

April 10, 2025, meeting. Changes became effective on July 1, 2025.

ANALGESICS

SHORT ACTING SCHEDULE III – IV OPIOIDS/ANALGESIC COMBINATIONS

- Added Tramadol (75mg) tablet as non-preferred
- Removed Qdolo™ Solution

NSAIDS

- Removed Ketorolac tromethamine nasal spray (generic for Sprix®)

ANTICONVULSANTS

SECOND GENERATION

- Moved Banzel® Tablet from Preferred to Non-Preferred
- Moved rufinamide tablet from Non-Preferred to Preferred
- Removed Diastat® Acudial®/Pedi system

SYSTEMIC ANTIBIOTICS

TETRACYCLINE DERIVATIVES

- Removed Vibramycin® Capsule.

BEHAVIORAL HEALTH

INJECTABLE ANTIPSYCHOTIC LONG ACTING

- Added Erzofri extended-release injectable suspension as Preferred

ATYPICAL ANTIPSYCHOTICS: ORAL / TRANSDERMAL

- Removed Symbyax® Capsule
- Added Opienza (Aripiprazole) oral film to non-preferred

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS

- Added sacubitril and valsartan (generic for Entresto) tablet to non-preferred

ANTI-ARRHYTHMICS

- Removed Rythmol SR® Capsule

BETA BLOCKERS

- Removed Corgard® Tablet

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Added Verapamil Capsule SR (generic for Verelan®) as non-preferred
- Removed Calan SR® Caplet

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME

- Removed Comtan® Tablet and Mirapex® ER Tablet

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

- Added edaravone vial (generic for Radicava®) to non-preferred
- Removed Exservan™ Oral Film
- Add to QALS ody® that trial and failure of Preferred agents are not required for SOD1 gene mutation

ENDOCRINOLOGY

GROWTH HORMONE

- Removed Saizen® Vial

PREMIXED RAPID COMBINATIONS

- Moved Brand Humalog® 75/25 mix KwikPen® from Preferred to Non-Preferred
- Moved generic insulin lispro protamine 75/25 Kwikpen® from Non-Preferred to Preferred

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS INDICATED FOR THE TREATMENT OF

DIABETES

- Added exenatide Pen (generic for Byetta®) to non-preferred

GASTROINTESTINAL

ANTIVERTIGO AGENTS

- 🌿 Off-Cycle change: move scopolamine patch (generic for Transderm-Scop®) from Non-Preferred to Preferred
- 🌿 Added Posfrea™ Ψ vial to non-preferred

BILE ACID SALTS

- 🌿 Removed Urso® Tablet/Urso® Forte Tablet8

GENITOURINARY/RENAL

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

- 🌿 Removed Phoslyra® (calcium acetate) Solution

URINARY ANTISPASMODICS

- 🌿 Removed Gelnique® Gel Sachets

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS

- 🌿 Off-Cycle change added Olopatadine drops (generic for Pataday®, Patanol®) (OTC) as Preferred
- 🌿 Removed Alocril® Drops

BETA BLOCKER AGENTS/COMBINATIONS

- 🌿 Added timolol hemihydrate (generic for Betimol® drops) to non-preferred

OTIC

ANTIBIOTICS

- 🌿 Removed Ciprodex® Suspension

RESPIRATORY

ORALLY INHALED ANTICHOLINERGIC/COPD AGENTS

- 🌿 Added Ohtuvayre™ Inhalation suspension to non-preferred

TOPICALS

ACNE AGENTS

- Added Aklief® and Twynéo® Cream to Non-Preferred

ANTIPARASITICS

- Added Elimate™ Cream to Non-Preferred

MISCELLANEOUS

IMMUNOMODULATORS ATOPIC DERMATITIS

- Added Ebglyss Syringe (lebrikizumab-lbkz) and Nemluvio® to non-preferred

PSORIASIS

- Added Vectical ointment to non-preferred

STEROIDS-LOW POTENCY

- Moved DermaSmoothe® FS Scalp and Body oil from Preferred to Non-Preferred
- Moved fluocinolone body/scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) from Non-Preferred to Preferred
- Added hydrocortisone solution to non-preferred

EPINEPHRINE-SELF ADMINISTERED

- Added Neffy® nasal spray to non-preferred
- Moved AUVI-Q® Auto Injector from n Non-Preferred to Preferred

CYTOKINE AND CAM ANTAGONISTS

- Added Simlandi® kit to non-preferred

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES – SENSORS

- Added Freestyle Libre™ 2 plus

January 15, 2025, meeting. Changes became effective on April 1, 2025.

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

- Added Oxcarbazepine ER (generic for Oxteller® XR) as non-preferred

SECOND GENERATION

- Added Vigafyde solution as non-preferred

ANTI-INFECTIVES

SYSTEMIC ANTIBIOTICS

- LINCOSAMIDES AND OXAZOLIDINONES
 - Synercid Vial discontinued and removed

ANTI-INFECTIVES

- ANTIVIRALS HEPATITIS B AGENTS
 - Epivir HBV Tablet/Solution discontinued and removed
- ANTIBIOTICS INHALED
 - Added tobramycin ampule (generic for Bethkis) as non-preferred

BEHAVIORAL HEALTH

ANTIHYPERKINESIS/ADHD

- Added Onyda XR suspension as non-preferred with trial and failure of Preferred agent not required for children < 12 years of age.

ATYPICAL ANTIPSYCHOTICS, ORAL / TRANSDERMAL

- Added Cobenfy and Cobenfy Starter Pack as non-preferred

GASTROINTESTINAL

BILE ACIDS SALTS

- Added Livdelzi Capsule as non-preferred

CARDIOVASCULAR

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Added nimodipine solution as non-preferred

PLATELET INHIBITOR

- Aspirin-Omeprazole DR tablet discontinued and removed

TRIGLYCERIDE LOWERING AGENT

- Vascepa no longer rebate eligible and removed
- Off Cycle Change: Icosapent ethyl capsule moved to Preferred

CENTRAL NERVOUS SYSTEM**ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENT**

- Added Crexont Capsule ER and Vyalev Vial to Non-Preferred

MULTIPLE SCLEROSIS

- Added Ocrevus Zonovo Vial as non-preferred

DPP-IV INHIBITORS AND COMBINATIONS

- Added Zituvimet and Zituvimet XR as non-preferred

HEMATOLOGIC**THROMBOPOIESIS STIMULATING AGENTS**

- Doptlet and Mulpleta added to non-preferred

OPHTHALMIC**ANTI-INFLAMMATORY**

- Dexycu vial discontinued and removed

RESPIRATORY**BETA-ADRENERGIC HANDHELD (SHORT ACTING)**

- Proventil HFA Inhaler discontinued and removed

TOPICALS**ANDROGENIC AGENTS**

- Androderm Patch and Fortesta Gel Pump discontinued and removed

NSAIDS

- Flector Patch discontinued and removed
- Licart Patch no longer rebate eligible discontinued and removed

IMMUNOMODULATORS (ATOPIC DERMITIS)

- Added Ebglyss Pen as non-preferred
- Protopic Ointment discontinued and removed

STERIODS (LOW POTENCY)

- Aqua Glycolic HC Kit discontinued and removed

STERIODS (MEDIUM POTENCY)

- Flurandrenolide cream discontinued (cream only) and removed

MISCELLANEOUS**IMMUNOMODULATORS (ASTHMA)**

- Move Xolair Autoinjector from Non-Preferred to Preferred

EPINEPHRINE (SELF-INJECTED)

- Symjepi Syringe discontinued and removed

ESTROGEN AGENTS (COMBINATIONS)

- Prefest tablet discontinued and removed

CYTOKINE AND CAM ANTAGONISTS

- Added Tremfya Vial to the existing syringe and injector as non-preferred

OPIOID DEPENDENCE

- Added Lofexidine Tablet as non-preferred

SKELETAL MUSCLE RELAXANTS

- Added Tanlor tablet as non-preferred

DISPOSABLE INSULIN DELIVERY DEVICES DISPOSABLE INSULIN DELIVERY DEVICES

- Added CeQur Simplicity™ and CeQur Simplicity™ Inserter as Preferred



DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES – SENSORS

- Off Cycle Change: Freestyle Libre™ 3 Plus Sensor added to Preferred. The 3 is being phased out

October 10, 2024, meeting. Changes became effective January 1, 2025.


ALZHEIMER'S AGENTS

ANTI-AMYLOID

-  Added new to market product Kisunla™ (donanemab-azbt) Vial as non-preferred
-  Removed Namenda® Tablet


ANALGESICS

NSAIDS

-  Added Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®) and Tolectin® (tolmetin) Tablet as non-preferred



ANTICONVULSANTS

SECOND GENERATION

-  Added new to market product Libervant™ (diazepam) Buccal Film as Non-Preferred

ANTI-INFECTIVES

SYSTEMIC ANTIBIOTICS

-  Penicillins, Cephalosporins and related
 -  Recommendation: Removed Suprax® Suspension

TETRACYCLINE DERIVATIVES

-  Added tetracycline tablet (generic for Sumycin® / Panmycin®) as non-preferred

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

-  SSRI'S
 -  Removed Pexeva® Tablet

ANTIHYPERKINESIS/ADHD

- 🌱 Move lisdexamfetamine chewable tablet (generic for Vyvanse®) and methylphenidate ER capsule (generic for Aptensio® XR) from Non-Preferred to Preferred

ATYPICAL ANTIPSYCHOTICS

- 🌱 Oral/Transdermal
- Generic Over Brand Switch: Moved Saphris® SL Tablet from Preferred to Non-Preferred and asenapine SL tablet (generic for Saphris® SL) from Non-Preferred to Preferred

CARDIOVASCULAR**ANGIOTENSIN II RECEPTOR/NEPRILYSIN BLOCKER COMBINATIONS**

- 🌱 Added new to market product Entresto® (sacubitril / valsartan) Sprinkle Pellet as non-preferred with an exemption from trial and failure requirements for beneficiaries less than 12 years old

CHOLESTEROL LOWERING AGENTS

- 🌱 Added Flolipid™ (simvastatin) Suspension as non-preferred with an age exemption from trial and failure requirements for children less than 12 years of age
- 🌱 Removed Crestor® Tablet

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- 🌱 Removed verapamil 360 mg capsule and Verelan® Capsule

CENTRAL NERVOUS SYSTEM**ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS**

- 🌱 Removed Parlodel® Capsule / Tablet

MULTIPLE SCLEROSIS-INJECTABLE

- 🌱 Removed Extavia® Kit / Vial

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

- 🌱 Added edaravone infusion bag (generic for Radicava®) as non-preferred

TOBACCO CESSATION

- Added varenicline continuation month box (generic for Chantix®) as Preferred

ENDOCRINOLOGY**PREMIXED RAPID COMBINATION INSULIN**

- Removed insulin aspart protamine-aspart vial (generic for Novolog® Mix 70/30)

PREMIXED 70/30 COMBINATION INSULIN

- Added Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen® as non-preferred

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Added new to market product liraglutide pen (generic for Victoza®) as non-preferred

DPP-IV INHIBITORS AND COMBINATIONS

- Added new to market product sitagliptin-metformin tablet (generic for Zituvinet™) as non-preferred
- Moved saxagliptin tablet (generic for Onglyza®) from Preferred to Non-Preferred

SGLT-2 INHIBITORS AND COMBINATIONS

- Moved Synjardy® XR Tablet and Xigduo® XR Tablet from Non-Preferred to Preferred
- Moved Invokana® Tablet from Preferred to Non-Preferred

GASTROINTESTINAL**ANTIEMETIC-ANTIVERTIGO**

- Added new to market products Focinvez™ (fosaprepitant) Vial and ondansetron ODT (16 mg) as non-preferred
- Removed promethazine 50 mg suppository (generic for Phenergan®)

BILE ACID SALTS

- Added new to market product Iqirvo® (elafibranor) Tablet as non-preferred

HISTAMINE-2 RECEPTOR ANTAGONISTS

- Added cimetidine solution (generic for Tagamet®) as non-preferred

ULCERATIVE COLITIS-ORAL

- 🌱 Generic Over Brand Switch: Moved Lialda® Tablet from Preferred to Non-Preferred, moved mesalamine DR tablet (generic for Lialda®) from Non-Preferred to Preferred
- 🌱 Moved Pentasa® Capsule from Non-Preferred to Preferred

GENITOURINARY / RENAL**ELECTROLYTE DEPLETERS (KIDNEY DISEASE)**

- 🌱 Moved Renvela® Powder Pack / Tablet from Preferred to Non-Preferred
- 🌱 Moved sevelamer carbonate powder pack / tablet (generic for Renvela®) from Non-Preferred to Preferred
- 🌱 Added new to market Phoslyra® (calcium acetate) Solution as Non-Preferred

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

- 🌱 Removed Cialis® Tablet (2.5 mg)

URINARY ANTISPASMODICS

- 🌱 Moved Toviaz® Tablet from Preferred to Non-Preferred

HEMATOLOGIC**HEMATOPOIETIC AGENTS**

- 🌱 Added new to market product Vafseo® (vadudastat) Tablet as non-preferred

OPHTHALMIC**ANTIBIOTICS**

- 🌱 Removed Zymaxid® Drops

RESPIRATORY**BETA-ADRENERGIC HANDHELD, SHORT ACTING INHALERS**

- 🌱 Recommendation: Removed ProAir® HFA inhaler

INHALED CORTICOSTEROIDS

- 🌿 Off Cycle change - move the following products from Non-Preferred to Preferred: Alvesco® Inhaler, Arnuity® Ellipta® Inhaler, Asmanex® HFA Inhaler / Twisthaler®, QVAR® RediHaler™
- 🌿 Move fluticasone propionate diskus (generic for Flovent® Diskus) from Preferred to Non-Preferred

TOPICALS

ANTIBIOTICS-VAGINAL

- 🌿 Added new to market product metronidazole vaginal gel (generic for Nuessa® Vaginal Gel) as non-preferred

ANTIFUNGALS

- 🌿 Removed Triamazole™ ComboPak

HIGH POTENCY STEROIDS

- 🌿 Added new to market product halcinonide solution (generic for Halog®) as non-preferred

MISCELLANEOUS

IMMUNOMODULATORS- ATOPIC DERMATITIS

- 🌿 Added new to market products Adbry® (tralokinumab-ldrm) Autoinjector and Zoryve® (roflumilast) 0.15% Cream as non-preferred

WEIGHT MANAGEMENT- INCRETIN MIMETICS

- 🌿 Off-cycle changes: Added Saxenda® (liraglutide) Pen and Zepbound® (tirzepatide) Pen as non-preferred with clinical criteria

WEIGHT MANAGEMENT- NON-INCRETIN MIMETICS

- 🌿 Off-cycle changes: Added the following as Preferred: diethylpropion tablet / ER tablet, phendimetrazine tablet / ER capsule, phentermine tablet capsule.
- 🌿 Added the following as non-preferred: benzphetamine tablet, orlistat capsule (generic for Xenical®), Xenical® (orlistat) Capsule

IMMUNOMODULATORS- ASTHMA

- 🌿 Added Xolair® (omalizumab) Autoinjector as non-preferred

GLUCOCORTICOID STEROID- ORAL

- Added new to market product deflazacort suspension (generic for Emflaza®) as non-preferred with a trial and failure exemption for children <12 years of age

CYTOKINE AND CAM (CELL ADHESION MOLECULE) ANTAGONISTS

- Recommendations: Add the following new to market products as Non-Preferred: Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen, Omvoh™ (mirikizumab-mrkz) Syringe, Rinvoq® (upadacitinib) LQ Solution, Tofidence™ (tocilizumab-bavi) Vial, Tyenne® (tocilizumab-aazg) Autoinjector / Syringe

IMMUNOSUPPRESSANTS

- Added new to market product Myhibbin™ (mycophenolate mofetil) Suspension as Preferred

MOVEMENT DISORDERS

- Added new to market product Ingrezza® (valbenazine) Sprinkle Capsules as non-preferred

OPIOID ANTAGONISTS

- Added new to market product Rextovy™ (naloxone) Nasal Spray as Preferred

OPIOID DEPENDENCE

- Off-cycle change: buprenorphine SL tablet to Preferred

July 11, 2024, Meeting. Changes became effective on October 1, 2024.

ANALGESICS

LONG-ACTING OPIOIDS

- Added Methadose™ (methadone) Oral Concentrate / Tablet as non-preferred

SHORT ACTING SCHEDULE III – IV OPIOIDS / ANALGESIC COMBINATIONS

- Added Qdolo™ (tramadol) Solution as Non-Preferred

NSAIDS

- Added Naprosyn® (naproxen) Suspension and tolmetin capsule (generic for Tolectin® DS) as non-preferred
- Moved naproxen sodium tablet (generic for Anaprox®) from non-preferred to

NEUROPATHIC PAIN

- Added the new to market product gabapentin ER tablet (generic for Gralise®) as non-preferred
- Added Tridacaine™ (lidocaine) Patch as non-preferred

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

- Moved carbamazepine suspension / tablet / XR tablet (generic for Tegretol®/ XR) from Non-Preferred to Preferred
- Moved carbamazepine ER capsule (generic for Carbatrol®) from Preferred to Non-Preferred

FIRST GENERATION

- Added Sezaby® (phenobarbital sodium) Vial as non-preferred

SECOND GENERATION

- Added Vigpoder™ (vigabatrin) Powder Packet as non-preferred

ANTI-INFECTIVES

SYSTEMIC ANTIBIOTICS - NITROMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS)

- Moved vancomycin oral solution (generic for Firvanq®) from Non-Preferred to Preferred

BEHAVIORAL HEALTH

ANTIDEPRESSANTS / OTHER

- 🌱 Moved Pristiq® ER Tablet from Preferred to Non-Preferred

ATYPICAL ANTIPSYCHOTICS, ORAL / TOPICAL

- 🌱 Added Nuplazid® (pimavanserin) Tablet / Capsule as non-preferred

CARDIOVASCULAR

BETA BLOCKERS

- 🌱 Moved Hemangeol® Solution and nebivolol tablet (generic for Bystolic®) from Non-Preferred to Preferred with removal of the diagnosis exemption for infantile hemangioma due to Preferred status

ENDOTHELIN RECEPTOR ANTAGONISTS

- 🌱 Added new to market product Opsynvi® (macitentan / tadalafil) Tablet as non-preferred

SYMPATHOLYTICS AND COMBINATIONS

- 🌱 Added Nexiclon™ (clonidine) XR Tablet as non-preferred

TRIGLYCERIDE LOWERING AGENTS

- 🌱 Added Fibracor® (fenofibric acid) Tablet as non-preferred

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

- 🌱 Added QALS ody® (tofersen) Vial as non-preferred
- 🌱 Off-cycle change: Removed Relyvrio™ Powder Packet as Relyvrio™ was voluntarily discontinued and removed from market by manufacturer effective April 2024

ENDOCRINOLOGY

HYPOGLYCEMICS – ORAL - DPP-IV INHIBITORS AND COMBINATIONS

- 🌱 Added new to market product sitagliptin tablet (generic for Januvia®) as non-preferred

GASTROINTESTINAL

SELECTIVE CONSTIPATION AGENTS

- 🌱 Off-cycle change: Move lubiprostone capsule (generic for Amitiza®) from Non-Preferred to Preferred. The off-cycle update was due to an access concern stemming from discontinuation of brand Amitiza® by the original manufacturer in April 2024.

GENITOURINARY / RENAL

URINARY ANTISPASMODICS

- 🌱 Added new to market product mirabegron ER Tablet (generic for Myrbetriq®) as non-preferred with a trial and failure exemption for diagnosis of dementia or mild cognitive impairment with a trial and failure exemption for beneficiaries aged 65 and older.
- 🌱 Moved tolterodine tablet / ER capsule (generic for Detrol® / LA) and fesoterodine ER tablet (generic for Toviaz®) from Non-Preferred to Preferred

HEMATOLOGIC

COLONY STIMULATING FACTORS

- 🌱 Moved Fulphila® Syringe from Non-Preferred to Preferred
- 🌱 Moved Nyvepria™ Syringe from Preferred to Non-Preferred

THROMBOPOIESIS STIMULATING AGENTS

- 🌱 Added new to market product Alvaiz™ (eltrombopag) Tablet as non-preferred

OPHTHALMIC

ANTI-INFLAMMATORY

- 🌱 Added new to market product bromfenac 0.075% drops (generic for BromSite®) as non-preferred

ANTI-INFLAMMATORY / IMMUNOMODULATOR

- 🌱 Moved Eysuvis® Drops from Preferred to Non-Preferred

PROSTAGLANDIN AGONISTS

- 🌱 Added iDose® TR (travoprost intracameral) Implant as non-preferred

TOPICALS

ACNE AGENTS

- 🌱 Moved clindamycin phosphate gel / lotion (generic for Cleocin-T®, Clindagel®) from Non-Preferred to Preferred

HIGH POTENCY STEROIDS

- 🌱 Moved fluocinonide cream / gel (generic for Lidex®) from Non-Preferred to Preferred

MISCELLANEOUS

WEIGHT MANAGEMENT AGENTS

- 🌱 Off-Cycle Update: Added Wegovy® (semaglutide) Pen as Preferred [covered only for the cardiovascular risk reduction indication]. PA is required for Wegovy coverage. It will not have auto approved PAs. Wegovy is currently covered by NC Medicaid only for the reduction of major adverse cardiovascular [CV] events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease who are either obese or overweight. Full coverage of weight loss agents by the State is pending.

ESTROGEN AGENTS, ORAL / TRANSDERMAL

- 🌱 Added Osphena® (ospemifene) Tablet as non-preferred

GLUCOCORTICOID STEROIDS, ORAL

- 🌱 Added new to market products deflazacort tablet (generic for Emflaza®) and Eohilia® (budesonide) Suspension as non-preferred with a trial and failure exemption for diagnosis of Eosinophilic Esophagitis.

CYTOKINE AND CAM (CELL ADHESION MOLECULE) ANTAGONISTS

- 🌱 Added the following new to market products as non-preferred: adalimumab-aaty Autoinjector / Syringe; adalimumab-ryvk Autoinjector; Simlandi® (adalimumab-ryvk) Autoinjector; Spevigo® (spesolimab-sbzo) Syringe; Tyenne® (tocilizumab-aazg) Vial and Zymfentra™ (infliximab-dyyb) Pen / Syringe
- 🌱 Moved from Non-Preferred to Preferred: adalimumab-adaz Pen / Syringe, adalimumab-fkjp Pen / Syringe, Hadlima™ Syringe / PushTouch, and Otezla® Starter Pack / Tablet

DISPOSABLE INSULIN DELIVERY DEVICES

- 🌱 Off-cycle change: Added new to market product Omnipod 5® G7 Pods / G7 Intro Kit as Preferred

PRODUCT REMOVAL SUMMARY:

- 🌱 The following products are removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebateable products. Mobic® Tablet, Gabitril® Tablet, Viibryd® Starter Pack, Desoxyn® Tablet, Minitran® Patch, Antara® Capsule, Zomig® ZMT® Tablet, Humalog® 50/50 Mix Vial, metoclopramide ODT, Renagel® Tablet, Jalyn® Capsule, Avita® Cream, Metrogel® Vaginal Gel, clocortolone pump (generic for Cloderm®).