

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

Effective November 1, 2017

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

ALZHEIMER'S AGENTS

Preferred

donepezil 5mg, 10mg tablets / ODT (generic for Aricept® / ODT)
Exelon® Patch
memantine tablet / titration pack (generic for Namenda®)
Namenda® Solution
rivastigmine capsules (generic for Exelon®)

Non-Preferred

Aricept® ODT / Tablets
donepezil 23mg tablets (generic for Aricept®)
Exelon® Capsule
galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
memantine solution (oral) (generic for Namenda® Solution)
Namenda® Titration Pack / XR Capsule / XR Titration Pack
Namenda® Tablet
Namzaric™ Solution (Oral)
rivastigmine (Transderm) (generic for Exelon® Patch)
Razadyne® ER Capsule / Tablet

ANALGESICS

OPIOID ANALGESICS

Long Acting

Clinical criteria apply to all drugs in this class

Preferred

Butrans® Patch
Embeda® ER Capsule
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)
morphine sulfate ER tablet (generic for MS Contin®)
OxyContin® Tablet

Non-Preferred

Arymo® ER
Avinza® Capsule
Belbuca (Buccal)
buprenorphine patch
Duragesic® Patch
Exalgo® Tablet
fentanyl patch (37.5 / 62.5 / 87.5mcg dosages)
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
Xartemis® XR Tablet
Xtampza® ER Capsule
Zohydro® Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Actiq® Lozenge

Non-Preferred

fentanyl citrate lozenge (generic for Actiq®)
Fentora® Buccal Tablet
Abstral® SL Tablet
Subsys® Spray

ANALGESICS

OPIOID ANALGESICS (Continued)

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Endocet® Tablet (branded generic for Percocet®)
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)
hydromorphone tablet (generic for Dilaudid® Tablet)
morphine solution / tablet (generic for MSIR®)

Non-Preferred

codeine sulfate solution / tablet
Demerol® Tablet
Dilaudid® Liquid / Tablet
Endodan® Tablet (branded generic for Percodan®)
Hycet® Solution

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oxycodone solution / tablet (generic for Roxicodone®)
oxycodone-acetaminophen capsules (generic for Tylox®)
oxycodone-acetaminophen tablets (generic for Percocet®)
Xylon® (branded generic for Repraxin®)

hydromorphone solution / suppository (generic for Dilaudid®)
Ibudone® Tablet
Lazanda® Nasal Spray
levorphanol tablet (generic for Levo-Dromoran®)
Lorcet® Tablet / HD Tablet / Plus Tablet
Lortab® Tablet
meperidine solution / tablet (generic for Demerol®)
Meperitab® tablet (branded generic for Demerol®)
morphine suppositories (generic for Roxanol®)
Norco® Tablet
Nucynta® Tablet
Opana® Tablet
Oxecta® Tablet
oxycodone/APAP suspension
oxycodone-aspirin tablet (generic for Endodan®, Percodan®)
oxycodone concentrated solution (generic for Roxicodone® Intensol)
oxycodone-ibuprofen tablet (generic for Combunox®)
oxymorphone tablet (generic for Opana®)
oxycodone capsule (generic for OxyIR®)
Percocet® Tablet
Percodan® Tablet
Primlev® Tablet
Reprexain® Tablet
Roxicet® Solution
Roxicodone® Tablet
Vicodin® Tablet / ES Tablet / HP Tablet
Vicoprofen® Tablet
Xodol® Tablet
Zamicet® Solution

ANALGESICS

OPIOID ANALGESICS (Continued)

Short Acting Schedule III – IV Analgesic Combinations

Clinical criteria apply to all drugs in this class

Preferred

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

Non-Preferred

Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
butorphanol spray (generic for Stadol®)
Capital® with Codeine Suspension
Conzip® Capsule
dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
dihydrocodeine-aspirin-caffeine capsule (generic for Synalgos-DC®)
Fioricet® with Codeine Capsule
Fiorinal® with Codeine Capsule
pentazocine-naloxone tablet (generic for Talwin NX®)
Synalgos-DC® Capsule
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)
Tylenol® with Codeine Tablet
Ultracet® Tablet
Ultram® Tablet / ER Tablet

ANALGESICS

NSAIDS

Preferred

ibuprofen suspension / tablet (generic for Motrin®)

Non-Preferred

Anaprox® Tablet / DS Tablet

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<p>indomethacin capsule (generic for Indocin®)</p> <p>ketorolac tablet (generic for Toradol®)</p> <p>meloxicam tablet (generic for Mobic Tablet®)</p> <p>naproxen EC tablet (generic for Naprosyn® EC)</p> <p>naproxen tablet (generic for Naprosyn® Tablet)</p> <p>sulindac tablet (generic for Clinoril®)</p>	<p>Arthrotec® Tablet</p> <p>DayPro® Caplet</p> <p>diclofenac potassium tablet (generic for Cataflam®)</p> <p>diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)</p> <p>diclofenac sodium-misoprostol tablet (generic for Arthrotec®)</p> <p>diflunisal tablet (generic for Dolobid®)</p> <p>EC-Naprosyn® Tablet</p> <p>etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)</p> <p>Feldene® Capsule</p> <p>fenoprofen tablet (generic for Nalfon®)</p> <p>flurbiprofen tablet (generic for Ansaïd®)</p> <p>Indocin® Suppository / Suspension</p> <p>indomethacin ER capsule (generic for Indocin SR®)</p> <p>Inflamacin® tablets</p> <p>ketoprofen capsule (generic for Orudis®)</p> <p>ketoprofen ER capsule (generic for Oruvail®)</p> <p>meclofenamate capsule (generic for Meclomen®)</p> <p>mefenamic acid capsule (generic for Ponstel®)</p> <p>Mobic® Tablet</p> <p>nabumetone tablet (generic for Relafen®)</p> <p>Nalfon® Capsule</p> <p>Naprelan® Tablet</p> <p>Naprosyn® Tablet</p> <p>Naprosyn® EC</p> <p>naproxen CR</p> <p>naproxen sodium ER tablet (generic for Naprelan®)</p> <p>naproxen sodium tablet (generic for Anaprox®)</p> <p>naproxen suspension (generic for Naprosyn® Suspension)</p> <p>oxaprozin tablet (generic for DayPro®)</p> <p>piroxicam capsule (generic for Feldene®)</p> <p>Ponstel® Kapseals</p> <p>Sprix® Nasal Spray</p> <p>Tivorbex® capsule</p> <p>tolmetin capsule / tablet (generic for Tolectin®)</p> <p>Vivlodex™</p> <p>Voltaren® XR Tablet</p> <p>Zipsor® Capsule</p> <p>Zorvolex® Capsule</p> <p>meloxicam suspension (generic for Mobic® Oral Suspension) - Exemption for children < 12 years of age</p> <p>Mobic® Suspension</p>
<p>Preferred</p> <p>celecoxib capsule (generic for Celebrex®) - Clinical criteria apply</p>	<p>Non-Preferred</p> <p>Celebrex® Capsule - Clinical criteria apply</p> <p>Duexis® Tablet</p> <p>Vimovo®</p>

ANALGESICS

NEUROPATHIC PAIN

<p style="text-align: center;">Preferred</p> <p>duloxetine capsule (generic for Cymbalta®)</p> <p>gabapentin capsule / solution (generic for Neurontin®)</p>	<p style="text-align: center;">Non-Preferred</p> <p>Cymbalta® Capsule</p> <p>Gralise® Starter Pack / Tablet</p> <p>Horizant®</p> <p>Irenka® Capsule</p> <p>Lyrica® Capsule / Solution</p> <p>Neurontin® Capsule / Solution / Tablet</p>
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Savella® Tablet / Titration Pack
Dermacin RX® PHN PAK
lidocaine patch (generic for Lidoderm®) - **Clinical criteria apply**
Lidoderm® Patch - **Clinical criteria apply**
Qutenza® Kit

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.

Preferred

Aptiom® Tablet
carbamazepine chewable (generic for Tegretol®)
carbamazepine ER capsule (generic for Carbatrol®)
Equetro® Capsule
oxcarbazepine tablet / suspension (generic for Trileptal®)
Oxtellar® XR Tablet
Tegretol® Suspension / Tablet / XR Tablet

Non-Preferred

Carbatrol® Capsule
carbamazepine suspension / tablet (generic for Tegretol®)
carbamazepine XR tablet (generic for Tegretol XR®)
Epitol® Tablet
Trileptal® Tablet / Suspension (oral)

FIRST GENERATION

Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.

Preferred

Celontin® Kapseal
Depakene® Capsule / Solution
Depakote® Tablet
Dilantin® Capsule / Infatab / Suspension
divalproex capsule/ sprinkle / ER tablet / tablet(generic for Depakote® / ER)
ethosuximide capsule / solution (generic for Zarontin®)
Mysoline® Tablet
Peganone® Tablet
phenobarbital
Phenytek® Capsule
phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®)
phenytoin extended capsules (generic for Phenytek®)
Primidone® Tablet
valproic acid capsule / solution (generic for Depakene®)
Zarontin® Capsule / Solution

Non-Preferred

Depakote® ER Tablet / Sprinkle Capsule
felbamate suspension / tablet (generic for Felbatol®)
Felbatol® Suspension / Tablet
Valproate Syrup (oral)

ANTICONVULSANTS

SECOND GENERATION

Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.

Preferred

clonazepam tablet (generic for Klonopin®)
Diastat® Accudial / Pedi System
gabapentin capsule / solution (generic for Neurontin®)
Gabitril® Tablet
lamotrigine chewable / tablet (generic for Lamictal®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)
Topiragen® Tablet (branded generic for Topamax®)
topiramate sprinkle capsule / tablet (generic for Topamax®)
zonisamide capsule (generic for Zonegran®)

Non-Preferred

Banzel® Suspension / Tablet
Briviact® Tablet and Solution
clonazepam ODT (generic for Klonopin® Wafer)
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
Fycompa® Tablet / Kit/Suspension
gabapentin tablet (generic for Neurontin® Tablet)
Gralise® Starter Pack / Tablet
Keppra® Tablet / Solution / XR Tablet
Klonopin® Tablet
Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet
lamotrigine starter kits (generic for Lamictal®)
lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)
Lyrica® Capsule / Solution
Neurontin® Capsule / Solution / Tablet

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Onfi® Suspension / Tablet
Potiga® Tablet
Qudexy® XR Capsule
Sabril® Powder Packet / Tablet
Spritam® Tablet
tiagabine tablet (generic for Gabitril®)
Topamax® Sprinkle Capsule / Tablet
topiramate ER capsule (generic for Qudexy®)
Trokendi® XR Capsule
Vimpat® Solution / Starter Kit / Tablet
Zonegran® Capsule

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS

Cephalosporins and Related

Preferred

amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)
amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® /XR)
cefadroxil capsule / suspension (generic for Duricef®)
cefdinir capsule / suspension (generic for Omnicef®)
cefpodoxime suspension / tablet (generic for Vantin®)
cefprozil suspension / tablet (generic for Cefzil®)
Ceftin® Suspension / Tablet
cefuroxime tablet (generic for Ceftin®)
cephalexin capsule / suspension / tablet (generic for Keflex®)
Suprax® Capsule / Chewable / Suspension/ Tablet

Non-Preferred

Augmentin® Suspension / Tablet / XR Tablet
Cedax® Capsule / Suspension
cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
cefadroxil tablet (generic for Duricef®)
cefixime suspension
ceftibuten capsule / suspension (generic for Cedax®)
Keflex® Capsule

Lincosamides and Oxazolidinones

Preferred

Cleocin® Granules
clindamycin capsules / solution (generic for Cleocin®)
linezolid Tablet (generic for Zyvox®)
linezolid suspension (generic for Zyvox®)

Non-Preferred

Cleocin® Capsules / Injection
clindamycin injection (generic for Cleocin® Injection)
Lincocin® Vial
lincomycin injection (generic for Lincocin Vial®)
linezolid IV solution (generic for Zyvox®)
Sivextro® Tablet / Vial
Synercid® Vial
Zyvox® Tablet / IV Solution / Suspension

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Macrolides and Ketolides

Preferred

azithromycin powder packet / suspension / tablet (generic for Zithromax®)
clarithromycin suspension / tablet (generic for Biaxin®)
E.E.S.® Granules / Filmtab
Eryped® Suspension
Erythrocin® Filmtab
erythromycin EC capsule (generic for Ery-C®)
erythromycin filmtab
erythromycin es 200mg suspension (generic for E.E.S.® Suspension)
erythromycin es tablet (E.E.S® Filmtab)

Non-Preferred

Biaxin® Suspension / Tablet
clarithromycin ER tablet (generic for Biaxin XL®)
Ery-Tab® Tablet
Ketek® Tablet
PCE® Tablet
Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
Zmax® Suspension

Nitromidazoles

Preferred

metronidazole tablet (generic for Flagyl® Tablet)
vancomycin capsule (generic for Vancocin®)

Non-Preferred

Alinia® Suspension / Tablet
Dificid® Tablet

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	<p>Flagyl® Capsule / ER Tablet/ Tablet metronidazole capsule (generic for Flagyl® Capsule) neomycin tablet (generic for Mycifradin®) paromomycin capsule (generic for Humatin®) Tindamax® Tablet tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy</p>
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Quinolones

Preferred	Non-Preferred
<p>Avelox® Tablet Cipro® Suspension ciprofloxacin tablets (generic for Cipro®) levofloxacin tablet (generic for Levaquin® Tablet)</p>	<p>Avelox® ABC Pack Cipro® Tablet / XR Tablet ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension) Levaquin® Solution / Tablet levofloxacin solution (generic for Levaquin® Solution) moxifloxacin tablet (generic for Avelox®) ofloxacin tablet (generic for Floxin®)</p>

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Tetracycline Derivatives

Preferred	Non-Preferred
<p>doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®) doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®) minocycline capsule (generic for Minocin®)</p>	<p>Adoxa® Capsule demeclocycline tablet (generic for Declomycin®) Doryx® DR Tablet Doryx ® MPC Tablet doxycycline hyclate DR tablet (generic for Doryx DR®) doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules) doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup</p>

Antifungals

Preferred	Non-Preferred
<p>clotrimazole troche (generic for Mycelex Troche®) fluconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®) griseofulvin ultra tablets (generic for Gris-Peg®) nystatin suspension (generic for Nilstat® Suspension) nystatin tablet (generic for Mycostatin®) terbinafine tablet (generic for Lamisil®)</p>	<p>Ancobon® Capsule Cresamba® Capsule Diflucan® Suspension / Tablet flucytosine capsule (generic for Ancobon®) griseofulvin micro tablets (generic for Grifulvin V®) Gris-Peg® Tablet itraconazole capsule (generic for Sporanox®) ketoconazole tablet (generic for Nizoral®) Lamisil® Granules Packet / Tablet</p>

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Noxafil® Suspension / Tablet
Onmel® Tablet
Oravig® Buccal Tablet
Sporanox® Capsule / Solution
Vfend® Suspension / Tablet
voriconazole suspension / tablet (generic for Vfend®)

ANTIVIRALS

Hepatitis B Agents

Preferred

Baraclude® Solution / Suspension
entecavir tablet (generic for Baraclude®)
Epivir® HBV Solution
Hepsera® Tablet
lamivudine HBV tablet (generic for Epivir® HBV)
Tyzeka® Tablet
Viread® Powder / Tablet

Non-Preferred

adefovir tablet (generic for Hepsera®)
Baraclude® Tablet
Epivir® HBV Tablet
Vemlidy® tablet

ANTI-INFECTIVES-SYSTEMIC

ANTIVIRALS (Continued)

Hepatitis C Agents

Preferred

Copegus® Tablet
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)
Moderiba® Tablet (branded generic for Copegus®)
Pegasys® Proclick / Syringe
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)

Non-Preferred

Pegasys® Vial
Ribasphere® Ribapak
Ribasphere® Capsule / Tablet (branded generic for Rebetrol)

Clinical criteria apply to all drugs in this class

November 1, 2017- April 30, 2018

All genotypes without cirrhosis

Mayvret™ (8 weeks of therapy)

All genotypes with compensated cirrhosis (Child Pugh-A)

Mayvret™ (12 weeks of therapy)

All genotypes with decompensated cirrhosis (Child-Pugh B and C)

Epclusa® Tablet in combination with ribavirin

All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.

Vosevi™

Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)

Daklinza® Tablet (for genotype 3) - **must request Sovaldi® in addition to Daklinza® with a separate PA**
Olysio® Capsule
Sovaldi® Tablet
Technivie™ Dose Pack (for genotype 4)
Viekira™ Pak
Viekira™ XR Tablet
Zepatier® Tablet

Clinical criteria apply to all drugs in this class

May 1, 2018 and after

All genotypes without cirrhosis

Mayvret™ (8 weeks of therapy)

All genotypes with compensated cirrhosis (Child Pugh-A)

Mayvret™ (12 weeks of therapy)

Daklinza® Tablet (for genotype 3) - **must request Sovaldi® in addition to Daklinza® with a separate PA**
Harvoni® Tablet
Olysio® Capsule
Sovaldi® Tablet
Technivie™ Dose Pack (for genotype 4)
Viekira™ Pak

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<p><u>All genotypes with decompensated cirrhosis</u> Epclusa® Tablet in combination with ribavirin</p> <p><u>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.</u> Vosevi™</p>	<p>Viekira™ XR Tablet Zepatier® Tablet</p>
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Herpes Treatments

Preferred	Non-Preferred
<p>acyclovir capsule / tablet / suspension (generic for Zovirax®) famciclovir tablet (generic for Famvir®) valacyclovir tablet (generic for Valtrex®)</p>	<p>Famvir® Tablet Sitavig® Buccal Tablet Valtrex® Caplet Zovirax® Capsule / Tablet / Suspension</p>

Influenza

Preferred	Non-Preferred
<p>amantadine capsule / solution (generic for Symmetrel®) rimantadine tablet (generic for Flumadine®) Tamiflu® Capsule / Suspension</p>	<p>amantadine tablet (generic for Symmetrel®) oseltamivir phosphate Relenza® Diskhaler</p>

Antibiotics, Inhaled

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
<p>Kitabis™ Pak (tobramycin inhalation solution) Bethkis® (tobramycin inhalation solution)</p>	<p>Cayston® tobramycin solution / pak Tobi®</p>

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

Preferred	Non-Preferred
<p>bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®) venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)</p>	<p>Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER) Viibryd® Starter Pack / Tablet Wellbutrin® Tablet / SR Tablet / XR Tablet</p>

BEHAVIORAL HEALTH

ANTIDEPRESSANTS (Continued)

Selective Serotonin Reuptake Inhibitor (SSRI)

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

Effective November 1, 2017

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In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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Preferred

citalopram solution / tablet (generic for Celexa®)
escitalopram tablet (generic for Lexapro® Tablet)
fluoxetine capsule / solution (generic for Prozac®)
fluvoxamine tablet (generic for Luvox®)
paroxetine tablet (generic for Paxil®)
sertraline concentrated solution / tablet (generic for Zoloft®)

Non-Preferred

Brisdelle® Capsule
Celexa® Tablet
escitalopram solution (generic for Lexapro® Solution)
fluoxetine DR capsules (generic for Prozac® Weekly)
fluoxetine tablet (generic for Prozac®) - **Exemption for children < 12 years of age**
fluvoxamine ER capsule (generic for Luvox CR®)
Lexapro® Solution / Tablet
paroxetine CR tablet (generic for Paxil CR®)
Paxil® Suspension / Tablet / CR Tablet
Pexeva® Tablet
Prozac® Pulvule / Weekly Capsule
Sarafem® Tablet
Zoloft® Solution / Tablet

ANTIHYPERKINESIS/ ADHD

Preferred

Aptensio® XR
Adderall® XR Capsule
amphetamine salt combo tablets (generic for Adderall®)
Daytrana® Patch
dextroamphetamine tablet (generic for Dexedrine®)
Focalin® Tablet / XR Capsule
guanfacine ER tablet (generic for Intuniv®)
Kapvay® Tablet
Methylin® Solution
methylphenidate tablets (generic for Methylin®, Ritalin®)
Quillichew® ER Oral
Quillivant® XR Suspension
Ritalin® Tablet
Strattera® Capsule
Vyvanse® Capsule / Chewable Tablet

Non-Preferred

Adderall® Tablet (**GENERIC PRODUCT PER FDA**)
Adzenys® XR ODT
amphetamine salt combo XR capsules (generic for Adderall XR)
atomoxetine capsule
clonidine ER tablet (generic for Kapvay®)
Concerta® Tablet
Dexedrine® Tablet / Spansules
dexamethylphenidate tablet / ER capsules (generic for Focalin® / XR)
Desoxyn® Tablet
dextroamphetamine solution (generic for ProCentra®)
dextroamphetamine ER capsule (generic for Dexedrine® Spansules)
Dyanavel® XR
Evekeo® Tablet
Intuniv® Tablet
methamphetamine tablet (generic for Desoxyn®)
Methylin® Chewable
methylphenidate CD capsules (generic for Metadate® CD)
methylphenidate chewable / solution (generic for Methylin®)
methylphenidate ER tablets
methylphenidate LA capsules (generic for Ritalin® LA)
Ritalin® LA Capsule
ProCentra® Solution
Zenzedi® Tablet

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Trial and failure of only one preferred drug required

Preferred

Abilify Maintena® Syringe / Vial
fluphenazine decanoate vial (generic for Prolixin decanoate®)
Haldol® decanoate Ampule
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)
Invega® Sustenna Prefilled Syringe / Trinza Syringe
Risperdal® Consta Syringe
Zyprexa® Relprevv Vial Kit

Non-Preferred

Aristada® Syringe

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

Oral

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

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Trial and failure of only one preferred drug required

Preferred	Non-Preferred
Abilify® Discmelt aripiprazole Tablet / Solution (generic for Abilify®) clozapine ODT (generic for FazaClo®) clozapine tablet (generic for Clozaril®) Invega® Tablet Latuda® Tablet olanzapine ODT / tablet (generic for Zyprexa®) quetiapine tablet (generic for Seroquel®) risperidone ODT / solution/tablet (generic for Risperdal®) Saphris® SL Tablet Seroquel® XR Tablet Symbyax® Capsule ziprasidone capsule (generic for Geodon®)	Abilify® Tablet aripiprazole ODT (generic for Abilify®) Clozaril® Tablet Fanapt® Titration Pack Fanapt® Tablet FazaClo® ODT Geodon® Capsule Nuplazid® Tablet olanzapine-fluoxetine (generic for Symbyax®) paliperidone (generic for Invega® Tablet) quetiapine ER tablet Risperdal® Solution / Tablet / M-Tab ODT Rexulti® Tablet Seroquel® Tablet / XR Sample Kit Versacloz® Suspension Vraylar® Capsule Zyprexa® Tablet / Zydys Tablet

CARDIOVASCULAR

ACE INHIBITORS

Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®)	Aceon® Accupril® Tablet Altace® Capsule captopril tablet (generic for Capoten®) Epaned® Solution - Exemption for children < 12 years of age fosinopril tablet (generic for Monopril®) Lotensin® Tablet Mavik® Tablet moexipril tablet (generic for Univasc®) Qbrelis® Solution - Exemption for children < 12 years of age perindopril tablet (generic for Aceon®) Prinivil® Tablet quinapril tablet (generic for Accupril®) trandolapril tablet (generic for Mavik®) Univasc® Tablet 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 Vaseretic®) lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	Accuretic® Tablet benazepril-HCTZ tablet (generic for Lotensin® HCT) captopril-HCTZ tablet (generic for Capozide®) fosinopril-HCTZ tablet (generic for Monopril® HCT) Lotensin® HCT Tablet moexipril-HCTZ tablet (generic for Uniretic®)

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

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quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)
Vaseretic® Tablet
Zestoretic® Tablet

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II Receptor Blocker

Preferred

Diovan® Tablet
losartan tablet (generic for Cozaar®)

Non-Preferred

Atacand® Tablet
Avapro® Tablet
Benicar® Tablet
candesartan tablet (generic for Atacand®)
Cozaar® Tablet
Edarbi® Tablet
eprosartan tablet (generic for Teveten®)
irbesartan tablet (generic for Avapro®)
Micardis® Tablet
telmisartan tablet (generic for Micardis®)
valsartan tablet (generic for Diovan®)

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II Receptor Blocker Combination

Preferred

Exforge® Tablet
Exforge® HCT Tablet

Non-Preferred

amlodipine/olmesartan tablet (generic for Azor®)
amlodipine-valsartan tablet (generic for Exforge®)
amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
Azor® Tablet
Prestalia®
telmisartan-amlodipine tablet (generic for Twynsta®)
Tribenzor® Tablet
Twynsta® Tablet

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II Receptor Blocker Diuretic Combination

Preferred

losartan-HCTZ tablet (generic for Hyzaar®)
valsartan-HCTZ tablet (generic for Diovan® HCT)

Non-Preferred

Atacand® HCT Tablet
Avalide® Tablet
Benicar® HCT Tablet
candesartan-HCTZ tablet (generic for Atacand® HCT)
Diovan® HCT Tablet
Edarbyclor® Tablet
Hyzaar® Tablet
irbesartan-HCTZ tablet (generic for Avalide®)
Micardis® HCT Tablet
telmisartan-HCTZ tablet (generic for Micardis® HCT)
Teveten® HCT Tablet

ANGIOTENSIN II RECEPTOR-NEPRILYSIN BLOCKER COMBINATIONS

Preferred

Entresto® **Clinical Criteria Apply**

Non-Preferred

ANTI-ARRHYTHMICS

Preferred

Non-Preferred

North Carolina Division of Medical Assistance
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amiodarone tablet (generic for Cordarone®) disopyramide capsule (generic for Norpace®) flecainide tablet (generic for Tambocor®) mexiletine capsule (generic for Mexitil®) propafenone tablet (generic for Rythmol®) quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet) Rythmol SR® Capsule	Cordarone® Tablet dofetilide capsule (generic for Tikosyn®) Multaq® Tablet Norpace® Capsule / CR Capsule Pacerone® Tablet propafenone SR capsule (generic for Rythmol SR®) quinidine gluconate tablet (generic for Quinaglute DuraTabs®) Rythmol® Tablet Tikosyn® Capsule
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CARDIOVASCULAR

BETA BLOCKERS

Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®) carvedilol tablet (generic for Coreg®) labetalol tablet (generic for Trandate®) metoprolol succinate XL tablet (generic for Toprol XL®) metoprolol tartrate tablet (generic for Lopressor®) propranolol solution / tablet / ER capsule (generic for Inderal®) Sorine® Tablet sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®)	acebutolol capsule (generic for Sectral®) Betapace® AF Tablet / Tablet betaxolol tablet (generic for Kerlone®) bisoprolol tablet (generic for Zebeta®) Bystolic® Tablet Coreg® Tablet / CR Capsule Corgard® Tablet Hemangeol® Solution Inderal® LA Capsule / XL Capsule Innopran® XL Capsule Levatol® Tablet Lopressor® Tablet nadolol tablet (generic for Corgard®) pindolol tablet (generic for Visken®) Sectral® Capsule Sotylize® Solution Tenormin® Tablet timolol tablet (generic for Blocadren®) Toprol XL® Tablet Trandate® Tablet Zebeta® Tablet

BETA BLOCKER DIURETIC COMBINATION

Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®) bisoprolol-HCTZ tablet (generic for Ziac®)	Corzide® Tablet Dutoprol® Tablet Lopressor® HCT Tablet metoprolol-HCTZ tablet (generic for Lopressor® HCT) propranolol-HCTZ tablet (generic for Inderide®) nadolol-bendroflumethiazide (generic for Corzide®) Tenoretic® Tablet Ziac® Tablet

BILE ACID SEQUESTRANTS

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

CARDIOVASCULAR

CHOLESTEROL LOWERING AGENTS

North Carolina Division of Medical Assistance
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Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®) lovastatin tablet (generic for Mevacor®) pravastatin tablet (generic for Pravachol®) simvastatin tablet (generic for Zocor®) rosuvastatin tablet (generic for Crestor®) Zetia® Tablet (used as an adjunctive to statin therapy)	Altoprev® Tablet amlodipine-atorvastatin tablet (generic for Caduet®) Caduet® Tablet Crestor® Tablet ezetimibe (generic for Zetia®) fluvastatin capsule / ER tablet (generic for Lescol® / XL) Lescol® Capsule / XL Tablet Lipitor® Tablet Livalo® Tablet Pravachol® Tablet Vytorin® Tablet Zocor® Tablet Juxtapid® Capsule - Clinical criteria apply Kynamro® Syringe - Clinical criteria apply

CORONARY VASODILATORS

Preferred	Non-Preferred
isosorbide dinitrate tablet / ER (generic for Isordil Titrados®, IsoDitrate®, et.al.) isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) Minitran® Patch nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®) Nitrostat® SL Tablet	Dilatrate® SR Capsule Gonitro® Sublingual Powder Isordil® Tablet / Titrados® Tablet Nitro-Bid® Ointment Nitro-Dur® Patch Nitrolingual® Spray Nitromist® Spray

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred	Non-Preferred
Afeditab CR® Tablet (branded generic for Adalat CC®) amlodipine tablet (generic for Norvasc®) Nifedical® XL Tablet (branded generic for Procardia XL®) nifedipine capsule (generic for Procardia®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Adalat® CC Tablet felodipine ER tablet (generic for Plendil®) isradipine capsule (generic for Dynacirc®) nicardipine capsule (generic for Cardene®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Norvasc® Tablet Nymalize® Solution Procardia® Capsule / XL Tablet Sular® Tablet

DIRECT RENIN INHIBITOR

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Direct Renin Inhibitor

Preferred	Non-Preferred
Tekturna® HCT Tablet Tekturna® Tablet	

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred	Non-Preferred
Letairis® Tablet Tracleer® Tablet	Opsumit® Tablet

CARDIOVASCULAR

INHALED PROSTACYCLIN ANALOGS

Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	

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

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Ventavis® Solution	
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NIACIN DERIVATIVES

Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	Niacor® Tablet Niaspan® ER Tablet

NITRATE COMBINATION

Preferred	Non-Preferred
Bidil® Tablet	

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred	Non-Preferred
Calan® Tablet Cartia XT® Capsule (branded generic for Cardizem CD®) Dilt XR® Capsule (branded generic for Dilacor XR®) diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®) diltiazem tablet / CD capsules / ER 12 hour capsule (generic for Cardizem® / CD / SR) Taztia XT® Capsule (branded generic for Tiazac®) verapamil tablet / ER tablet (generic for Calan® / SR)	Calan SR® Caplet Cardizem CD® Capsule Cardizem® LA Tablet Cardizem® Tablet diltiazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazac® Capsule verapamil 360 mg capsule verapamil ER capsules (generic for Verelan®) verapamil PM capsule (generic for Verelan PM®) Verelan® Capsule Verelan® PM Capsule

ORAL PULMONARY HYPERTENSION

Preferred	Non-Preferred
Adecirca® Tablet sildenafil (generic for Revatio®) tablet	Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Upravi® Tablet

PLATELET INHIBITORS

Preferred	Non-Preferred
Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet Zontivity® Tablet

ANTIANGINAL & ANTI-ISCHEMIC

Preferred	Non-Preferred
Ranexa® Tablet	

CARDIOVASCULAR

SYMPATHOLYTICS AND COMBINATIONS

Preferred	Non-Preferred
Catapres®-TTS Patch clonidine tablets (generic for Catapres®) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®)	Catapres® Tablet clonidine patches (generic for Catapres®-TTS) Clorpres® Tablet (branded generic for Combipres®) methyldopa-HCTZ tablet (generic for Aldoril®) methyldopate injection (generic for Aldomet® Injection)

North Carolina Division of Medical Assistance
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reserpine tablet (generic for Serpalan®)
Tenex® Tablet

TRIGLYCERIDE LOWERING AGENTS

Preferred

fenofibrate tablet (Tricor®)
fenofibric acid capsule / tablet (Trilipix®)
gemfibrozil tablet (generic for Lopid®)

Non-Preferred

Antara® Capsule
fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)
fenofibrate tablet (generic for Fenoglide®)
fenofibric acid capsule / tablet (generic for Fibracor®, Trilipix®)
Fenoglide® Tablet
Fibracor® Tablet
Lipofen® Capsule
Lofibra® Capsule / Tablet
Lopid® Tablet
Lovaza® Capsule - **Exemption for patients with triglycerides ≥ 500mg/dl**
omega-3 acid ethyl esters capsule (generic for Lovaza®) - **Exemption for patients with triglycerides ≥ 500mg/dl**
Tricor® Tablet
Triglide® Tablet
Trilipix® Capsule
Vascepa® Capsule

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

Preferred

rizatriptan ODT (generic for Maxalt MLT®)
rizatriptan tablet (generic for Maxalt®)
sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)

Non-Preferred

Alsuma® Auto-Injection
almotriptan tablet (generic for Axert®)
Amerge® Tablet
Axert® Tablet
Cambia® Powder Packet
frovatriptan tablet (generic for Frova®)
Frova® Tablet
Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial
Maxalt® Tablet / MLT Tablet
Migranow® Kit
naratriptan tablet (generic for Amerge®)
Onzetra Xsail Nasal Powder®
Relpax® Tablet
sumatriptan kit / refill/ injection (generic for Imitrex®)
Sumavel DosePro® Syringe
Treximet® Tablet
Zembrace® SymTouch®
zolmitriptan ODT / tablet (generic for Zomig®)
Zomig® Nasal Spray / Tablet / ZMT Tablet

ANTINARCOLEPSY

Clinical criteria apply to all drugs in this class

Preferred

Nuvigil® Tablet
Provigil® Tablet

Non-Preferred

armodafinil tablet (generic for Nuvigil®)
modafinil tablet (generic for Provigil®)

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

North Carolina Division of Medical Assistance
 North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
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Preferred	Non-Preferred
benzotropine tablet (generic for Cogentin®) bromocriptine tablet (generic for Parlodel®) carbidopa-levodopa ODT (generic for Parcopa®) carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR) pramipexole tablet (generic for Mirapex®) ropinirole tablet (generic for Requip®) selegiline capsule / tablet (generic for Emsam®) trihexyphenidyl elixir / tablet (generic for Artane®)	Azilect® Tablet carbidopa tablet (generic for Lodosyn®) carbidopa-levodopa-entacapone tablet (generic for Stalevo®) Comtan® Tablet Duopa® Suspension entacapone tablet (generic for Comtan®) Horizant® Lodosyn® Tablet Mirapex® Tablet / ER Tablet Neupro® Patch Parlodel® Capsule / Tablet pramipexole ER tablet (generic for Mirapex ER®) rasagiline (generic for Azilect®) Requip® Tablet / XL Tablet ropinirole ER tablet (generic for Requip XL®) Rytary® ER Capsule Sinemet® Tablet / CR Tablet Stalevo® Tablet Tasmar® Tablet tolcapone tablet (generic for Tasmar®) Xadago® Zelapar® ODT

MULTIPLE SCLEROSIS

Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe Betaseron® Kit / Vial Copaxone® Syringe Gilenya® Capsule Rebif® Ribidose / Titration Pack / Syringe Tecfidera® Capsule / Starter Pack	Ampyra® Tablet Aubagio® Tablet Extavia® Kit / Vial Glatopa® Syringe Lemtrada® Vial Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Zinbryta® Injection Ocrevus®

SEDATIVE HYPNOTICS

Quantity limits apply to all sedative hypnotics

Preferred	Non-Preferred
flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®) zolpidem tablet (generic for Ambien®)	Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Restoril® Capsule Rozerem® Tablet Silenor® Tablet Sonata® Capsule temazepam 7.5, 22.5 mg capsule (generic for Restoril®) triazolam tablet (generic for Halcion®) zaleplon capsule (generic for Sonata®) zolpidem ER tablet (generic for Ambien® CR) zolpidem SL tablet (generic for Intermezzo®)

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

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zolpimist oral spray

CENTRAL NERVOUS SYSTEM

SMOKING CESSATION

Preferred

Buproban® Tablet (branded generic for Zyban®)
bupropion SR tablet (generic for Zyban®)
Chantix® Tablet / Starting Box / Continuation Month Box - **Quantity limited to 6 months per 12 months**
Nicorelief® Gum
nicotine gum / lozenge / patch

Non-Preferred

Nicoderm® CQ Patch
Nicotrol® Inhaler / NS Spray
Nicorette® Gum / Lozenge (Buccal)
Zyban® SR Tablet

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply to all drugs in this class

Preferred

Genotropin® Cartridge / Miniquick
Norditropin® Flexpro / Nordiflex
Serostim® Vial

Non-Preferred

Humatrope® Cartridge / Vial
Nutropin® AQ Pen / Nuspin
Omnitrope® Cartridge / Vial
Saizen® Click-Easy Cartridge / Vial
TevTropin® Vial
Zomacton® Vial
Zorbtive® Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Preferred

Humalog® Vial
Novolog® Cartridge / Flexpen / Vial

Non-Preferred

Humalog® Kwikpen
Afrezza® Inhalation Powder
Apidra® Solostar / Vial
Humalog® Cartridge

Short Acting Insulin

Preferred

Humulin® R Vial

Non-Preferred

Humulin R-U500 Kwikpen®
Novolin® R Vial / Relion Vial

Intermediate Acting Insulin

Preferred

Humulin® N Vial

Non-Preferred

Humulin® N Pen
Novolin® N Vial / Relion Vial

Long Acting Insulin

Preferred

Lantus® Solostar / Vial
Levemir® FlexTouch / FlexPen / Vial

Non-Preferred

Trial and failure of only one preferred drug required

Basaglar Kwikpen®
Tresiba® Flextouch
Toujeo® Solostar

Premixed Rapid Combination Insulin

Preferred

Humalog® Mix 50/50 Kwikpen
Humalog® Mix 75/25 Kwikpen
Humalog® Mix 75/25 Vial
Novolog® Mix 70/30 Flexpen / Vial

Non-Preferred

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Premixed 70/30 Combination Insulin

Preferred

Humulin® 70/30 Vial

Non-Preferred

Humulin® 70/30 Pen
Novolin® 70/30 Vial / Relion Vial

ENDOCRINOLOGY

HYPOGLYCEMICS - INJECTABLE (continued)

Amylin Analogs

Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog

Preferred

Symlin® Pen Injector

Non-Preferred

GLP-1 Receptor Agonists 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 GLP-1 Receptor Agonist and Combination

Preferred

Byetta® Pen
Bydureon® Pen / Vial
Tanzeum® Pen Injector

Non-Preferred

Continuation of therapy requires documentation that clinical goals have been met
Adlyxin® Injection
Soliqua® Injection
Trulicity® Pen
Victoza® Pen
Xultophy® Injection

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

Preferred

Amaryl® Tablet
Diabeta® 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

Non-Preferred

Alpha-Glucosidase Inhibitors

Preferred

acarbose tablet (generic for Precose®)
Glyset® Tablet

Non-Preferred

miglitol tablet (generic for Glyset®)
Precose® Tablet

Biguanides and Combinations

Preferred

glipizide-metformin tablet (generic for Metaglip®)
glyburide-metformin tablet (generic for Glucovance®)
metformin tablet / ER tablet (generic for Glucophage® / ER)

Non-Preferred

Fortamet® Tablet
Glucophage® Tablet / ER Tablet
Glucovance® Tablet
Glumetza® Tablet
metformin ER tablet (generic for Fortamet®)
metformin ER tablet (generic for Glumetza®)
Riomet® Solution

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 and Combination

Preferred

Janumet® Tablet

Non-Preferred

alogliptin tablet (generic for Nesina®)

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Janumet® XR Tablet Januvia® Tablet Jentadueto® Tablet Tradjenta® Tablet	alogliptin-metformin tablet (generic for Kazano®) alogliptin-pioglitazone tablet (generic for Orseni®) Glyxambi® Tablet Jentadueto® XR Tablet Kazano® Tablet Kombiglyze® XR Tablet Nesina® Tablet Onglyza® Tablet Oseni® Tablet
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ENDOCRINOLOGY

HYPOGLYCEMICS - ORAL (continued)

Meglitinides

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

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

Preferred	Non-Preferred
Farxiga® Tablet Jardiance® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet

Thiazolidinediones and Combinations

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

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

Preferred	Non-Preferred
dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet (generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®) Transderm-Scop® Patch	Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch scopolamine patch Sustol® Injection trimethobenzamide capsule (generic for Tigan®) Varubi® Tablet

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Emend® Capsule - Clinical criteria apply	Zofran® Solution / ODT / Tablet Zuplenz® Soluble Film aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply Emend® Powder Packet - Clinical criteria apply Emend® Trifold Pack - Clinical criteria apply Diclegis® Tablet - Exemption for diagnosis of pregnancy
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BILE ACID SALTS

Preferred	Non-Preferred
ursodiol tablet (generic for Urso®)	Actigall® Capsule Chenodal® Tablet Cholbam® Capsule Ocaliva® Tablet Urso® Tablet / Urso® Forte Tablet ursodiol capsule (generic for Actigall®)

GASTROINTESTINAL

H. PYLORI COMBINATIONS

Preferred	Non-Preferred
Pylera® Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) Omeclamox-Pak® Combo Pack Prevpac® Patient Pack

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®) ranitidine capsule / syrup / tablet (generic for Zantac®)	cimetidine solution / tablet (generic for Tagamet®) nizatidine capsule / solution (generic for Axid®) Pepcid® Tablet / Suspension Zantac® Tablet

PANCREATIC ENZYMES

Preferred	Non-Preferred
Creon® Capsule pancrelipase capsule (generic for Pancrease®) Zenpep® Capsule	Pancreaze® Capsule Pertzye® Capsule Ultresa® Capsule Viokase® Tablet

PROGESTINS USED FOR CACHEXIA

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

PROTON PUMP INHIBITORS

Preferred	Non-Preferred
Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®) Protonix® Suspension	Exemption for children < 12 years of age Aciphex® Sprinkle Capsules / Tablets Dexilant® Capsule esomeprazole capsule (generic for Nexium® RX / OTC) lansoprazole capsule (generic for Prevacid® RX / OTC) omeprazole OTC capsule / tablet (generic for Prilosec® OTC) omeprazole sodium bicarbonate capsule (generic for Zegerid® RX / OTC) Prevacid® RX / OTC Capsule / Solutab Prilosec® RX Capsule / Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®)

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Zegerid® RX / Capsule / Packet

SELECTIVE CONSTIPATION AGENTS

Preferred

Amitiza® Capsule
Linzess® Capsule
Movantik® Tablet

Non-Preferred

alosetron tablet (generic for Lotronex® Tablet)
Lotronex® Tablet
Relistor® Syringe / Vial / Oral Tablet
Trulance®
Viberzi® Tablet - **Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)**

GASTROINTESTINAL

ULCERATIVE COLITIS

Oral

Preferred

Apriso® Capsule
balsalazide capsule (generic for Colazal®)
sulfasalazine DR tablet (generic for Azulfidine® Entab)
sulfasalazine IR tablet (generic for Azulfidine®)
Sulfazine® (branded generic for Azulfidine®)

Non-Preferred

Asacol® HD Tablet
Azulfidine® Entab / Tablet
Colazal® Capsule
Delzicol® Capsule
Dipentum® Capsule
Giazo® Tablet
Lialda® Tablet
mesalamine tablet (generic for Asacol® HD)
Pentasa® Capsule
Uceris® TabletA

Rectal

Trial and failure of only one preferred drug required

Preferred

Canasa® Suppository
mesalamine enema (generic for Rowasa® Enema)

Non-Preferred

mesalamine kit (generic for Rowasa® Kit)
Rowasa® Kit
SFRowasa® Enema
Uceris® Rectal Foam

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Preferred

alfuzosin ER tablet (generic for Uroxatral®)
doxazosin tablet (generic for Cardura®)
dutasteride capsule (generic Avodart®)
finasteride tablet (generic for Proscar®)
tamsulosin capsule (generic for Flomax®)
terazosin capsule (generic for Hytrin®)

Non-Preferred

Avodart® Softgel
Cardura® Tablet / XL Tablet
dutasteride/ tamsulosin capsule (generic Jalyn capsule®)
Flomax® Capsule
Jalyn® Capsule
Proscar® Tablet
Rapaflo® Capsule
Uroxatral® Tablet
Cialis® Tablet - **Clinical criteria apply**

ELECTROLYTE DEPLETERS

Preferred

calcium acetate capsule (generic for PhosLo®)
calcium acetate tablet (generic for Eliphos®)
Eliphos® Tablet
Renagel® Tablet
Renvela® Powder Pack

Non-Preferred

Auryxia® Tablet
Fosrenol® Chewable
Fosrenol® Powder Pack
Magnebind® 400 RX Tablet
PhosLo® Gelcap / Solution
Phoslyra® Solution
Renvela® Tablet
sevelamer tablet / powder pack (generic for Renvela®)

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Velphoro® Chewable

GENTOURINARY/RENAL

URINARY ANTISPASMODICS

Preferred

oxybutynin syrup / tablet (generic for Ditropan®)
Toviaz® Tablet
Vesicare® Tablet

Non-Preferred

darifenacin er tablet (generic for Enablex®)
Detrol® Tablet / LA Capsule
Ditropan® XL Tablet
Enablex® Tablet
flavoxate tablet (generic for Urispas®)
Gelnique® Gel / Gel Sachets
Myrbetriq® Tablet
oxybutynin ER tablet (generic for Ditropan XL®)
Oxytrol® Patch
tolterodine tablet / ER capsule (generic for Detrol® / LA)
trospium tablet / ER capsule (generic for Sanctura® / XR)

GOUT

Preferred

allopurinol tablet (generic for Zyloprim®)
colchicine capsule (generic for Mitigare®)
probenecid tablet (generic for Benemid®)
probenecid-colchicine tablet (generic for Col-Benemid®)

Non-Preferred

colchicine tablet (generic for Colcrys®)
Colcrys® Tablet
Mitigare® Capsule
Uloric® Tablet
Zyloprim® Tablet
Zurampic® Tablet

HEMATOLOGIC

ANTICOAGULANTS

Injectable

Preferred

Fragmin® Syringe / Vial
Lovenox® Syringe / Vial

Non-Preferred

Arixtra® Syringe
enoxaparin syringe / vial (generic for Lovenox®)
fondaparinux syringe (generic for Arixtra®)

Oral

Preferred

Coumadin® Tablet
Eliquis® Tablet
Jantoven® (branded generic for Coumadin®)
Pradaxa® Capsule
Savaysa® Tablet
warfarin tablet (generic for Coumadin®)
Xarelto® Starter Pack / Tablet

Non-Preferred

HEMATOPOIETIC AGENTS

Clinical criteria apply to all drugs in this class

Preferred

Aranesp® Syringe / Vial
Procrit® Vial

Non-Preferred

Epogen® Vial
Mircera® Syringe

THROMBOPOIESIS STIMULATING AGENTS

Preferred

Nplate® Vial
Promacta® Tablet

Non-Preferred

OPHTHALMIC

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ALLERGIC CONJUNCTIVITIS AGENTS

Preferred

cromolyn sodium drops (generic for Crolom®)
olopatadine drops (AG generic for Patanol®)

Non-Preferred

Alocril® Drops
Alomide® Drops
Alrex® Drops
azelastine drops (generic for Optivar®)
Bepreve® Drops
Elestat® Drops
Emadine® Drops
epinastine drops (generic for Elestat®)
Lastacaft® Drops
olopatadine drops (generic for Pataday®)
Optivar® Drops
Patanol® Drops
Pataday® Drops
Pazeo® Drops

ANTIBIOTICS

Preferred

Azasite® Drops
AK-Poly-Bac® Ointment (branded generic for Polysporin®)
bacitracin-polymyxin ointment (generic for Polysporin®)
ciprofloxacin solution drops (generic for Ciloxan®)
erythromycin ointment (generic for Ilotycin®)
Gentak® Ointment (branded generic for Garamycin®)
gentamicin drops / ointment (generic for Garamycin®)
Moxeza® Drops
neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
Neo-Polycin® (branded generic for Neosporin® Ophthalmic Ointment)
neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
ofloxacin drops (generic for Ocuflox®)
Polycin® Ointment (branded generic for Polysporin®)
polymyxin-trimethoprim drops (generic for Polytrim®)
sulfacetamide drops (generic for Bleph-10®)
tobramycin drops (generic for Tobrex®)
Vigamox® Drops

Non-Preferred

bacitracin ointment (generic for AK-Tracin®)
Besivance® Suspension
Bleph-10® Drops
Ciloxan® Drops / Ointment
Garamycin® Drops
gatifloxacin drops (generic for Zymaxid®)
Ilotycin® Ointment
levofloxacin drops (generic for Quixin®)
moxifloxacin ophthalmic solution
Natacyn® Drops
Neosporin® Drops
Ocuflox® Drops
Polytrim® Drops
sulfacetamide ointment (generic for Cetamide®)
Tobrex® Ointment/ Drops
Zymaxid® Drops

ANTIBIOTICS-STEROID COMBINATIONS

Preferred

neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)
Tobradex® Drops / Ointment

Non-Preferred

Blephamide® Drops / S.O.P. Ointment
Maxitrol® Drops / Ointment
Neo-Polycin® HC (branded generic for Cortisporin®)
neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®)
Pred-G® S.O.P. Ointment / Suspension
sulfacetamide-prednisolone drops (generic for Vasocidin®)
Tobradex® ST Drops
tobramycin-dexamethasone suspension (generic for Tobradex® Suspension)
Zylet® Drops

OPHTHALMIC

ANTI INFLAMMATORY

Preferred

dexamethasone drops (generic for Decadron®)
diclofenac drops (generic for Voltaren®)
Durezol® Drops

Non-Preferred

Acular® Drops / LS Solution
Acuvail® Solution
bromfenac drops (generic for Xibrom®)

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Flarex® Drops fluorometholone drops (generic for FML®) flurbiprofen drops (generic for Ocufen®) FML® Forte Drops / S.O.P. Ointment ketorolac solution (generic for Acular® / LS) Lotemax® Drops Maxidex® Drops Pred Mild® Drops prednisolone acetate drops (generic for Pred Forte®) prednisolone sodium phosphate drops (generic for Inflamase Forte®)	FML® Liquifilm Drops Ilevro® Drops Iluvien® Implant Lotemax® Gel / Ointment Nevanac® Droptainer Ocufen® Drops Omnipred® Drops Ozurdex® Implant Pred Forte® Drops Prolensa® Drops Retisert® Implant Triescence® Vial Vexol® Drops
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ANTI INFLAMMATORY/IMMUNOMODULATOR

Preferred	Non-Preferred
Restasis® Restasis® (multidose)	Xiidra®

Alpha 2 Adrenergic Agents

Preferred	Non-Preferred
Alphagan® P Drops brimonidine drops (generic for Alphagan®)	apraclonidine drops (generic for Iopidine®) brimonidine P drops (generic for Alphagan® P) Iopidine® Drops

Beta Blocker Agents

Preferred	Non-Preferred
carteolol drops (generic for Ocupress®) Combigan® Drops Istalol® Drops levobunolol drops (generic for Betagan®) timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®)	betaxolol drops (generic for Betoptic®) Betagan® Drops Betimol® Drops Betoptic® S Drops metipranolol drops (generic for OptiPranolol®) Timoptic® Drops / Ocudose Drops / XE Solution

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred
Azopt® Drops dorzolamide drops (generic for Trusopt®) dorzolamide-timolol drops (generic for Cosopt®) Simbrinza® Drops	Cosopt® Drops / PF Drops Trusopt® Drops

Prostaglandin Agonists

Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®) Travatan® Z Drops	bimatoprost (generic for Lumigan® Drops) Lumigan® Drops travoprost drops (generic for Travatan®) Xalatan® Drops Zioptan® Drops

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®) Evista® Tablet	Actonel® Tablet alendronate solution (generic for Fosamax® Solution)

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Fortical® Nasal Spray	Atelvia® Tablet Binosto® Effervescent Tablet Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Miacalcin® Nasal Spray Prolia® Syringe raloxifene tablet (generic for Evista®) risedronate tablet (generic for Actonel®) Tymlos™
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OTIC

ANTIBIOTICS

Preferred	Non-Preferred
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops

ANTI-INFECTIVES AND ANESTHETICS

Preferred	Non-Preferred
acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®)	Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops

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 Proventil® HFA Inhaler	Proair Respiclick® Ventolin® HFA Inhaler Xopenex® HFA Inhaler

BETA-ADRENERGIC NEBULIZERS

Preferred	Non-Preferred
albuterol 0.63mg/3ml solution (generic for Accuneb®) albuterol 1.25mg/3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg/0.5ml solution albuterol sulfate 2.5mg/3ml solution albuterol sulfate 5mg/ml solution	Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution Xopenex® Solution / Concentrate Solution

RESPIRATORY

BETA-ADRENERGIC - ORAL

North Carolina Division of Medical Assistance
 North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
 Effective November 1, 2017

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Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs) albuterol syrup (generic for Ventolin® Syrup) metaproterenol syrup (generic for Alupent® Syrup) terbutaline tablet (generic for Brethine®)	albuterol ER tablets (generic for VoSpire® ER) metaproterenol tablet (generic for Alupent® Tablet) VoSpire® ER Tablet

COPD AGENTS

Preferred	Non-Preferred
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Trial and failure of Spiriva® only required to obtain a non-preferred drug in this class

Atrovent® HFA Inhaler ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution) ipratropium-albuterol solution (generic for Duoneb®) Spiriva® Handihaler Stiolto® Respimat Inhalation Spray	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler Seebri® Neohaler Spiriva® Respimat Inhalation Spray 2.5mcg Tudorza® Pressair Inhaler Utibron® Neohaler Spiriva Respimat Inhalation Spray 1.25mcg **Exemption from trial and failure of preferred drugs for Spiriva® Respimat 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination**
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CORTICOSTEROIDS

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Pulmicort® Respules 0.25mg, 0.5mg, 1mg QVAR® Inhaler	Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler Pulmicort® Flexhaler

CORTICOSTEROID COMBINATION

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler	Advair® HFA Inhaler Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®)

INTRANASAL RHINITIS AGENTS

Preferred	Non-Preferred
azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Atrovent® Spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray Flonase® Nasal Spray (RX ONLY) flunisolide spray (generic for Nasalide®) mometasone nasal spray (generic for Nasonex®) Nasonex® Nasal Spray olopatadine nasal spray(generic for Patanase®)

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Omnaris® Nasal Spray
QNASL® Nasal Spray / Children's Spray
Rhinocort® Aqua Nasal Spray
Ticanase nasal spray
triamcinolone nasal spray (generic for Nasacort® AQ)
Veramyst® Nasal Spray
Zetonna® Nasal Spray

RESPIRATORY

LEUKOTRIENE MODIFIERS

Preferred

montelukast chewable / granules / tablet (generic for Singulair®)
zafirlukast tablet (generic for Accolate®)

Non-Preferred

Accolate® Tablet
Singulair® Chewable / Granules / Tablet
Zyflo® CR Tablet / Filmtab
zileuton

LOW SEDATING ANTIHISTAMINES

Preferred

cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)
cetirizine RX syrup (generic for Zyrtec® Syrup)
loratadine tablet OTC (generic for Claritin® OTC)

Non-Preferred

cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)
cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
Clarinex® Syrup / Tablet - **Exemption for children < 2 years of age**
Claritin® Tablet
desloratadine ODT / Tablet (generic for Clarinex®)
fexofenadine 60mg, 180 mg tablet (generic for Allegra®)
fexofenadine OTC suspension / tablet (generic for Allegra® OTC)
levocetirizine solution / tablet (generic for Xyzal®)
loratadine OTC ODT / solution (generic for Claritin® OTC)
Xyzal® Solution / Tablet

LOW SEDATING ANTIHISTAMINE COMBINATION

Quantity limit of 102 days supply per 12 months apply to all drugs in this class

Preferred

loratadine-D OTC tablet (generic for Claritin-D® OTC)

Non-Preferred

cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
Clarinex-D® Tablet
fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
Semprex-D® Capsule

TOPICALS

ACNE AGENTS

Preferred

Azelex® Cream
Benzaclin® Gel / Gel Pump
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)
Differin® Cream / Gel / Gel Pump / Lotion
Retin-A® Cream / Gel

Non-Preferred

Acne Clearing System
Acanya® Gel Pump
Aczone® Gel
adapalene cream / gel / gel pump (generic for Differin®)
Atralin® Gel
Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads
Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
Avita® Cream / Gel
Benzamycin® Gel / Pak Gel
Benzefoam Ultra
Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths
benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)
BP® 10-1 Wash / Cleansing Wash
Cleocin® T Gel / Lotion / Pledgets / Solution
Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
clindamycin phosphate gel / lotion (generic for Cleocin-T®)

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	clindamycin phosphate foam (generic for Evoclin®) clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®) clindamycin/benzoyl peroxide with pump (generic for Benzaclin®) clindamycin/tretinoin (generic for Veltin®) Duac® Gel Epiduo® Gel / Gel Pump/ Forte Ery® Pads Erygel® Gel erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®, A/T/S®, T-Stat®) erythromycin-benzoyl peroxide gel (generic for Benzamycin®) Evoclin® Foam Fabior® Foam Inova® (4/1, 8/2) Klaron® Lotion Neuac® Gel / Kit Onexton® Gel / Gel Pump Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash Promiseb® Complete Retin-A® / Micro Gel / Micro Pump Gel Rosula® Cloths / Wash Seb-Prev® 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 Suamxin®) SSS® 10-5 Cream / Foam sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5) Sulfacleanse® Suspension Sumadan® Kit / Wash / XLT Kit Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream Tazorac® Cream / Gel tretinoin microsphere gel / gel pump (generic for Retin-A® Micro) tretinoin cream / gel (generic for Retin-A®) Veltin® Gel Virti-Sulf® Emollient Cream Ziana® Gel
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TOPICALS

ANDROGENIC AGENTS

Preferred	Non-Preferred
Androgel® Packet / Pump	Androderm® Patch Axiron® Actuation Solution Fortesta® Gel Pump Natesto® Nasal Testim® Gel testosterone gel (generic for Testim, Vogelxo®) testosterone gel packet / pump (generic for Androgel, Vogelxo®) testosterone gel pump (generic for Fortesta®) Vogelxo® Gel / Gel Packet / Gel Pump

NSAIDS

Preferred	Non-Preferred
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Voltaren Gel®	diclofenac solution (generic for Pennsaid®) diclofenac topical gel (generic for Voltaren® Gel) Flector® Patch Pennsaid® Pump / Solution Pennsaid® Packet Klofensaid® II Vopac® MDS Xrylix®
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ANTIBIOTIC

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

ANTIBIOTIC - VAGINAL

Preferred	Non-Preferred
Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel	Cleocin® Vaginal Cream Nuversa® Vaginal Gel Metrogel® Vaginal Gel

TOPICALS

ANTIFUNGAL

Preferred	Non-Preferred
ciclopirox cream (generic for Loprox® Cream) ciclopirox solution (generic for Penlac® Solution) clotrimazole RX cream (generic for Lotrimin® RX) clotrimazole-betamethasone cream (generic for Lotrisone® cream) ketoconazole cream / shampoo (generic for Nizoral®) Nyamyc® Powder (branded generic for Nystop®) nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) Nystop® Powder	Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) clotrimazole RX solution (generic for Lotrimin® RX) CNL® 8 Nail Kit Dermacin® RX Therazole PAK econazole cream (generic for Spectazole®) Ertaczo® Cream Exelderm® Cream / Solution Extina® Foam Jublia® Topical Solution Kerydin® Topical Solution ketoconazole foam (generic for Extina® Foam) Loprox® suspension/cream/kit Loprox® Shampoo Lotrisone® Cream Luzu® Cream Mentax® Cream naftifine cream / gel (generic for Naftin® Cream / Gel) Naftin® Cream / Gel Nizoral® Shampoo nystatin-triamcinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxistat®) Oxistat® Cream / Lotion Pediaderm AF® Kit Penlac® Solution Vusion® Ointment - Clinical criteria apply

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Xolegel® Gel

ANTIPARASITICS

Trial and failure of only one preferred drug required

Preferred

Eurax® Cream
Natroba® Topical Suspension
permethrin cream (generic for Elimite®)
Sklice® Lotion

Non-Preferred

Elimite® Cream
Eurax® Lotion
lindane lotion / shampoo
malathion lotion (generic for Ovide®)
Ovide® Lotion
spinosad topical suspension (generic for Natroba®)
Ulesfia®

ANTIVIRAL

Preferred

Zovirax® Cream

Non-Preferred

acyclovir ointment/ AG (generic for Zovirax® Ointment)
Denavir® Cream
Xerese® Cream
Zovirax® Ointment

IMMUNOMODULATORS

Atopic Dermatitis

Clinical criteria apply to all drugs in this class

Preferred

Elidel® Cream
Eucrisa 2%® Ointment

Non-Preferred

Protopic® Ointment
tacrolimus ointment (generic Protopic®)
Dupixent®

Imidazoquinolinamines

Preferred

imiquimod cream packet (generic for Aldara®)

Non-Preferred

Aldara® Cream
Zyclara® Cream / Cream Pump

TOPICALS

PSORIASIS

Preferred

calcipotriene cream / ointment / solution (generic for Dovonex®)

Non-Preferred

calcipotriene-betamethasone ointment (generic for Talconex®)
Calcitrene® Ointment (branded generic for Dovonex®)
calcitriol ointment (generic for Vectical®)
Dovonex® Cream
Enstilar® Foam
Sorilux® Foam
Taclonex® Ointment / Suspension
Vectical® Ointment

ROSACEA AGENTS

Preferred

MetroGel®
MetroCream®
MetroLotion®

Non-Preferred

Finacea® Gel
metronidazole gel (generic for MetroGel®)
Mirvaso® Gel
metronidazole cream (generic for MetroCream®)
metronidazole lotion (generic for MetroLotion®)
Noritate® Cream
Rosadan® Cream / Gel / Kit
Soolantra® Cream
Rhofade®

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STEROIDS

Low Potency

Preferred

alclometasone dipropionate cream / ointment (generic for Aclovate®)
DermaSmoothe® FS Scalp and Body Oil
hydrocortisone cream / gel/ lotion / ointment (generic for Hytone®)
hydrocortisone in absorbase

Non-Preferred

Aqua Glycolic® HC Kit
Capex® Shampoo
Desonate® Gel
desonide cream / ointment (generic for DesOwen®) - **Exemption for children < 12 years of age**
desonide lotion (generic for DesOwen® Lotion)
DesOwen® Lotion
fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil)
Micort-HC Cream
Pediaderm® HC Kit / TA Kit
Texacort® Solution

Medium Potency

Preferred

fluticasone cream / ointment (generic for Cutivate®)
mometasone cream / ointment / solution (generic for Elocon®)

Non-Preferred

clocortolone cream / pump (generic for Cloderm®)
Cloderm® Cream / Pump
Cordran® Tape
Cutivate® Cream / Lotion
Dermatop® Cream / Emollient Cream / Ointment
Elocon® Cream / Lotion / Ointment
fluocinolone cream / ointment / solution (generic for Synalar®)
flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion)
flurandrenolide ointment (generic for Cordran® ointment)
fluticasone lotion (generic for Cutivate® Lotion)
hydrocortisone butyrate cream / lipid cream / ointment / solution (generic for Locoid®)
hydrocortisone valerate cream / ointment (generic for Westcort®)
Locoid® Lotion
Luxiq® Foam
Pandel® Cream
prednicarbate cream / ointment (generic for Dermatop®)
Synalar® Cream / Ointment / Kit / Solution / TS Kit

TOPICALS

STEROIDS (Continued)

High Potency

Preferred

betamethasone valerate cream / lotion / ointment (generic for Valisone®)
fluocinonide-solution (generic for Lidex® / Lidex® E)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)

Non-Preferred

amcinonide cream / lotion / ointment (generic for Cyclocort®)
betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)
betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
betamethasone valerate foam (generic for Valisone®)
desoximetasone cream / gel / ointment (generic for Topicort®)
diflorasone cream / ointment (generic for Florone®)
Diprolene® Lotion / Ointment / AF Cream
fluocinonide cream / emollient cream / gel (generic for Lidex® / Lidex® E)
fluocinonide ointment (generic for Lidex® Ointment)
Halog® Cream / Ointment
Kenalog® Spray
Sernivo® Spray
Dermacin Silapak®
Dermacin RX Silazone®
Sanaderm®RX Solution
Silazone®II

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	<p>Topicort® Cream / Gel / Ointment / Spray / LP triamcinolone spray (generic for Kenalog® Spray) Trianex® Ointment Vanos® Cream Vanos® Cream Ellzia®</p>
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Very High Potency

Preferred	Non-Preferred
<p>clobetasol cream / emollient cream / gel / ointment (generic for Temovate®) clobetasol solution (generic for Cormax®) halobetasol propionate cream / ointment (generic for Ultravate®)</p>	<p>Apexicon E® Cream clobetasol foam / emulsion foam (generic for Olux® / Olux-E®) clobetasol lotion / shampoo (generic for Clobex®) clobetasol spray (generic for Clobex® spray) Clobex® Lotion / Shampoo / Spray Clodan® Kit / Shampoo Olux® Foam / E-Foam Temovate® Cream / Emollient Cream / Ointment Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack Ultravate® Lotion</p>

MISCELLANEOUS

ANTIPSORIATICS, ORAL

Preferred	Non-Preferred
<p>Acitretin (generic for Soriatane®)</p>	<p>8-MOP® Methoxsalen Rapid (generic for OxSORALEN-Ultra®) OxSORALEN-Ultra® Soriatane® Soriatane®</p>

EPINEPHRINE, SELF INJECTED

Preferred	Non-Preferred
<p>epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector)</p>	<p>AdrenaClick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for AdrenaClick®) Epi-Pen® Auto Injector / JR Auto Injector</p>

ESTROGEN AGENTS, COMBINATIONS

Preferred	Non-Preferred
<p>Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet</p>	<p>Lopreeza® Tablet</p>

PROGESTATIONAL AGENTS

Preferred	Non-Preferred
<p>Makena® (hydroxyprogesterone caproate injection) Compounded 17 P</p>	

MISCELLANEOUS

ESTROGEN AGENTS, ORAL/TRANSDERMAL

Preferred	Non-Preferred

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Cenestin® Tablet Climara® Patch / Pro Patch CombiPatch® Enjuvia® Tablet Estrace® Tablet estradiol patch (generic for Climara®, Menostar®) estradiol tablet (generic for Estrace®) estropipate tablet (generic for Ogen®) Evamist® Spray Menest® Tablet Premarin® Tablet Vivelle-Dot® Patch	Alora® Patch Divigel® Gel Packet Duavee® Tablet Elestrin® Gel estradiol patch (generic for Vivelle-Dot®) Menostar® Patch Mini-Velle® Patch
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ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred	Non-Preferred
Estring® Vaginal Ring Premarin® Vaginal Cream Vagifem® Vaginal Tablet	Estrace® Cream estradiol vaginal tablet Femring® Vaginal Ring Yuvaferm® Intrarosa®

GLUCOCORTICOID STEROIDS, ORAL

Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC) dexamethasone elixir / tablet (generic for Decadron®) dexamethasone solution (generic for Concedix®) hydrocortisone tablet (generic for Cortef®) methylprednisolone 4mg dosepack / tablet (generic for Medrol®) Orapred® ODT prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®) prednisolone solution (generic for Prelone®, Millipred®) prednisone dose pack (generic for Sterapred®) prednisone solution / tablet (generic for Deltasone®)	Cortef® Tablet cortisone tablet (generic for Patisone®) Dexamethasone Intensol® Drops Dexpak® Tablet Emflaza® Entocort® EC Capsule Medrol® Dose Pack / Tablet methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®) Millipred® Dose Pack / Tablet / Solution PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution

IMMUNOMODULATORS, SYSTEMIC

Clinical criteria apply to all drugs in this class

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
Enbrel® Kit / Sureclick Syringe / Syringe Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Actemra® Syringe / Vial Arcalyst® SQ Syringe Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Ilaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet Orencia® Vial Otezla® Starter Pack / Tablet Remicade® Injection Simponi® Aria Vial / Pen Injector / Syringe Stelara® Syringe

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Taltz® Auto-injector/syringe
Xeljanz® Tablet/ Xeljanz®XR
Siliq®
Kineret® Syringe - **Exemption for diagnosis of Neonatal Onset: Multi-System Inflammatory Disease**

MISCELLANEOUS

IMMUNOSUPPRESSANTS

Preferred

Astagraf® XL Capsule
Azasan® Tablet
azathioprine tablet (generic for Imuran®)
Cellcept® Capsule / Suspension / Tablet
cyclosporine capsule / solution (generic for Sandimmune®)
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)
Envarsus® XR Tablet
Gengraf® Capsule / Solution
Hecoria® Capsule
Imuran® Tablet
mycophenolate capsule / suspension / tablet (generic for Cellcept®)
mycophenolic acid tablet (generic for Myfortic®)
Myfortic® Tablet
Neoral® Capsule / Solution
Prograf® Capsule
Rapamune® Solution / Tablet
Sandimmune® Capsule / Solution
sirolimus tablet (generic for Rapamune®)
tacrolimus capsule (generic for Hecoria®, Prograf®)
Zortress® Tablet

Non-Preferred

OPIOID ANTAGONIST

Preferred

naloxone ampule / syringe / vial (generic for Narcan®)
naltrexone (oral)
Narcan® Nasal Spray
Vivitrol®

Non-Preferred

OPIOID DEPENDENCE

Clinical criteria apply to all drugs in this class

Preferred

Suboxone® SL Film

Non-Preferred

Bunavail® Film
buprenorphine sl tablet (generic for Subutex®)
buprenorphine-naloxone sl tablet (generic for Suboxone®)
Zubsolv® Tablet SL

SKELETAL MUSCLE RELAXANTS

Preferred

baclofen tablet (generic for Lioresal®)
chlorzoxazone tablet (generic for Parafon Forte®)
cyclobenzaprine tablet (generic for Flexeril®)
methocarbamol tablet (generic for Robaxin®)
tizanidine tablet (generic for Zanaflex® Tablet)

Non-Preferred

Amrix® ER Capsule
Dantrium® Capsule / Vial
dantrolene sodium capsule (generic for Dantrium®)
Fexmid® Tablet
Lorzone® Tablet
metaxalone tablet (generic for Skelaxin®)
orphenadrine citrate ampule / tablet / vial (generic for Norflex®)
Parafon® Forte Caplet
Robaxin® Tablet / Vial

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

Effective November 1, 2017

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

Skelaxin® Tablet
tizanidine capsules (generic for Zanaflex® Capsule)
Zanaflex® Capsule / Tablet

DIABETIC SUPPLIES

Roche Diagnostics Corporation is N.C. Medicaid's designated preferred manufacturer for 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 under the pharmacy point-of-sale system with a prescription. Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Medical Assistance at 919-855-4310 (DME), 919-855-4300 (Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969.

Meters

ACCU-CHEK® Aviva Plus care kit
ACCU-CHEK® Compact Plus care kit
ACCU-CHEK® Nano SmartView care kit
ACCU-CHEK® Guide Retail care kit

Test Strips

ACCU-CHEK® AVIVA 50 ct test strips
ACCU-CHEK® AVIVA PLUS 50 ct test strips
ACCU-CHEK® SMARTVIEW 50 ct test strips
ACCU-CHEK® COMPACT Plus 51 ct test strips
ACCU-CHEK® Guide 50 ct test strips

Lancets

ACCU-CHEK® Multiclix 102 ct Lancets
ACCU-CHEK® Softclix 100 ct Lancets
ACCU-CHEK® Fastclix 102 ct Lancets

Lancing Devices

ACCU-CHEK® Softclix lancing device kit (Blue)
ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Multiclix lancing device kit

ACCU-CHEK® Fastclix lancing device kit

Control Solutions

ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® Compact blue glucose control solution (2 levels)
ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 2-Level control solution (2-levels)