosis</b>	Epclusa <sup>®</sup> Tablet
Mavyret <sup>™</sup> Tablet (8 weeks of therapy)	Harvoni <sup>®</sup> Pellet Pack / Tablet
<b>MAVYRET™ PELLET PACK</b>	ledipasvir-sofosbuvir tablet (generic for Harvoni <sup>®</sup> Tablet)
	<b>MAVYRET™ PELLET PACK</b>
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> Tablet)	Sovaldi <sup>®</sup> Pellet Pack / Tablet
	Viekira <sup>™</sup> Pak
<b>All genotypes with compensated cirrhosis (Child Pugh-A)</b>	Zepatier <sup>®</sup> Tablet
Mavyret <sup>™</sup> Tablet (Up to 12 weeks of therapy)	
<b>MAVYRET™ PELLET PACK</b>	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> Tablet)	
<b>All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.</b>	
Vosevi <sup>™</sup>	
<b>All genotypes with decompensated cirrhosis</b>	
sofosbuvir-velpatasvir tablet (generic for Epclusa <sup>®</sup> Tablet)	

North Carolina Division of Health Benefits  
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Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	Zovirax® Suspension
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza™ Tablet <b>Trial and failure of only one preferred drug required</b>
Antibiotics, Inhaled	
<b>Trial and failure of only one preferred drug required</b>	
Preferred	Non-Preferred
Kitabis™ Pak (tobramycin inhalation solution)	Arikayce® Vial
Bethkis® (tobramycin inhalation solution)	Capston® Solution
	tobramycin solution / pak
	Tobi™ Podhaler™ / Solution
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	BUPROPION XL Tablet (generic for FORFIVO® XL)
duloxetine capsule (generic for Cymbalta®)	Trintellix® Tablet
Effexor® XR Capsule	Cymbalta® Capsule
maprotiline tablet (generic for Ludiomil®)	desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	duloxetine capsule (generic for Irenka®)
Nardil® Tablet	Effexor® XR Capsule
phenelzine tablet (generic for Nardil®)	Emsam® Patch
Pristiq® ER Tablet	Fetzima® Capsule / Titration Pak
tranylcypromine tablet (generic for Parnate®)	Forfivo® XL Tablet
trazodone tablet (generic for Desyrel®)	Khedezla® Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan® Tablet
	Nardil® Tablet
	nefazodone tablet (generic for Serzone®)
	Pristiq® ER Tablet
	Remeron® Soltab™ / Tablet
	venlafaxine ER tablet
	Vuibryd® Starter Pack / Tablet
	Wellbutrin® SR / XL Tablet
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Brisdelle® Capsule
escitalopram tablet (generic for Lexapro®)	Celexa® Tablet
fluoxetine capsule / solution (generic for Prozac®)	CITALOPRAM CAPSULE
fluvoxamine tablet (generic for Luvox®)	SERTRALINE CAPSULE
paroxetine tablet (generic for Paxil®)	escitalopram solution (generic for Lexapro® Solution)
sertraline concentrated solution / tablet (generic for Zoloft®)	fluoxetine tablet (generic for Prozac®) - <b>Exemption for children &lt;42 18 years of age</b>
	fluoxetine DR capsules (generic for Prozac® Weekly)
	fluvoxamine ER capsule (generic for Luvox CR®)
	Lexapro® Tablet
	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine CR tablet (generic for Paxil CR®)
	Paxil® Suspension / Tablet / CR Tablet
	Pexeva® Tablet
	Prozac® Pulvule
	Sarafem® Tablet
	Zoloft® Solution / Tablet



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ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Aptensio <sup>®</sup> XR Capsule	Adderall <sup>®</sup> Tablet ( <b>Generic Product Per FDA</b> )
Adderall <sup>®</sup> XR Capsule	Adhansia <sup>™</sup> XR Capsule
amphetamine salt combo tablet (generic for Adderall <sup>®</sup> )	Adzenys <sup>®</sup> XR ODT / ER suspension
atomoxetine capsule (generic for Strattera <sup>®</sup> )	amphetamine ER suspension (generic for Adzenys <sup>®</sup> )
clonidine ER tablet (generic for Kapvay <sup>®</sup> )	amphetamine salt combo XR capsule (generic for Adderall <sup>®</sup> XR)
Concerta <sup>®</sup> Tablet	<b>AMPHETAMINE SULFATE TABLET ( GENERIC FOR EVEKEO<sup>®</sup> Tablet)</b>
Daytrana <sup>®</sup> Patch	Azstarys <sup>™</sup> Capsule
dextroamphetamine tablet (generic for Dexedrine <sup>®</sup> )	Cotempla <sup>™</sup> XR-ODT
Dyanavel <sup>®</sup> XR Suspension	Desoxyn <sup>®</sup> Tablet
Focalin <sup>®</sup> Tablet / XR Capsule	Dexedrine <sup>®</sup> Spansule <sup>®</sup>
guanfacine ER tablet (generic for Intuniv <sup>®</sup> )	dexmethylphenidate tablet / ER capsules (generic for Focalin <sup>®</sup> / XR)
Methylin <sup>®</sup> Solution	dextroamphetamine solution (generic for ProCentra <sup>®</sup> )
methylphenidate tablet (generic for Methylin <sup>®</sup> , Ritalin <sup>®</sup> )	dextroamphetamine ER capsule (generic for Dexedrine <sup>®</sup> Spansule <sup>®</sup> )
Quillichew <sup>®</sup> ER Tablet	Evekeo <sup>®</sup> Tablet / Evekeo <sup>®</sup> ODT Tablet
Quillivant <sup>®</sup> XR Suspension	Intuniv <sup>®</sup> Tablet
Vyvanse <sup>®</sup> Capsule / Chewable Tablet	Jornay PM <sup>™</sup> Capsule
	methamphetamine tablet (generic for Desoxyn <sup>®</sup> )
	methylphenidate CD capsule (generic for Metadate <sup>®</sup> CD)
	methylphenidate chewable / solution (generic for Methylin <sup>®</sup> )
	methylphenidate ER capsule (generic for Aptensio <sup>®</sup> XR)
	methylphenidate ER tablet (generic for Concerta <sup>®</sup> Tablet)
	methylphenidate LA capsule (generic for Ritalin <sup>®</sup> LA)
	Mydayis <sup>®</sup> ER Capsule
	ProCentra <sup>®</sup> Solution
	Qelbree <sup>™</sup> Capsule
	Relexxii <sup>™</sup> ER Tablet
	Ritalin <sup>®</sup> LA Capsule
	Ritalin <sup>®</sup> Tablet
	Strattera <sup>®</sup> Capsule
	Zenzedi <sup>®</sup> Tablet
INJECTABLE ANTIPSYCHOTICS	
Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena <sup>®</sup> Syringe / Vial	
Aristada <sup>®</sup> / Initio <sup>™</sup> Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate <sup>®</sup> )	
Haldol <sup>®</sup> decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate <sup>®</sup> )	
Invenga <sup>®</sup> Hafyera	
Invenga <sup>®</sup> Sustenna Prefilled Syringe	
Invenga <sup>®</sup> Trinza Syringe	
Perseris <sup>®</sup> Syringe	
Risperdal <sup>®</sup> Consta Syringe	
Zyprexa <sup>®</sup> Relprevv <sup>™</sup> Vial Kit	
ATYPICAL ANTIPSYCHOTICS	
Oral / Topical	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify <sup>®</sup> )	Abilify <sup>®</sup> Tablet / Abilify <sup>®</sup> MyCite <sup>®</sup> Tablet
clozapine tablet (generic for Clozaril <sup>®</sup> )	aripiprazole ODT (generic for Abilify <sup>®</sup> Discmelt <sup>®</sup> )
FazaClo <sup>®</sup> ODT	asenapine tablet (generic for Saphris <sup>®</sup> SL Tablet)
Invenga <sup>®</sup> Tablet	Caplyta <sup>™</sup> Capsule
Latuda <sup>®</sup> Tablet	clozapine ODT (generic for FazaClo <sup>®</sup> )
olanzapine ODT / tablet (generic for Zyprexa <sup>®</sup> )	Clozaril <sup>®</sup> Tablet
quetiapine tablet / ER tablet (generic for Seroquel <sup>®</sup> / XR)	Fanapt <sup>®</sup> Tablet / Titration Pack
risperidone ODT / solution / tablet (generic for Risperdal <sup>®</sup> )	Geodon <sup>®</sup> Capsule
Saphris <sup>®</sup> SL Tablet	Lybalvi <sup>™</sup> Tablet
Symbyax <sup>®</sup> Capsule	<b>NUPLAZID<sup>®</sup> CAPSULE</b>
Vraylar <sup>®</sup> Capsule <b>Trial and Failure of 1 Preferred Atypical Antipsychotic required</b>	Nuplazid <sup>®</sup> Tablet
ziprasidone capsule (generic for Geodon <sup>®</sup> )	olanzapine-fluoxetine capsule (generic for Symbyax <sup>®</sup> )
	paliperidone ER tablet (generic for Invenga <sup>®</sup> )
	Rexulti <sup>®</sup> Tablet
	Risperdal <sup>®</sup> Solution / Tablet
	Secuado <sup>®</sup> Patch
	Seroquel <sup>®</sup> Tablet / XR Tablet / XR Sample Kit
	Versacloz <sup>™</sup> Suspension
	Zyprexa <sup>®</sup> Tablet / Zydys <sup>®</sup> Tablet

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CARDIOVASCULAR		
ACE INHIBITORS		
Preferred		Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet	
enalapril tablet (generic for Vasotec®)	Altace® Capsule	
lisinopril tablet (generic for Privilil® and Zestril®)	captopril tablet (generic for Capoten®)	
ramipril capsule (generic for Altace®)	enalapril solution (generic for Epaned®) - <b>Exemption for children &lt; 12 years of age</b>	
	Epaned® Solution - <b>Exemption for children &lt; 12 years of age</b>	
	fosinopril tablet (generic for Monopril®)	
	Lotensin® Tablet	
	moexipril tablet (generic for Univase®)	
	Qbrelis® Solution - <b>Exemption for children &lt; 12 years of age</b>	
	perindopril tablet (generic for Accon®)	
	Privilil® Tablet	
	quinapril tablet (generic for Accupril®)	
	trandolapril tablet (generic for Mavik®)	
	Vasotec® Tablet	
	Zestril® Tablet	
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule	
	Tarka® ER Tablet	
	trandolapril-verapamil ER tablet (generic for Tarka®)	
ACE INHIBITOR / DIURETIC COMBINATIONS		
Preferred		Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic®)	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	
ANGIOTENSIN II RECEPTOR BLOCKERS		
Preferred		Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet	
losartan tablet (generic for Cozaar®)	Avapro® Tablet	
olmesartan tablet (generic for Benicar® Tablet)	Benicar® Tablet	
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand®)	
	Cozaar® Tablet	
	Diovan® Tablet	
	Edarbi® Tablet	
	eprosartan tablet (generic for Teveten®)	
	Micardis® Tablet	
	telmisartan tablet (generic for Micardis®Tablet)	
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS		
Preferred		Non-Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet	
amlodipine-valsartan tablet (generic for Exforge®)	Exforge® Tablet	
amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	Exforge® HCT Tablet	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor® Tablet)	telmisartan-amlodipine tablet (generic for Twynsta®)	
	Tribenzor® Tablet	

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

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

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

## Effective DATE: DRAFT

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ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
Preferred	Non-Preferred
Letairis <sup>®</sup> Tablet	ambrisentan tablet (generic for Letairis <sup>®</sup> Tablet)
Tracleer <sup>®</sup> Tablet	bosentan tablet (generic for Tracleer <sup>®</sup> Tablet)
	Opsumit <sup>®</sup> Tablet
	Tracleer <sup>®</sup> Suspension
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso <sup>®</sup> Refill Kit / Solution / Starter Kit	
Ventavis <sup>®</sup> Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
Niaspan <sup>®</sup> ER Tablet	niacin ER tablet (generic for Niaspan <sup>®</sup> )
NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil <sup>®</sup> Tablet	ISOSORBIDE DINIT/HYDRALAZINE TABLET (AG) (ORAL) (GENERIC (AG) FOR BIDIL <sup>®</sup> )
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT <sup>®</sup> Capsule (branded generic for Cardizem CD <sup>®</sup> )	Calan SR <sup>®</sup> Caplet
Dilt XR <sup>®</sup> Capsule (branded generic for Dilacor XR <sup>®</sup> )	Cardizem CD <sup>®</sup> Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR <sup>®</sup> , Tiazac <sup>®</sup> )	Cardizem <sup>®</sup> Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem <sup>®</sup> / CD / SR)	diltiazem LA tablet (generic for Cardizem LA <sup>®</sup> )
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )	Matzim <sup>®</sup> LA Tablet (generic for Cardizem LA <sup>®</sup> )
Tiadyt <sup>®</sup> ER Capsule	Tiazac <sup>®</sup> Capsule
verapamil tablet / ER tablet (generic for Calan <sup>®</sup> / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan <sup>®</sup> / Verelan <sup>®</sup> PM)
	Verelan <sup>®</sup> Capsule / Verelan <sup>®</sup> PM Capsule
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas <sup>®</sup> only	
Preferred	Non-Preferred
sildenafil (generic for Revatio <sup>®</sup> ) Tablet	Adcirca <sup>®</sup> Tablet
tadalafil tablet (generic for Adcirca <sup>®</sup> Tablet)	Adempas <sup>®</sup> Tablet
	Alyq <sup>®</sup> Tablet
	Orenitram <sup>®</sup> ER Tablet
	Revatio <sup>®</sup> Suspension / Tablet <b>Exemption for children &lt; 12 years of age for Suspension ONLY</b>
	sildenafil suspension (generic for Revatio <sup>®</sup> Suspension) <b>Exemption for children &lt; 12 years of age</b>
	Uptravi <sup>®</sup> Tablet
PLATELET INHIBITORS	
Preferred	Non-Preferred
Brilinta <sup>®</sup> Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox <sup>®</sup> )
clopidogrel tablet (generic for Plavix <sup>®</sup> )	Effient <sup>®</sup> Tablet
dipyridamole tablet (generic for Persantine <sup>®</sup> )	Plavix <sup>®</sup> Tablet
prasugrel tablet (generic for Effient <sup>®</sup> Tablet)	Yosprala <sup>®</sup> Tablet
	Zontivity <sup>®</sup> Tablet
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa <sup>®</sup> Tablet)	Ranexa <sup>®</sup> Tablet
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
Catapres <sup>®</sup> TTS Patch	Catapres <sup>®</sup> Tablet
clonidine tablets (generic for Catapres <sup>®</sup> )	clonidine patch (generic for Catapres <sup>®</sup> -TTS)
guanfacine tablet (generic for Tenex <sup>®</sup> )	methyldopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )
methyldopa tablet (generic for Aldomet <sup>®</sup> )	methyldopa injection (generic for Aldomet <sup>®</sup> Injection)

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

**Effective DATE: DRAFT**

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TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor <sup>®</sup> )	Antara <sup>®</sup> Capsule
gemfibrozil tablet (generic for Lopid <sup>®</sup> )	fenofibrate capsule / tablet (generic for Antara <sup>®</sup> , Lofibra <sup>®</sup> )
	fenofibrate tablet (generic for Fenoglide <sup>®</sup> , Triglide <sup>®</sup> )
	fenofibric acid tablet (generic for Fibricor <sup>®</sup> )
	fenofibric acid capsule (generic for Trilipix <sup>®</sup> )
	Fenoglide <sup>®</sup> Tablet
	Fibricor <sup>®</sup> Tablet
	icosapent ethyl capsule (generic for Vascepa <sup>®</sup> Capsule)
	Lipofen <sup>®</sup> Capsule
	Lopid <sup>®</sup> Tablet
	Lovaza <sup>®</sup> Capsule - <b>Exemption for patients with triglycerides ≥ 500mg/dl</b>
	omega-3 acid ethyl esters capsule (generic for Lovaza <sup>®</sup> ) - <b>Exemption for patients with triglycerides ≥ 500mg/dl</b>
	Tricor <sup>®</sup> Tablet
	Trilipix <sup>®</sup> Capsule
	Vascepa <sup>®</sup> Capsule
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt <sup>®</sup> MLT <sup>®</sup> )	almotriptan tablet (generic for Axert <sup>®</sup> )
rizatriptan tablet (generic for Maxalt <sup>®</sup> )	Amerge <sup>®</sup> Tablet
sumatriptan nasal spray / tablet / vial (generic for Imitrex <sup>®</sup> )	Cambia <sup>™</sup> Powder Packet <b>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</b>
	eletriptan (generic for Relpax <sup>®</sup> Tablet)
	frovatriptan tablet (generic for Frova <sup>®</sup> )
	Frova <sup>®</sup> Tablet
	Imitrex <sup>™</sup> Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt <sup>®</sup> Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge <sup>®</sup> )
	Onzetra <sup>™</sup> Xsail <sup>™</sup> Nasal Powder
	Relpax <sup>®</sup> Tablet
	Reyvow <sup>™</sup> Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex <sup>®</sup> )
	sumatriptan/naproxen (generic for Treximet <sup>®</sup> Tablet)
	Tosymra <sup>™</sup> Nasal Spray
	Treximet <sup>®</sup> Tablet
	Zembrace <sup>®</sup> SymTouch <sup>®</sup>
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig <sup>®</sup> )
	Zomig <sup>®</sup> Nasal Spray / Tablet / ZMT <sup>®</sup> Tablet
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators PREVENTATIVE	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig <sup>™</sup> (crennumab-aooe) Injection	Ajovy <sup>™</sup> (fremanezumab-vfrm) Injection
Emgality <sup>®</sup> (galcanezumab-gnlm) Injection	Nurtec <sup>™</sup> (rimegepant) ODT Tablet
	Qulipta <sup>™</sup> (atogepant) Tablet
	Vyepti <sup>™</sup> (eptinezumab-jjmr) Vial
ANTIMIGRAINE AGENTS	
CGRP Blockers/Modulators ACUTE TREATMENT	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Ubrelvy <sup>™</sup> (ubrogepant) Tablet	Nurtec <sup>™</sup> (rimegepant) ODT Tablet
ANTI-NARCOLEPSY	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nuvigil <sup>®</sup> Tablet	armodafinil tablet (generic for Nuvigil <sup>®</sup> )
Provigil <sup>®</sup> Tablet	modafinil tablet (generic for Provigil <sup>®</sup> )
	Sunosi <sup>™</sup> Tablet
	Wakix <sup>®</sup> Tablet

**Effective DATE: DRAFT**

More information on the PDL can be found at: <https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

Preferred	Non-Preferred
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Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel <sup>®</sup> )	Apokyn <sup>®</sup> Injection
benztropine tablet (generic for Cogentin <sup>®</sup> )	APOMORPHINE (SUBCUTANEOUS) (GENERIC FOR APOKYN <sup>®</sup> )
bromocriptine tablet (generic for Parlodel <sup>®</sup> )	Azilect <sup>®</sup> Tablet
carbidopa-levodopa ODT (generic for Parcopa <sup>®</sup> )	carbidopa tablet (generic for Lododyn <sup>®</sup> )
carbidopa-levodopa tablet / ER tablet (generic for Sinemet <sup>®</sup> / CR)	carbidopa-levodopa-entacapone tablet (generic for Stalevo <sup>®</sup> )
pramipexole tablet (generic for Mirapex <sup>®</sup> )	Comtan <sup>®</sup> Tablet
ropinirole tablet (generic for Requip <sup>®</sup> )	DHIVY TABLET <sup>TM</sup>
selegiline capsule / tablet (generic for Emsam <sup>®</sup> )	Duopa <sup>®</sup> Suspension
trihexyphenidyl elixir / tablet (generic for Artane <sup>®</sup> )	entacapone tablet (generic for Comtan <sup>®</sup> )
	Gocovri <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	Horizant <sup>®</sup> Tablet
	Inbrija <sup>TM</sup> Inhalation
	Kynmobi <sup>TM</sup> SL Film
	Lododyn <sup>®</sup> Tablet
	Mirapex <sup>®</sup> ER Tablet
	Neupro <sup>®</sup> Patch
	Nourianz <sup>TM</sup> Tablet
	Ongentys <sup>®</sup> Capsule
	Osmolex ER <sup>TM</sup> Tablet - <b>Clinical criteria apply</b>
	Parlodel <sup>®</sup> Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER <sup>®</sup> )
	rasagiline tablet (generic for Azilect <sup>®</sup> )
	ropinirole ER tablet (generic for Requip XL <sup>®</sup> )
	Rytary <sup>®</sup> ER Capsule
	Sinemet <sup>®</sup> Tablet / CR Tablet
	Stalevo <sup>®</sup> Tablet
	Tasmar <sup>®</sup> Tablet
	tolcapone tablet (generic for Tasmar <sup>®</sup> )
	Xadago <sup>®</sup> Tablet
	Zelapar <sup>®</sup> ODT

## 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® Rebifose® / Titration Pack / Syringe	Kesimpta® Injection
	Lemtrada® Vial
	Ocrevus® Vial
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Tysabri®

## Oral

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

**Quantity limits apply to all sedative hypnotics**

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

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

**Effective DATE: DRAFT**

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	triazolam tablet (generic for Halcion <sup>®</sup> )
	zaleplon capsule (generic for Sonata <sup>®</sup> )
	zolpidem ER tablet (generic for Ambien <sup>®</sup> CR)
	zolpidem SL tablet (generic for Intermezzo <sup>®</sup> )



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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 - <b>Quantity limited to 6 months per 12 months</b>	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet (generic for Chantix® Tablet) <b>Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered.</b>	
ENDOCRINOLOGY	
GROWTH HORMONE	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge / Vial
Norditropin® Flexpro®	Nutropin® AQ NuSpin®
Serostim® Vial	Omnitrope® Cartridge / Vial
	Saizen® Click-Easy® Cartridge / Vial
	<b>SKYTROFA® CARTRIDGE</b>
	Zomacton® Vial
	Zorbtive® Vial
HYPOGLYCEMICS - INJECTABLE	
Rapid Acting Insulin	
<b>Trial and failure of only one preferred drug required</b>	
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®))	Alfrezza® 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®)
	<del>insulin lispro U-100 KwikPen® / vial (generic for Humalog®)</del>
	<del>insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)</del>
	Lyumjev™ U-100 KwikPen® / Vial
	Lyumjev™ U-200 KwikPen®
Short Acting Insulin	
<b>Trial and failure of only one preferred drug required</b>	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen®
Intermediate Acting Insulin	
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N Vial / ReliOn® N Vial
Long Acting Insulin	
<b>Trial and failure of only one preferred drug required</b>	
Preferred	Non-Preferred
Lantus® SoloStar® / Vial	Basaglar® KwikPen®
Levemir® FlexTouch® / Vial	Insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn)
	Semglee™ Pen / Vial
	Semglee™ yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog® 50/50 Mix KwikPen® / Vial	<del>insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)</del>
Humalog® 75/25 Mix KwikPen® / Vial	insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)	
Novolog® Mix 70/30 FlexPen®	Novolog® Mix 70/30 Vial
<del>Novolog® Mix 70/30 Vial</del>	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
Amylin Analogs	
<b>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</b>	
Preferred	Non-Preferred
Symlin® Pen Injector	

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

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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
	<b>Continuation of therapy requires documentation that clinical goals have been met</b>
Bydureon® Pen	Adlyxin® Injection
Byetta® Pen	Bydureon® BCise™
Trulicity® Pen	<b>Ozempic® Injection</b>
Victoza® Pen	Rybelsus® Tablet
<b>Ozempic® Injection</b>	Soliqua® Injection
	Xultophy® Injection

HYPOGLYCEMICS - ORAL  
2nd Generation Sulfonylureas

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

Alpha-Glucosidase Inhibitors

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

Biguanides and Combinations

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

DPP-IV Inhibitors and Combinations

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

Preferred	Non-Preferred
<b>Glyxambi® Tablet</b>	alogliptin tablet (generic for Nesina®)
Janumet® Tablet	alogliptin-metformin tablet (generic for Kazano®)
Janumet® XR Tablet	alogliptin-pioglitazone tablet (generic for Osem®)
	<b>Glyxambi® Tablet</b>
Januvia® Tablet	Jentadueto® XR Tablet
Jentadueto® Tablet	Kazano® Tablet
Onglyza® Tablet	Kombiglyze® XR Tablet
Tradjenta® Tablet	Nesina® Tablet
	Osem® Tablet
	Qtern® Tablet
	Steglujan® Tablet
	Trijardy® XR Tablet

Meglitinides

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

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

**Effective DATE: DRAFT**

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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 <sup>®</sup> Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet
Invokana <sup>®</sup> Tablet	<del>Invokana<sup>®</sup> Tablet</del>
Jardiance <sup>®</sup> Tablet	Segluramet <sup>™</sup> Tablet
Synjardy <sup>®</sup> Tablet	Steglatro <sup>™</sup> Tablet
	<del>Synjardy<sup>®</sup> Tablet</del>
	Synjardy <sup>®</sup> XR Tablet
	Xigduo <sup>®</sup> XR Tablet

Thiazolidinediones and Combinations

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

**GASTROINTESTINAL**

ANTIEMETIC-ANTIVERTIGO AGENTS

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

North Carolina Division of Health Benefits  
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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 <b>Exemption for diagnosis of PFIC</b>
	Chenodal® Tablet
	Cholbam® Capsule
	Ocaliva® Tablet
	Reltone™ Capsule
	Urso® Tablet / Urso® Forte Tablet
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera® Capsule	Helidac® Therapy Pack
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Talicia™ Capsule
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®)	cimetidine solution / tablet (generic for Tagamet®)
ranitidine capsule / syrup / tablet (generic for Zantac®)	nizatidine capsule / solution (generic for Axid®)
	Pepcid® Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon® Capsule	Pancreaze® Capsule
Zenpep® Capsule	Pertzye® Capsule
	Viokase® Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	megestrol ES suspension (generic for Megace® ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium® Rx )	<b>Exemption for children &lt; 12 years of age</b>
<b>esomeprazole magnesium capsule OTC (generic for Nexium® OTC)</b>	Aciphex® Sprinkle Capsules / Tablets
esomeprazole magnesium tablet OTC (generic for Nexium® OTC )	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	<b>DEXLANSOPRAZOLE CAPSULES (AG) (GENERIC(AG) FOR DEXILANT®)</b>
Nexium® Rx Packet	<b>esomeprazole magnesium capsule OTC (generic for Nexium® OTC )</b>
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	lansoprazole capsule (generic for Prevacid® OTC)
Protonix® Suspension	lansoprazole ODT (generic for Prevacid® SoluTab™)
	Nexium® Rx Capsule
	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosec® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® Rx / Capsule / Packet

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

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URINARY ANTISPASMODICS	
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®)	darifenacin ER tablet (generic for Enablex®)
oxybutynin ER tablet (generic for Ditropan XL®)	Detrol® (tolterodine) Tablet / LA Capsule
solifenacin tablet (generic for Vesicare® Tablet)	Ditropan® (oxybutynin) XL Tablet
Toviaz® (fesoterodine) Tablet	Enablex® (darifenacin) Tablet
	flavoxate tablet (generic for Urispas®)
	Gelnique® (oxybutynin) Gel / Gel Sachets
	Gemtesa® (vibegron) Tablet <b>Exemption in patients with a diagnosis of dementia or mild cognitive impairment</b>
	Myrbetriq® (mirabegron) Granules / ER Tablet <b>Exemption in patients with a diagnosis of dementia or mild cognitive impairment</b>
	Oxytrol® (oxybutynin) Patch
	tolterodine tablet / ER capsule (generic for Detrol® / LA)
	tropium tablet / ER capsule (generic for Sanctura® / XR)
	Vesicare® (solifenacin) Tablet
	Vesicare® (solifenacin) LS Suspension
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	colchicine tablet (generic for Colcris®)
colchicine tablet (generic for Colcris®)	colchicine capsule (generic for Mitigare®)
Mitigare® (branded colchicine 0.6mg) Capsules	Colcris® Tablet
probenecid tablet (generic for Benemid®)	febuxostat tablet (generic for Uloric® Tablet)
probenecid-colchicine tablet (generic for Col-Benemid®)	Gloperba® Solution
	Krystexxa® Injection
	Mitigare® (branded colchicine 0.6mg) Capsules
	Uloric® Tablet
	Zyloprim® Tablet
	Zyloprim® Tablet
HEMATOLOGIC ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox®)	Arixtra® Syringe
Fragmin® Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
	Lovenox® Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis® Tablet and Starter Dose Pack	Bevyxxa® Capsule
Jantoven® (branded generic for Coumadin®)	Coumadin® Tablet
Pradaxa® Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	XARELTO® SUSPENSION
Xarelto® Starter Pack / Tablet	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphrin <sup>™</sup> Syringe	Fulphila <sup>™</sup> Syringe
Granix <sup>®</sup> Injection Syringe/Vial	Granix <sup>®</sup> Injection Syringe/Vial
Leukine <sup>™</sup> Injection	Leukine <sup>®</sup> Injection
Neupogen® Vial / Syringe	Neulasta® Syringe / Kit
Nivestym <sup>™</sup> Syringe	Nivestym <sup>™</sup> Syringe
Nyvepria <sup>™</sup> Syringe	Nivestym <sup>™</sup> Vial
Udenyen <sup>™</sup> Syringe	Nyvepria <sup>™</sup> Syringe
Zarxio <sup>®</sup> Injection	RELEUKO® SYRINGE (SUBCUTANEOUS)
	RELEUKO® VIAL (INJECTION)
	Udenyca <sup>™</sup> Syringe
	Zarxio <sup>®</sup> Injection
	Zextenzo® Syringe
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epogen® Vial
Procrit® Vial	Mircera® Syringe
	Reblozyl® Vial
	Retacrit® Vial
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate® Vial	Tavalisse <sup>™</sup> Tablet
Promacta® Suspension / Tablet	

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OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol <sup>®</sup> )	Alocril <sup>®</sup> Drops
olopatadine drops (generic for Pataday <sup>®</sup> )	Alomide <sup>®</sup> Drops
Pazeo <sup>®</sup> Drops	Alrex <sup>®</sup> Drops
	azelastine drops (generic for Optivar <sup>®</sup> )
	bepotastine drops (generic for Bepreve <sup>®</sup> Drops)
	Bepreve <sup>®</sup> Drops
	epinastine drops (generic for Elestat <sup>®</sup> )
	Lastacast <sup>®</sup> Drops
	olopatadine drops (generic for Patanol <sup>®</sup> )
	Pataday <sup>®</sup> Drops
	Patanol <sup>®</sup> Drops
	Zerviate <sup>™</sup> Drops
ANTIBIOTICS	
Preferred	Non-Preferred
AK-Poly-Bac <sup>®</sup> Ointment (branded generic for Polysporin <sup>®</sup> )	Azastec <sup>®</sup> Drops
<del>Azastec<sup>®</sup> Drops</del>	bacitracin ointment (generic for AK-Tracin <sup>®</sup> )
bacitracin-polymyxin ointment (generic for Polysporin <sup>®</sup> )	Besivance <sup>®</sup> Suspension
ciprofloxacin solution drops (generic for Ciloxan <sup>®</sup> )	Bleph-10 <sup>®</sup> Drops
erythromycin ointment (generic for Ilotycin <sup>®</sup> )	Ciloxan <sup>®</sup> Drops / Ointment
Gentak <sup>®</sup> Ointment (branded generic for Garamycin <sup>®</sup> )	gatifloxacin drops (generic for Zymaxid <sup>®</sup> )
gentamicin drops (generic for Garamycin <sup>®</sup> )	levofloxacin drops (generic for Quixin <sup>®</sup> )
<del>moxifloxacin ophthalmic solution (generic for Moxeza<sup>®</sup>)</del>	moxifloxacin ophthalmic solution (generic for Moxeza <sup>®</sup> )
moxifloxacin ophthalmic solution (generic for Vigamox <sup>®</sup> Drops)	Moxeza <sup>®</sup> Drops
ofloxacin drops (generic for Ocuflox <sup>®</sup> )	Natacyn <sup>®</sup> Drops
Polycin <sup>®</sup> Ointment (branded generic for Polysporin <sup>®</sup> )	Neo-Polycin <sup>®</sup> Ointment (branded generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
polymyxin-trimethoprim drops (generic for Polytrim <sup>®</sup> )	neomycin-bacitracin-polymyxin ointment (generic for Neosporin <sup>®</sup> Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10 <sup>®</sup> )	<b>NEOMYCIN/BACITRACIN/POLYMYXIN OINT (AG) (OPHTHALMIC) (GENERIC (AG) FOR NEOSPORIN<sup>®</sup> OPTH OINT)</b>
tobramycin drops (generic for Tobrex <sup>®</sup> )	neomycin-polymyxin-gramicidin drops (generic for Neosporin <sup>®</sup> Ophthalmic Drops)
	Ocuflox <sup>®</sup> Drops
	Polytrim <sup>®</sup> Drops
	sulfacetamide ointment (generic for Cetamide <sup>®</sup> )
	Tobrex <sup>®</sup> Ointment/ Drops
	Vigamox <sup>®</sup> Drops
	Zymaxid <sup>®</sup> Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol <sup>®</sup> )	Blephamide <sup>®</sup> Drops / S.O.P. Ointment
Tobradex <sup>®</sup> Drops / Ointment	Maxitrol <sup>®</sup> Drops / Ointment
	Neo-Polycin <sup>®</sup> HC (branded generic for Cortisporin <sup>®</sup> )
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin <sup>®</sup> )
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin <sup>®</sup> )
	Pred-G <sup>®</sup> S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin <sup>®</sup> )
	Tobradex <sup>®</sup> ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex <sup>®</sup> Suspension)
	Zylet <sup>®</sup> Drops

North Carolina Division of Health Benefits  
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ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron <sup>®</sup> )	Acular <sup>®</sup> Drops / LS Solution
diclofenac drops (generic for Voltaren <sup>®</sup> )	Acurvail <sup>®</sup> Solution
Durezol <sup>®</sup> Drops	bromfenac drops (generic for Xibrom <sup>®</sup> )
Flarex <sup>®</sup> Drops	Bromsite <sup>™</sup> Solution
fluorometholone drops (generic for FML <sup>®</sup> )	Dextenza <sup>®</sup> Insert
flurbiprofen drops (generic for Ocufen <sup>®</sup> )	Dexycu <sup>™</sup> Vial
Ilevro <sup>®</sup> Drops	difluprednate drops (generic for Durezol <sup>®</sup> )
ketorolac solution (generic for Acular <sup>®</sup> / LS)	FML <sup>®</sup> Forte Drops / S.O.P. Ointment
Lotemax <sup>®</sup> Drops	FML <sup>®</sup> Liquifilm <sup>®</sup> Drops
Pred Mild <sup>®</sup> Drops	Iluvien <sup>™</sup> Implant
prednisolone acetate drops (generic for Pred Forte <sup>®</sup> )	Invelty <sup>™</sup> Drops
	Lotemax <sup>®</sup> Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax <sup>®</sup> )
	Maxidex <sup>®</sup> Drops
	Nevanac <sup>®</sup> Droptainer
	Omnipred <sup>®</sup> Drops
	Ozurdex <sup>®</sup> Implant
	Pred Forte <sup>®</sup> Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte <sup>®</sup> )
	Prolensa <sup>®</sup> Drops
	Retisert <sup>®</sup> Implant
	Triescence <sup>®</sup> Vial
	XIPERE <sup>™</sup> (INTRAOCULAR
	Yutiq <sup>™</sup> Implant
ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Eysuvis <sup>™</sup> Drops	Cequa <sup>™</sup> Drops
Restasis <sup>®</sup> Drops / Restasis <sup>®</sup> Multidose <sup>™</sup> Drops	CYCLOSPORINE (OPHTHALMIC) (GENERIC FOR RESTASIS <sup>®</sup> (OPHTHALMIC))
Xiidra <sup>®</sup> Drops	CYCLOSPORINE (AG) (OPHTHALMIC) (GENERIC (AG) FOR RESTASIS <sup>®</sup> (OPHTHALMIC))
	TYRVAYA <sup>®</sup> NASAL SPRAY
	Xiidra <sup>®</sup> Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan <sup>®</sup> P Drops	apraclonidine drops (generic for Iopidine <sup>®</sup> )
brimonidine drops (generic for Alphagan <sup>®</sup> )	brimonidine P drops (generic for Alphagan <sup>®</sup> P)
	Iopidine <sup>®</sup> Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan <sup>®</sup> Drops	betaxolol drops (generic for Betoptic <sup>®</sup> )
timolol drops / GFS gel-solution (generic for Timoptic <sup>®</sup> / Timoptic XE <sup>®</sup> )	Betoptic <sup>®</sup> S Drops
	BRIMONIDINE TARTRATE/TIMOLOL DROPS (AG) (OPHTHALMIC) (GENERIC (AG) FOR COMBIGAN <sup>®</sup> )
	BRIMONIDINE TARTRATE/TIMOLOL DROPS (OPHTHALMIC) (GENERIC FOR COMBIGAN <sup>®</sup> )
	carteolol drops (generic for Ocupress <sup>®</sup> )
	Istalol <sup>®</sup> Drops
	levobunolol drops (generic for Betagan <sup>®</sup> )
	timolol drop (generic for Istalol <sup>®</sup> Drops)
	timolol maleate drop (generic for Timoptic <sup>®</sup> Ocudose <sup>®</sup> Drops)
	Timoptic <sup>®</sup> Drops / Ocudose <sup>®</sup> Drops / XE <sup>®</sup> Solution



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CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt® Drops)
Simbrinza® Drops	Cosopt® Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt® PF)
	Trusopt® Drops
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia® Tablet
	Binosto® Effervescent Tablet
	Boniva® Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	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

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OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex® Suspension	Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
ofloxacin drops (generic for Floxin®)	ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)
	ciprofloxacin-fluocinolone drops (generic for Otovel®)
	Cortisporin-TC® Suspension
	Otiprio® Suspension
	Otovel® Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic® Oil	Flac® Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic®)
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent® Diskus®	Arcapta® Neohaler®
	Striverdi® Respimat® Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Preferred	Non-Preferred
Proair® HFA Inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
	Proair® DigiHaler™
	Proair® RespiClick®
	Proventil® HFA Inhaler
	Ventolin® HFA Inhaler
	Xopenex® HFA Inhaler
BETA-ADRENERGIC, NEBULIZERS	
<b>Trial and failure of only one preferred drug required</b>	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	arformoterol solution (generic for Brovana® Solution)
albuterol 1.25mg / 3ml solution (generic for Accuneb®)	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist® Solution)
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate )
albuterol sulfate 5mg / ml solution	Perforomist® Solution
	Xopenex® Solution / Concentrate Solution
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol syrup (generic for Ventolin® Syrup)	albuterol tablets (generic for Proventil® Repetabs)
metaproterenol syrup (generic for Alupent® Syrup)	albuterol ER tablets (generic for VoSpire® ER)
terbutaline tablet (generic for Brethine®)	

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ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Preferred	Non-Preferred
Anoro <sup>®</sup> Ellipta <sup>®</sup> Inhaler	Daliresp <sup>®</sup> Tablet
Atrovent <sup>®</sup> HFA Inhaler	Duaklir <sup>®</sup> Pressair <sup>®</sup>
Bevespi <sup>®</sup> Aerosphere <sup>®</sup>	Incruse <sup>®</sup> Ellipta <sup>®</sup> Inhaler
Combivent <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Lonhala <sup>®</sup> Magnair <sup>®</sup>
ipratropium nebulizer solution (generic for Atrovent <sup>®</sup> Nebulizer Solution)	Seebri <sup>®</sup> Neohaler <sup>®</sup>
ipratropium-albuterol solution (generic for Duoneb <sup>®</sup> )	Tudorza <sup>®</sup> Pressair <sup>®</sup> Inhaler
Spiriva <sup>®</sup> Handihaler <sup>®</sup>	Utibron <sup>®</sup> Neohaler <sup>®</sup>
Spiriva <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	Yupelri <sup>™</sup> Solution
Stiolto <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
budesonide suspension (generic for Pulmicort <sup>®</sup> Respules)	Alvesco <sup>®</sup> Inhaler
Flovent <sup>®</sup> Diskus	ArmonAir <sup>™</sup> Dighaler <sup>™</sup>
Flovent <sup>®</sup> HFA Inhaler	Arnuity <sup>®</sup> Ellipta <sup>®</sup> Inhaler
Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg	Asmanex <sup>®</sup> HFA Inhaler
	Asmanex <sup>®</sup> Twisthaler <sup>®</sup>
	budesonide suspension (generic for Pulmicort <sup>®</sup> Respules)
	Pulmicort <sup>®</sup> Flexhaler
	Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg
	QVAR <sup>®</sup> ReditHaler <sup>™</sup>
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair <sup>®</sup> Diskus <sup>®</sup>	AirDuo <sup>®</sup> Dighaler <sup>™</sup> / RespiClick <sup>®</sup>
Advair <sup>®</sup> HFA Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Dulera <sup>®</sup> Inhaler	Breztri <sup>™</sup> Aerosphere <sup>™</sup>
Symbicort <sup>®</sup> Inhaler	budesonide/formoterol inhalation (generic for Symbicort <sup>®</sup> )
	fluticasone/salmeterol inhalation (generic for Advair <sup>®</sup> Diskus <sup>®</sup> )
	fluticasone/salmeterol inhalation (generic for AirDuo <sup>®</sup> )
	Trelegy <sup>®</sup> Ellipta <sup>®</sup>
	Wixela <sup>™</sup> Inhub <sup>™</sup>
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
Astepro <sup>®</sup> Nasal Spray	<b>Exemption for steroids applies to children &lt; 4 years of age</b>
azelastine spray (generic for Astelin <sup>®</sup> )	azelastine nasal spray (generic for Astepro <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	azelastine-fluticasone nasal spray (generic for Dymista <sup>®</sup> )
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	Beconase <sup>®</sup> AQ Nasal Spray
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	Dymista <sup>®</sup> Nasal Spray
	flunisolide nasal spray (generic for Nasalide <sup>®</sup> )
	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
	Nasonex <sup>®</sup> Nasal Spray
	Omnaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasi <sup>®</sup> Nasal Spray / Children's Spray
	Sinuva <sup>™</sup> Implant
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zyflo <sup>®</sup> Filmtab

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LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablets)
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine Rx syrup (generic for Zyrtec® Syrup)	Clarinet® Tablet - <b>Exemption for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet®)
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
	levocetirizine Rx solution (generic for Xyzal® Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)
	Quzyt® Vial
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
<b>Quantity limit of 102 days supply per 12 months apply to all drugs in this class</b>	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
	Clarinet-D® Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	Semprex-D® Capsule
TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
clindamycin-benzoyl peroxide gel (generic for Duac®)	Acanya® Gel Pump
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Aczone® Gel
Differin® Cream / Gel Pump / Lotion	adapalene cream / gel / gel pump / solution (generic for Differin®)
Epiduo® Gel	adapalene / benzoyl peroxide (generic for Epiduo® Gel)
Epiduo® Forte	<b>ADAPALENE / BENZOYL PEROXIDE (GENERIC FOR EPIDUO® FORTE)</b>
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	Amzeeq® Foam
Retin-A® Micro Gel / Micro Pump Gel	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®)
	Benzaclin® Gel / Pump
	Benzamycin® Gel
	BP® 10-1 Wash / Cleansing Wash
	Cleocin® T Gel / Lotion / Pledgets
	Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel® Gel
	clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®)
	clindamycin-benzoyl peroxide gel (generic for Neua®)
	clindamycin-benzoyl peroxide with pump (generic for Acanya®)
	clindamycin / tretinoin (generic for Velin®)
	dapsone gel (generic for Aczone® Gel)
	Ery® Pads
	Erygel® Gel
	erythromycin gel / pledgets (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®)
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam / Gel
	Klaron® Lotion
	Neua® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash
	<b>ALTRENO® LOTION (TOPICAL)</b>
	Promisec® Complete / Topical Cream
	Rosula® Cloths / Wash
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan®)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / Wash / XLT Kit
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac®)
	tazarotene foam (generic for Fabior®)
	Tazorac® Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	tretinoin cream / gel (generic for Retin-A®)

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	Tretin-X <sup>TM</sup> Combo Pack / Cream
	TWYNEO <sup>®</sup> CREAM (TOPICAL)
	Ziana <sup>®</sup> Gel

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ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel® Pump	Androderm® Patch
	AndroGel® Packet
	Axiron® Topical Gel / Solution
	Fortesta® Gel Pump
	Natesto® Nasal Gel
	Testim® Gel
	testosterone gel / packet (generic for Testim®, Vogelxo®)
	testosterone gel pump (generic for AndroGel® Pump)
	testosterone gel / pump / solution (generic for Axiron®, Fortesta®)
	Vogelxo® Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	diclofenac epolamine patch (generic for Flector® Patch)
	diclofenac solution (generic for Pennsaid®)
	Dicloflex™ DC Pack
	Flector® Patch
	Licart™ Patch
	Pennsaid® Solution Packet / Pump
	Voltaren Gel®
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	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
Nuessa® Vaginal Gel	Vandazole® Vaginal Gel
Vandazole® Vaginal Gel	
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-betamethasone lotion (generic for Lotrisone® lotion)
Nyamy® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin® Rx)
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
	Kerydin® Topical Solution
	ketoconazole foam (generic for Extina® Foam)
	Loprox® shampoo / suspension / cream / kit
	luliconazole cream (generic for Luzu® Cream)
	Luzu® Cream
	Mentax® Cream
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - <b>Clinical criteria apply</b>
	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 - <b>Clinical criteria apply</b>

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ANTIPARASITICS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Elimite <sup>®</sup> Cream
	Eurax <sup>®</sup> Cream / Lotion
	ivermectin lotion (generic for Sklice <sup>®</sup> Lotion)
	lindane shampoo
	malathion lotion (generic for Ovide <sup>®</sup> )
	Ovide <sup>®</sup> Lotion
	Sklice <sup>®</sup> Lotion
	spinosad topical suspension (generic for Natroba <sup>®</sup> )
ANTIVIRAL	
Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax <sup>®</sup> Ointment)	acyclovir cream (generic for Zovirax <sup>®</sup> Cream)
Zovirax <sup>®</sup> Cream	acyclovir ointment (generic for Zovirax <sup>®</sup> Ointment)-
Zovirax <sup>®</sup> Ointment	Denavir <sup>®</sup> Cream
	Xerese <sup>®</sup> Cream
	Zovirax <sup>®</sup> Ointment
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Elidel <sup>®</sup> Cream	ADBRY <sup>™</sup> (SUBCUTANEOUS)
Eucrisa <sup>®</sup> 2% Ointment	Dupixent <sup>®</sup> Injection
Protopic <sup>®</sup> Ointment	DUPIXENT <sup>®</sup> PEN
tacrolimus ointment (generic Protopic <sup>®</sup> )	Opzelura <sup>™</sup> Cream
	pimecrolimus cream (generic for Elidel <sup>®</sup> Cream)
	tacrolimus ointment (generic Protopic <sup>®</sup> )
Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Aldara <sup>®</sup> Cream
imiquimod cream pump (generic for Aldara <sup>®</sup> )	Condylox <sup>®</sup> Gel
	IMIQUIMOD Cream Pump (generic for ZYCLARA <sup>®</sup> ) (TOPICAL)
	IMIQUIMOD Pump (generic for ZYCLARA <sup>®</sup> ) (TOPICAL)
	podofilox solution (generic for Condylox <sup>®</sup> Solution)
	Veregen <sup>®</sup> Ointment
	Zyclara <sup>®</sup> Cream and Cream Pump
PSORIASIS	
Preferred	Non-Preferred
Dovonex <sup>®</sup> Cream	calcipotriene-betamethasone suspension / ointment (generic for Talconex <sup>®</sup> )
	calcipotriene cream / ointment / solution (generic for Dovonex <sup>®</sup> )
	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Duobrii <sup>™</sup> Lotion
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Taclonex <sup>®</sup> Ointment / Suspension
	Vectical <sup>®</sup> Ointment
ROSACEA AGENTS	
Preferred	Non-Preferred
MetroCream <sup>®</sup>	azelaic acid gel (generic for Finacea <sup>®</sup> )
MetroGel <sup>®</sup>	Finacea <sup>®</sup> Foam / Gel
	ivermectin cream (generic for Soolantra <sup>®</sup> )
	metronidazole cream (generic for MetroCream <sup>®</sup> )
	metronidazole gel / pump[ (generic for MetroGel <sup>®</sup> )
	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
	Mirvaso <sup>®</sup> Gel Pump
	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Cream / Gel / Kit
	Soolantra <sup>®</sup> Cream
	Zilxi <sup>™</sup> Foam

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



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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
	Tovet™ Foam / Foam Kit
	Ultravate® Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack
MISCELLANEOUS	
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)
	Oxsoralen-Ultra®
	Soriatane®
EPINEPHRINE, SELF INJECTED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
epinephrine auto injector (generic for Epi-Pen®-Auto Injector)	epinephrine auto injector (generic for Adrenaclick®)
epinephrine auto injector-JR (generic for Epi-Pen®-JR Auto Injector)	Epi-Pen®-Auto-Injector-
Epi-Pen® Auto Injector	Epi-Pen®-JR Auto-Injector-
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
Eyavolv™ Tablet	Lopreeza® Tablet
Jevantique™ Lo Tablet	Prefest® Tablet
Jinteli® (branded generic for FemHRT®)	
Mimvey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT®)	
Premphase® Tablet	
Prempro® Tablet	
PROGESTATIONAL AGENTS	
Preferred	Non-Preferred
Compounded 17 P	hydroxyprogesterone caproate injection (generic for Makena®) multi dose vial
hydroxyprogesterone caproate injection (generic for Makena®) single dose vial	
Makena® (hydroxyprogesterone caproate) Vial	
Makena® (hydroxyprogesterone caproate injection) Auto Injector	

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

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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
	INFLIXIMAB (INJECTION) (GENERIC FOR REMICADE®)
	Inflectra™ Vial
	Kevzara® Injection
	Kineret® Syringe - <b>Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease</b>
	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™ Pen / Syringe
	Stelara® Syringe / vial
	Taltz® Auto-injector / Syringe
	Tremfya® Injection
	Uplizna® Vial
	Xeljanz® Tablet / Solution / XR Tablet
IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune® Solution / Tablet	
Rezurock™ Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune® Solution / Tablet)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
TAVNEOS® CAPSULE (ORAL)	
Zortress® Tablet	

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MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo <sup>TM</sup> Tablet	Xenazine <sup>®</sup> Tablet
Ingrezza <sup>®</sup> Capsule	
tetrabenazine tablet	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado <sup>TM</sup> Nasal Spray	
naloxone ampule / syringe / vial (generic for Narcan <sup>®</sup> )	
<b>NALOXONE SPRAY (AG) (NASAL) (GENERIC FOR NARCAN<sup>®</sup> NASAL SPRAY)</b>	
naltrexone (oral)	
Narcan <sup>®</sup> Nasal Spray	
Vivitrol <sup>®</sup> Injection	
<b>ZIMHI<sup>TM</sup> (INJECTION)</b>	
OPIOID DEPENDENCE	
Clinical criteria apply to all drugs in this class	
Trial and failure of only Suboxone <sup>®</sup> SL film required for coverage of non-preferred options	
For coverage of Sublocade <sup>TM</sup> - 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 <sup>®</sup> )	<del>Bunavut<sup>®</sup> Film</del>
Suboxone <sup>®</sup> SL Film	buprenorphine sl tablet (generic for Subutex <sup>®</sup> )
Sublocade <sup>TM</sup>	buprenorphine-naloxone sl film (generic for Suboxone <sup>®</sup> )
	<del>buprenorphine-naloxone sl tablet (generic for Suboxone<sup>®</sup>)</del>
	<b>LUCEMYRA<sup>®</sup> TABLET (ORAL)</b>
	Zubsolv <sup>®</sup> Tablet SL
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
<del>chlorzoxazone tablet (generic for Parafon Forte<sup>®</sup>)</del>	<b>BACLOFEN SOLUTION (AG) (ORAL)</b>
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	<del>chlorzoxazone tablet (generic for Parafon Forte<sup>®</sup>)</del>
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	cyclobenzaprine ER capsule (generic for Amrix <sup>®</sup> ER Capsule)
tizanidine tablet (generic for Zanaflex <sup>®</sup> Tablet)	Dantrium <sup>®</sup> Capsule / Vial
	dantrolene sodium capsule (generic for Dantrium <sup>®</sup> )
	Flexmid <sup>®</sup> Tablet
	<b>FLEQSUVY<sup>TM</sup> SUSPENSION (ORAL)</b>
	Lorzone <sup>®</sup> Tablet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	Norgesic <sup>TM</sup> Forte Tablet
	orphenadrine citrate ampule / tablet / vial (generic for Norflex <sup>®</sup> )
	Parafon <sup>®</sup> Forte Caplet
	Robaxin <sup>®</sup> Tablet / Vial
	Skelaxin <sup>®</sup> Tablet
	tizanidine capsules (generic for Zanaflex <sup>®</sup> Capsule)
	Zanaflex <sup>®</sup> Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod DASH <sup>®</sup>	

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

**Effective DATE: DRAFT**

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
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Dexcom G6 <sup>®</sup> Transmitter / Receiver	Freestyle Libre <sup>™</sup> 14 day Reader
Freestyle Libre <sup>™</sup> 2 Reader	

Continuous Glucose Monitor Sensors

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

**DIABETIC SUPPLIES**

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

Meters	Lancing Devices
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ACCU-CHEK <sup>®</sup> Guide Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Blue)
ACCU-CHEK <sup>®</sup> Guide Me Retail care kit * (see above for billing)	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)

Test Strips	
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ACCU-CHEK <sup>®</sup> AVIVA 50 ct test strips	ACCU-CHEK <sup>®</sup> Multiclix lancing device kit
ACCU-CHEK <sup>®</sup> AVIVA PLUS 50 ct test strips	ACCU-CHEK <sup>®</sup> Fastclix lancing device kit

**Control Solutions**

ACCU-CHEK <sup>®</sup> SMARTVIEW 50 ct test strips	ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> COMPACT Plus 51 ct test strips	ACCU-CHEK <sup>®</sup> Compact blue glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> Guide 50 ct test strips	ACCU-CHEK <sup>®</sup> Compact Plus clear glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> Guide 100 ct test strips	ACCU-CHEK <sup>®</sup> SmartView glucose control solution (1 level)

Lancets	
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ACCU-CHEK <sup>®</sup> Multiclix 102 ct Lancets	ACCU-CHEK <sup>®</sup> Guide 2-Level control solution (2-levels)
ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets	
ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets	