	n of Medical Assistance
North Carolina Medicaid and Healt	h Choice Preferred Drug List (PDL)
Effective January 15, 2018	
Trial and failure of two preferred drugs	are required unless otherwise indicated.
	Il drugs in the classes not included are considered preferred.
	al criteria (indicated in RED) may also apply.
0 1 01	nd prior authorization request forms can be found at: s/pharmacy/pa-drugs-criteria-new-format.html
	s/pharmacy/pa-drugs-chiena-new-format.htm http://www.ncdhhs.gov/dma/pharmacy/index.htm
	R'S AGENTS
Preferred	Non-Preferred
donepezil 5mg, 10mg tablets / ODT (generic for Aricept® / ODT)	Aricept® ODT / Tablets
Exelon® Patch	donepezil 23mg tablets (generic for Aricept®)
memantine tablet / titration pack (generic for Namenda®)	Exelon® Capsule
Namenda® Solution	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
rivastigmine capsules (generic for Exelon®)	memantine solution (oral) (generic for Namenda® Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namenda® Tablet
	Namzaric™ Solution (Oral)
	rivastigmine (Trandsderm) (generic for Exelon® Patch)
	Razadyne® ER Capsule / Tablet
ANAL	GESICS
OPIOID A	NALGESICS
	Acting
Clinical criteria apply	to all drugs in this class
Preferred	Non-Preferred
	Arymo® ER
Butrans [®] Patch	Avinza® Capsule
Embeda® ER Capsule	Belbuca (Buccal)
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch
morphine sulfate ER tablet (generic for MS Contin®)	Duragesic® Patch
OxyContin® Tablet	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 / Ora	I Spray Schedule II Opioids
Clinical criteria apply	to all drugs in this class
Preferred	Non-Preferred
	fentanyl citrate lozenge (generic for Actiq®)
Actiq® Lozenge	Fentora® Buccal Tablet
	Abstral® SL Tablet
	Subsys® Spray
	GESICS
	ESICS (Continued)
	hedule II Opioids
	to all drugs in this class
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®,	codeine sulfate solution / tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Demerol® Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	Dilaudid® Liquid / Tablet
hydromorphone tablet (generic for Dilaudid® Tablet)	Endodan® Tablet (branded generic for Percodan®)
morphine solution / tablet (generic for MSIR®)	Hycet® Solution

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Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered preferred.

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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
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone-acetaminophen capsules (generic for Tylox®)	Ibudone® Tablet
oxycodone-acetaminophen tablets (generic for Percocet®)	Lazanda® Nasal Spray
Xylon® (branded generic for Repraxin®)	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
ANAI	JGESICS
	GESICS (Continued)
Short Acting Schedule III -	- IV Analgesic Combinations
Clinical criteria apply	y to all drugs in this class
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
ramadol tablet (generic for Ultram®)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
ramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol®)

trainador tablet (generie for ortrains)	Sutabilitat compound with codeline capsule (generic for Formal with Codelines)
tramadol-acetaminophen tablet (generic for Ultracet®)	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	
NSAI	DS
Preferred	Non-Preferred
ibuprofen suspension / tablet (generic for Motrin®)	Anaprox® Tablet / DS Tablet

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indomethacin capsule (generic for Indocin®)	Arthrotec® Tablet
ketorolac tablet (generic for Toradol®)	DayPro® Caplet
meloxicam tablet (generic for Mobic Tablet®)	diclofenac potassium tablet (generic for Cataflam®)
naproxen EC tablet (generic for Naprosyn® EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
naproxen tablet (generic for Naprosyn [®] Tablet)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
sulindac tablet (generic for Clinoril®)	diflunisal tablet (generic for Dolobid®)
	EC-Naprosyn® Tablet
	etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)
	Feldene® Capsule
	fenoprofen tablet (generic for Nalfon®)
	flurbiprofen tablet (generic for Ansaid®)
	Indocin® Suppository / Suspension
	indomethacin ER capsule (generic for Indocin SR®)
	Inflammacin ® tablets
	ketoprofen capsule (generic for Orudis®)
	ketoprofen ER capsule (generic for Oruvail®)
	meclofenamate capsule (generic for Meclomen®)
	meterorenaniae capsule (generic for Ponstel®) mefenamic acid capsule (generic for Ponstel®)
	Mobic® Tablet
	nabumetone tablet (generic for Relafen®)
	Nalfon® Capsule
	Naprelan® Tablet
	Naprosyn® Tablet
	Naprosyn® EC
	naproxen CR
	naproxen sodium ER tablet (generic for Naprelan®)
	naproxen sodium tablet (generic for Anaprox®)
	naproxen suspension (generic for Naprosyn® Suspension)
	oxaprozin tablet (generic for DayPro®)
	piroxicam capsule (generic for Feldene®)
	Ponstel® Kapseals
	Sprix® Nasal Spray
	Tivorbex® capsule
	tolmetin capsule / tablet (generic for Tolectin®)
	Vivlodex™
	Voltaren® XR Tablet
	Zipsor® Capsule
	Zorvolex® Capsule
	meloxicam suspension (generic for Mobic® Oral Suspension) - Exemption for children < 12 years of age Mobic® Suspension
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®) - Clinical criteria apply	Celebrex® Capsule - Clinical criteria apply
	Duexis® Tablet
	Vimovo®
	ANALGESICS
	NEUROPATHIC PAIN
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution (generic for Neurontin®)	Gralise® Starter Pack / Tablet
	Horizant®
	Irenka® Capsule
	Lyrica® Cansule / Solution

Lyrica® Capsule / Solution

Neurontin® Capsule / Solution / Tablet

North Carolina Divi	ision of Medical Assistance
North Carolina Medicaid and H	ealth Choice Preferred Drug List (PDL)
Effective	January 15, 2018
	ugs are required unless otherwise indicated.
· ·	L. All drugs in the classes not included are considered preferred.
	clinical criteria (indicated in RED) may also apply.
	ria and prior authorization request forms can be found at:
	viders/pharmacy/pa-drugs-criteria-new-format.html at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Savella® Tablet / Titration Pack Dermacin RX® PHN PAK
	lidocaine patch (generic for Lidoderm®) - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply
	Qutenza® Kit
ANTIC	CONVULSANTS
	EPINE DERIVATIVES
Patients with a diagnosis of seizure disorder are exempt fro	om trial and failure criteria and may use any carbamazepine product.
Preferred	Non-Preferred
Aptiom® Tablet	Carbatrol® Capsule
carbamazepine chewable (generic for Tegretol®)	carbamazepine suspension / tablet (generic for Tegretol®)
carbamazepine ER capsule (generic for Carbatrol®)	carbamazepine XR tablet (generic for Tegretol XR®)
Equetro® Capsule	Epitol® Tablet
oxcarbazepine tablet / suspension (generic for Trileptal®)	Trileptal® Tablet / Suspension (oral)
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
EDOT	GENERATION
Preferred	om trial and failure criteria and may use any first generation product. Non-Preferred
Celontin® Kapseal	INON-Preferred Depakote® ER Tablet / Sprinkle Capsule
Depakene® Capsule / Solution	felbamate suspension / tablet (generic for Felbatol®)
Depakote® Tablet	Felbatol® Suspension / Tablet
Dilantin® Capsule / Infatab / Suspension	Valproate Syrup (oral)
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	
ANTIC	CONVULSANTS
	D GENERATION
Patients with a diagnosis of seizure disorder are exempt from	n trial and failure criteria and may use any second generation product.
Preferred	Non-Preferred
clonazepam tablet (generic for Klonopin®)	Banzel® Suspension / Tablet
Diastat® Accudial / Pedi System	Briviact ® Tablet and Solution
gabapentin capsule / solution (generic for Neurontin®)	clonazepam ODT (generic for Klonopin® Wafer)
Gabitril® Tablet	diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
lamotrigine chewable / tablet (generic for Lamictal®)	Fycompa® Tablet / Kit/Suspension
evetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	gabapentin tablet (generic for Neurontin® Tablet)
Fopiragen® Tablet (branded generic for Topamax®)	Gralise® Starter Pack / Tablet
topiramate sprinkle capsule / tablet (generic for Topamax®)	Keppra® Tablet / Solution / XR Tablet
zonisamide capsule (generic for Zonegran®)	Klonopin® Tablet
	Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet
	lamotrigine starter kits (generic for Lamictal®)
	\mathbf{V}
	lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)
	Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet

North Carolina Division of Medical Assistance North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective January 15, 2018 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 Onfi[®] Suspension / Tablet Potiga® Tablet Qudexy® XR Capsule Sabril® Powder Packet / Tablet Spritam ® Tablet iagabine tablet (generic for Gabitril®) Fopamax® Sprinkle Capsule / Tablet copiramate ER capsule (generic for Qudexy®) Trokendi® XR Capsule Vimpat® Solution / Starter Kit / Tablet Zonegran[®] Capsule **ANTI-INFECTIVES-SYSTEMIC** ANTIBIOTICS Cephalosporins and Related Preferred **Non-Preferred** amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) Augmentin® Suspension / Tablet / XR Tablet amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® /XR) Cedax[®] Capsule / Suspension cefadroxil capsule / suspension (generic for Duricef®) cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD) cefdinir capsule / suspension (generic for Omnicef®) cefadroxil tablet (generic for Duricef®) cefpodoxime suspension / tablet (generic for Vantin®) cefixime suspension cefprozil suspension / tablet (generic for Cefzil®) ceftibuten capsule / suspension (generic for Cedax®) Keflex® Capsule Ceftin® Suspension / Tablet cefuroxime tablet (generic for Ceftin®) cephalexin capsule / suspension / tablet (generic for Keflex®) Suprax® Capsule / Chewable / Suspension/ Tablet Lincosamides and Oxazolidinones Preferred **Non-Preferred** Cleocin® Granules Cleocin[®] Capsules / Injection clindamycin capsules / solution (generic for Cleocin®) clindamycin injection (generic for Cleocin® Injection) Lincocin® Vial linezolid Tablet (generic for Zyvox®) linezolid suspension (generic for Zyvox®) incomycin injection (generic for Lincocin Vial®) inezolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid® Vial Zyvox® Tablet / IV Solution / Suspension **ANTI-INFECTIVES-SYSTEMIC** ANTIBIOTICS (Continued) Macrolides and Ketolides Preferred **Non-Preferred** azithromycin powder packet / suspension / tablet (generic for Zithromax®) Biaxin® Suspension / Tablet clarithromycin suspension / tablet (generic for Biaxin®) clarithromycin ER tablet (generic for Biaxin XL®) E.E.S.® Granules / Filmtab Ery-Tab® Tablet Eryped[®] Suspension Ketek® Tablet Erythrocin® Filmtab PCE® Tablet erythromycin EC capsule (generic for Ery-C®) Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Zmax[®] Suspension erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension) erythromycin es tablet (E.E.S® Filmtab) Nitromidazoles Preferred **Non-Preferred** metronidazole tablet (generic for Flagyl® Tablet) Alinia® Suspension / Tablet vancomycin capsule (generic for Vancocin®) Dificid® Tablet

North Carolina Di	vision of Medical Assistance		
North Carolina Medicaid and J	Health Choice Preferred Drug List (PDL)		
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		•	•
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		More information on the PDL can be foun	nd at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
			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		
	Quinolones		
Preferred	Non-Preferred		
Avelox® Tablet	Avelox® ABC Pack		
Cipro® Suspension	Cipro® Tablet / XR Tablet		
ciprofloxacin tablets (generic for Cipro®)	ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)		
evofloxacin tablet (generic for Levaquin® Tablet)	Levaquin® Solution / Tablet		
	levofloxacin solution (generic for Levaquin® Solution)		
	moxifloxacin tablet (generic for Avelox®)		
	ofloxacin tablet (generic for Floxin®)		
A NITI INI	FECTIVES-SYSTEMIC		
	BIOTICS (Continued)		
	cycline Derivatives		
Preferred	Non-Preferred		
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	Adoxa® Capsule		
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	demeclocycline tablet (generic for Declomycin®)		
ninocycline capsule (generic for Minocin®)	Doryx [®] DR Tablet		
	Doryx ® MPC Tablet		
	doxycycline hyclate DR tablet (generic for Doryx DR®)		
	doxycycline nyclate DR tablet (generic for Doryx DR®) doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)		
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)		
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules)		
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules) doxycycline monohydrate tablets (generic for Adoxa®)		
	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)		
	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®)		
	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		
	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		
	 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 doxycyline and minocycline 		
	 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 doxycyline and minocycline required. Limited to 12 week supply. 		
	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 doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules		
	 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 doxycyline 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 		
	 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 doxycyline 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 		
	 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 doxycyline 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 		
	 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 doxycyline 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 		
Preferred	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 doxycyline 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		
	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 doxycyline 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		
elotrimazole troche (generic for Mycelex Troche®)	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 doxycyline 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		
clotrimazole troche (generic for Mycelex Troche®) luconazole suspension / tablet (generic for Diflucan®)	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 doxycyline 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		
clotrimazole troche (generic for Mycelex Troche®) luconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®)	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 doxycyline 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		
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®)	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 doxycyline 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		
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)	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 doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycyline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12		
Preferred 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®)	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 doxycyline 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		
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®)	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg capsules (generic for Oraca@ 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 doxycyline 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		

North Carolina Divisio	on of Medical Assistance
North Carolina Medicaid and Heal	th Choice Preferred Drug List (PDL)
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective January 15, 2018 Trial and failure of two preferred drugs are required unless otherwise indicated.	
	All drugs in the classes not included are considered preferred.
	cal 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
	Noxafil® Suspension / Tablet
	Onmel® Tablet
	Oravig® Buccal Tablet
	Sporanox® Capsule / Solution Vfend® Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend®)
	vorteonazore suspension / tablet (generic for viendes)
ANT	IVIRALS
	is B Agents
Preferred	Non-Preferred
Baraclude® Solution / Suspension	adefovir tablet (generic for Hepsera®)
entecavir tablet (generic for Baraclude®)	Baraclude® Tablet
Epivir® HBV Solution	Epivir® HBV Tablet
Hepsera® Tablet	Vemlidy® tablet
lamivudine HBV tablet (generic for Epivir® HBV)	
Tyzeka® Tablet	
Viread® Powder / Tablet	
	TVES-SYSTEMIC
	LS (Continued)
Preferred	is C Agents Non-Preferred
Copegus® Tablet	Pegasys® Vial
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)	Ribasphere® Ribapak
Moderiba® Tablet (branded generic for Copegus®)	Ribasphere® Capsule / Tablet (branded generic for Rebetrol)
Pegasys® Proclick / Syringe	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
	y to all drugs in this class
November 1, 20	017- April 30, 2018
	Daklinza® Tablet (for genotype 3) - must request Sovaldi ® in addition to Daklinza® with a separate PA
All genotypes without cirrhosis	Harvoni® Tablet
Mayvret TM (8 weeks of therapy)	Olysio® Capsule
	Sovaldi® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	Technivie [™] Dose Pack (for genotype 4)
Mayvret [™] (12 weeks of therapy)	Viekira [™] Pak
	Viekira™ XR Tablet
<u>All genotypes with decompensated cirrhosis (Child-Pugh B and C)</u>	Zepatier® Tablet
Epclusa® Tablet in combination with ribavirin	
<u>All genotypes previously treated with an HCV regimen containing an NS5A inhibite</u> or genotype 1a or 3 infection and have previously been treated with an HCV regime	
containing sofosbuvir without an NS5A inhibitor.	
Vosevi™	
Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)	
	y to all drugs in this class
May 1, 2018	
	Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a
All genotypes without cirrhosis	separate PA Harvoni® Tablet
Mayvret TM (8 weeks of therapy)	Olysio® Capsule
() () () () () () () () () () () () () (Sijolog Capoulo
	Sovaldi® Tablet
	Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4)
All genotypes with compensated cirrhosis (Child Pugh-A) Mayvret [™] (12 weeks of therapy)	Sovaldi® Tablet Technivie [™] Dose Pack (for genotype 4) Viekira [™] Pak

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective January 15, 2018	
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Drugs requiring prior authorization, clinical criteria an www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>ht</u>	
	Viekira™ XR Tablet
All genotypes with decompensated cirrhosis	Zepatier® Tablet
Epclusa® Tablet in combination with ribavirin	
<u>All genotypes previously treated with an HCV regimen containing an NS5A inhibitor</u> or genotype 1a or 3 infection and have previously been treated with an HCV regimen	
<u>containing sofosbuvir without an NS5A inhibitor.</u>	
Vosevi™	
Herpes Tr	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Famvir® Tablet
famciclovir tablet (generic for Famvir®) valacyclovir tablet (generic for Valtrex®)	Sitavig® Buccal Tablet Valtrex® Caplet
valacyclovii tablet (generic for valitex®)	Zovirax® Capsule / Tablet / Suspension
Influe	enza
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	oseltamivir phosphate
Tamiflu® Capsule / Suspension	Relenza® Diskhaler
Antibiotics	Inholod
Trial and failure of only on	·
Preferred	Non-Preferred
Kitabis™ Pak (tobramycin inhalation solution)	Cayston®
Bethkis® (tobramycin inhalation solution)	tobramycin solution / pak
	Tobi®
BEHAVIORA	
ANTIDEPR Oth	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL)	Aplenzin® Tablet
duloxetine capsule (generic for Cymbalta®)	Trintellix® Tablet
maprotiline tablet (generic for Ludiomil®)	Cymbalta® Capsule
mirtazapine ODT / tablet (generic for Remeron®)	desvenlafaxine ER tablet (generic for Khedezla®)
Parnate® Tablet	Effexor® XR Capsules
phenelzine tablet (generic for Nardil®)	Emsam® Patch
tranylcypromine tablet (generic for Parnate®)	Fetzima® Capsule / Titration Pak
trazodone tablet (generic for Desyrel®) venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Forfivo® XL Tablet Khedezla®
ventaraxine tablet / EK capsules (generic for Effexor®, Effexor® XK)	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
	Wellbutrin® Tablet / SR Tablet / XR Tablet
BEHAVIORA	
BEHAVIORA ANTIDEPRESSA	L HEALTH

Effective January 15, 2018

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:

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More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Brisdelle® Capsule
escitalopram tablet (generic for Lexapro® Tablet)	Celexa® Tablet
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro® Solution)
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac® Weekly)
paroxetine tablet (generic for Paxil®)	fluoxetine tablet (generic for Prozac®) - Exemption for children < 12 years of age
sertraline concentrated solution / tablet (generic for Zoloft®)	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	Non-Preferred
Aptensio® XR	Adderall® Tablet (GENERIC PRODUCT PER FDA)
Adderall® XR Capsule	Adzenys® XR ODT
amphetamine salt combo tablets (generic for Adderall®)	amphetamine salt combo XR capsules (generic for Adderall XR)
atomoxetine capsule	clonidine ER tablet (generic for Kapvay [®])
Concerta® Tablet	Dexedrine® Tablet / Spansules
Daytrana® Patch	dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)
dextroamphetamine tablet (generic for Dexedrine®)	Desoxyn® Tablet
Focalin® Tablet / XR Capsule	dextroamphetamine solution (generic for ProCentra®)
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansules)
Kapvay® Tablet	Dyanavel® XR
Methylin® Solution	Evekeo® Tablet
methylphenidate tablets (generic for Methylin®, Ritalin®)	Intuniv® Tablet
Quillichew® ER Oral	methamphetamine tablet (generic for Desoxyn®)
Quillivant® XR Suspension	Methylin® Chewable
Ritalin® Tablet	methylphenidate CD capsules (generic for Metadate® CD)
Vyvanse® Capsule / Chewable Tablet	methylphenidate chewable / solution (generic for Methylin®)
	methylphenidate ER tablets
	methylphenidate LA capsules (generic for Ritalin® LA)
	ProCentra® Solution
	Ritalin® LA Capsule
	Strattera® Capsule
	Zenzedi® Tablet

ATYPICAL ANTIPSYCHOTICS		
Injectable Long Acting	Non-Preferred	
Trial and failure of only one preferred drug required	Aristada® Syringe	
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		
BEHAVIORAL HEALTH		
ATYPICAL ANTIPSYCHOTICS		

Effective January 15, 2018

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:

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

Non-Preferred
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
Non-Preferred
Lotrel® Capsule
Tarka® ER Tablet
trandolapril-verapamil ER tablet (generic for Tarka®)
Non-Preferred
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®)
quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
Vaseretic® Tablet
Zestoretic® Tablet

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Janu	-
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinica	
Drugs requiring prior authorization, clinical criteria an www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>ht</u>	
CARDIOVASCULAR	
ANGIOTENSIN II RECEPTOR BLOCKERS	Non-Preferred
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	Atacand® Tablet
	1
Preferred	Avapro® Tablet
Diovan® Tablet	Benicar® Tablet
losartan tablet (generic for Cozaar®)	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	Non-Preferred
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	amlodipine/olmesartan tablet (generic for Azor®)
Receptor Blocker Combination	1
Preferred	amlodipine-valsartan tablet (generic for Exforge®)
Exforge® Tablet	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
Exforge® HCT Tablet	Azor® Tablet
	Prestalia®
	telmisartan-amlodipine tablet (generic for Twynsta®)
	Tribenzor® Tablet
	Twynsta® Tablet
ANCIOTENSIN II DECEDTOD DI OCKED DI IDETIC COMDINATIONS	Non Drofound
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS Requires trial and failure of an ACE Inhibitor unless contraindicated or documented	Non-Preferred
adverse event when using a either a preferred or non-preferred Angiotensin II	Atacand® HCT Tablet
Receptor Blocker Diuretic Combination	
Preferred	Avalide® Tablet
	Benicar® HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar®)	
valsartan-HCTZ tablet (generic for Diovan® HCT)	
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)
valsartan-HCTZ tablet (generic for Diovan® HCT)	
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet Edarbyclor® Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet Edarbyclor® Tablet Hyzaar® Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet Edarbyclor® Tablet Hyzaar® Tablet irbesartan-HCTZ tablet (generic for Avalide®)
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT) Diovan® HCT Tablet Edarbyclor® Tablet Hyzaar® Tablet irbesartan-HCTZ tablet (generic for Avalide®) Micardis® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	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)
valsartan-HCTZ tablet (generic for Diovan® HCT)	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
	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)
valsartan-HCTZ tablet (generic for Diovan® HCT) ANGIOTENSIN II RECEPTOR-NEPRILYSIN BLOCKER COMBINATIONS Preferred	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

Effective January 15, 2018

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Entresto® Clinical Criteria Apply	
Entresto® Clinical Criteria Apply	NT D 6 1
	Non-Preferred
ANTI-ARRHYTHMICS	Cordarone® Tablet
Preferred	dofetilide capsule (generic for Tikosyn®)
amiodarone tablet (generic for Cordarone®)	Multaq® Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
flecainide tablet (generic for Tambocor®)	Pacerone® Tablet
mexiletine capsule (generic for Mexitil®)	propafenone SR capsule (generic for Rythmol SR®)
propafenone tablet (generic for Rythmol®)	quinidine gluconate tablet (generic for Quinaglute DuraTabs®)
quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)	Rythmol® Tablet
Rythmol SR® Capsule	Tikosyn® Capsule
CARDIOVASCULAR	Non-Preferred
BETA BLOCKERS	acebutolol capsule (generic for Sectral®)
Preferred	Betapace® AF Tablet / Tablet
atenolol tablet (generic for Tenormin®)	betaxolol tablet (generic for Kerlone®)
carvedilol tablet (generic for Coreg®)	bisoprolol tablet (generic for Zebeta®)
labetalol tablet (generic for Trandate®)	Bystolic® Tablet
metoprolol succinate XL tablet (generic for Toprol XL®)	Coreg® Tablet / CR Capsule
metoprolol tartrate tablet (generic for Lopressor®)	Corgard® Tablet
propranolol solution / tablet / ER capsule (generic for Inderal®)	Hemangeol® Solution
Sorine® Tablet	Inderal® LA Capsule / XL Capsule
sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®)	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
	Non-Preferred
BETA BLOCKER DIURETIC COMBINATION	Corzide® Tablet
Preferred	Dutoprol® Tablet
atenolol-chlorthalidone tablet (generic for Tenoretic®)	Lopressor® HCT Tablet
bisoprolol-HCTZ tablet (generic for Ziac®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
	propranolol-HCTZ tablet (generic for Inderide®)
	nadolol-bendroflumethiazide (generic for Corzide®)
	Tenoretic® Tablet
	Ziac® Tablet
	Non-Preferred
BILE ACID SEQUESTRANTS	colestipol granules (generic for Colestid® Granules)
Preferred	Colestid® Granules / Tablet
cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)	Prevalite® Packet / Powder
colestipol tablet (generic for Colestid® Tablet)	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
	I

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North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
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Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinical	
Drugs requiring prior authorization, clinical criteria and www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>htt</u>	
CARDIOVASCULAR	Non-Preferred
CHOLESTEROL LOWERING AGENTS	Altoprev® Tablet
Preferred	amlodipine-atorvastatin tablet (generic for Caduet®)
atorvastatin tablet (generic for Lipitor®)	Caduet® Tablet
lovastatin tablet (generic for Mevacor®)	Crestor® Tablet
pravastatin tablet (generic for Pravachol®)	ezetimibe (generic for Zetia®)
simvastatin tablet (generic for Zocor®) rosuvastatin tablet (generic for Crestor®)	fluvastatin capsule / ER tablet (generic for Lescol® / XL) Lescol® Capsule / XL Tablet
Zetia® Tablet (used as an adjunctive to statin therapy)	Lipitor® Tablet Livalo® Tablet
	Pravachol® Tablet
	Vytorin® Tablet
	Zocor® Tablet
	Juxtapid® Capsule - Clinical criteria apply
	Kynamro® Syringe - Clinical criteria apply
	Non-Preferred
CORONARY VASODILATORS	Dilatrate® SR Capsule
Preferred	Gonitro® Sublingual Powder
isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.)	Isordil® Tablet / Titradose Tablet
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Nitro-Bid® Ointment
Minitran® Patch	Nitro-Dur® Patch
nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®)	Nitrolingual® Spray
Nitrostat®, I Tablet	Nitromist® Spray
	Non-Preferred
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	Adalat® CC Tablet
Preferred	felodipine ER tablet (generic for Plendil®)
Afeditab CR® Tablet (branded generic for Adalat CC®)	isradipine capsule (generic for Dynacirc®)
amlodipine tablet (generic for Norvasc®)	nicardipine capsule (generic for Cardene®)
Nifedical® XL Tablet (branded generic for Procardia XL®)	nimodipine capsule (generic for Nimotop®)
nifedipine capsule (generic for Procardia®)	nisoldipine ER tablet (generic for Sular®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Norvasc® Tablet
	Nymalize® Solution
	Procardia® Capsule / XL Tablet
	Sular® Tablet
DIRECT RENIN INHIBITOR	Non-Preferred
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]
Tekturna® HCT Tablet	
Tekturna® Tablet	
	Non-Preferred
ENDOTHELIN RECEPTOR ANTAGONISTS	Opsumit® Tablet
Preferred	I

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
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<u>www.nctracks.nc.gov/content/public/providers/</u> More information on the PDL can be found at: <u>htt</u>	
Letairis® Tablet	
Tracleer® Tablet	
CARDIOVASCULAR	Non-Preferred
INHALED PROSTACYCLIN ANALOGS	
Preferred	
Tyvaso® Refill Kit / Solution / Starter Kit	
Ventavis® Solution	
	Non-Preferred
NIACIN DERIVATIVES	Niacor® Tablet
Preferred	Niaspan® ER Tablet
niacin ER tablet (generic for Niaspan®)	
λητράτε σολαρινά τρολί	Non-Preferred
NITRATE COMBINATION	1
Preferred Bidil® Tablet	
Bidil® Tablet	Non-Preferred
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	Calan SR® Caplet
Preferred	Cardizem CD® Capsule
Calan® Tablet	Cardizem® LA Tablet
Cartia XT® Capsule (branded generic for Cardizem CD®)	Cardizem® Tablet
Dilt XR® Capsule (branded generic for Dilacor XR®)	diltiazem LA tablet (generic for Cardizem LA®)
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Matzim® LA Tablet (generic for Cardizem LA®)
diltiazem tablet / CD capsules / ER 12 hour capsule (generic for Cardizem® / CD / SR)	Tiazac® Capsule
Taztia XT® Capsule (branded generic for Tiazac®)	verapamil 360 mg capsule
verapamil tablet / ER tablet (generic for Calan® / SR)	verapamil ER capsules (generic for Verelan®)
	verapamil PM capsule (generic for Verelan PM®)
	Verelan® Capsule
	Verelan® PM Capsule
	Non-Preferred
ORAL PULMONARY HYPERTENSION	Adempas® Tablet
Preferred	Orenitram [®] ER Tablet
Adcirca® Tablet	Revatio® Suspension / Tablet
sildenafil (generic for Revatio®) tablet	Uptravi® Tablet
	Non-Preferred
PLATELET INHIBITORS	aspirin/dipyridamole ER capsule (generic for Aggrenox®)
Preferred	Durlaza® Capsule
Aggrenox® Capsule	Persantine® Tablet
Brilinta® Tablet clopidogrel tablet (generic for Plavix®)	Plavix® Tablet prasugrel tabelet (generic for Effient® Tablet)
dipyridamole tablet (generic for Persantine®)	ticlopidine tablet (generic for Ticlid®)
Effient® Tablet	Yosprala® Tablet
	Zontivity® Tablet
	Non-Preferred
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	
Ranexa® Tablet	

North Carolina Divia	ion of Medical Assistance
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	anuary 15, 2018
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	nical criteria (indicated in RED) may also apply.
Drugs requiring prior authorization, clinical criteria	a and prior authorization request forms can be found at:
	ders/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be found a	t: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>
CARDIOVASCULAR	Non-Preferred
SYMPATHOLYTICS AND COMBINATIONS	Catapres® Tablet
Preferred	clonidine patches (generic for Catapres®-TTS)
Catapres®-TTS Patch	Clorpres® Tablet (branded generic for Combipres®)
clonidine tablets (generic for Catapres®)	methyldopa-HCTZ tablet (generic for Aldoril®)
guanfacine tablet (generic for Tenex®)	methyldopate injection (generic for Aldomet® Injection)
methyldopa tablet (generic for Aldomet®)	reserpine tablet (generic for Serpalan®)
	Tenex® Tablet
	Non-Preferred
TRIGLYCERIDE LOWERING AGENTS	Antara® Capsule
Preferred	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)
fenofibrate tablet (Tricor®)	fenofibrate tablet (generic for Fenoglide®)
fenofibric acid capsule / tablet (Trilipix®)	fenofibric acid capsule / tablet (generic for Fibricor®, Trilipix®)
gemfibrozil tablet (generic for Lopid®)	Fenoglide® Tablet
	Fibricor® 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 \geq 500mg/dl
	Tricor® Tablet
	Triglide® Tablet
	Trilipix® Capsule
	Vascepa® Capsule
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	Non-Preferred
Quantity limits apply to all triptans	Alsuma® Auto-Injection
Preferred izatriptan ODT (generic for Maxalt MLT®)	almotriptan tablet (generic for Axert®) Amerge® Tablet
izatriptan tablet (generic for Maxalt®)	Amerget Tablet Axert® Tablet
sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)	Cambia® Powder Packet
analipan nasa spray / syringe / asies (har (generie for mindexe))	frovatriptan tablet (generic for Frova®)
	Frova® Tablet
	Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial
	-
	Maxalt® Tablet / MLT Tablet
	Maxalt® Tablet / MLT Tablet Migranow® Kit
	Migranow® Kit naratriptan tablet (generic for Amerge®) Onzetra Xsail Nasal Powder®
	Migranow® Kit naratriptan tablet (generic for Amerge®) Onzetra Xsail Nasal Powder® Relpax® Tablet
	Migranow® Kit naratriptan tablet (generic for Amerge®) Onzetra Xsail Nasal Powder® Relpax® Tablet sumatriptan kit / refill/ injection (generic for Imitrex®)
	Migranow® Kit naratriptan tablet (generic for Amerge®) Onzetra Xsail Nasal Powder® Relpax® Tablet sumatriptan kit / refill/ injection (generic for Imitrex®) Sumavel DosePro® Syringe
	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
	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®
	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®)
	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®

North Carolina Medicaid and Heal	th Choice Preferred Drug List (PDL)
	nuary 15, 2018
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	cal criteria (indicated in RED) may also apply. and prior authorization request forms can be found at:
	rs/pharmacy/pa-drugs-criteria-new-format.html
	http://www.ncdhhs.gov/dma/pharmacy/index.htm
ANTINARCOLEPSY	Non-Preferred
Clinical criteria apply to all drugs in this class	_
Preferred	armodafinil tablet (generic for Nuvigil®)
	modafinil tablet (generic for Provigil®)
Nuvigil® Tablet	
Provigil® Tablet	
CENTRAL NERVOUS SYSTEM	Non-Preferred
ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	Azilect® Tablet
Preferred	carbidopa tablet (generic for Lodosyn®)
penztropine tablet (generic for Cogentin®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
promocriptine tablet (generic for Parlodel®)	Comtan® Tablet
arbidopa-levodopa ODT (generic for Parcopa®)	Duopa® Suspension
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	entacapone tablet (generic for Comtan®) Horizant®
pramipexole tablet (generic for Mirapex®)	
opinirole tablet (generic for Requip®)	Lodosyn® Tablet
elegiline capsule / tablet (generic for Emsam®)	Mirapex® Tablet / ER Tablet
rihexyphenidyl elixir / tablet (generic for Artane®)	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
	Non-Preferred
MULTIDE E SCLEDOSIS	
MULTIPLE SCLEROSIS	Ampyra® Tablet
Preferred	Aubagio® Tablet
Avonex® Pack / Pen / Syringe	Extavia® Kit / Vial
Betaseron® Kit / Vial	Glatopa® Syringe
Copaxone® Syringe	Lemtrada® Vial
Gilenya® Capsule	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
Rebif® Ribidose / Titration Pack / Syringe	Zinbryta® Injection
Fecfidera® Capsule / Starter Pack	Ocrevus®
SEDATIVE HYPNOTICS	Non-Preferred
Quantity limits apply to all sedative hypnotics	Ambien® Tablet / CR Tablet
Preferred	Belsomra® Tablet
lurazepam capsule (generic for Dalmane®)	Edluar® SL Tablet
emazepam 15mg, 30mg capsule (generic for Restoril®)	estazolam tablet (generic for Prosom®)
colpidem tablet (generic for Ambien®)	eszopiclone tablet (generic for Lunesta®)
	Halcion® Tablet
	Hetlioz® Capsule
	Intermezzo® SL Tablet
	Lunesta® Tablet
	Restoril® Capsule

North Carolina Division	n of Medical Assistance
North Carolina Medicaid and Healt	h Choice Preferred Drug List (PDL)
Effective Jan	uary 15, 2018
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	al criteria (indicated in RED) may also apply.
	nd prior authorization request forms can be found at: s/pharmacy/pa-drugs-criteria-new-format.html
	http://www.ncdhhs.gov/dma/pharmacy/index.htm
	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®)
	zolpimist oral spray
CENTRAL NERVOUS SYSTEM	Non-Preferred
SMOKING CESSATION	Nicoderm® CQ Patch
Preferred	Nicotrol® Inhaler / NS Spray
Buproban® Tablet (branded generic for Zyban®)	Nicorette® Gum / Lozenge (Buccal)
bupropion SR tablet (generic for Zyban®)	Zyban® SR Tablet
Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12	
months	
Nicorelief® Gum	
nicotine gum / lozenge / patch	
ENDOCRINOLOGY	
GROWTH HORMONE	Non-Preferred
Clinical criteria apply to all drugs in this class	Humatrope® Cartridge / Vial
Preferred	Nutropin® AQ Pen / Nuspin
Genotropin® Cartridge / Miniquick	Omnitrope® Cartridge / Vial
Norditropin® Flexpro / Nordiflex	Saizen® Click-Easy Cartridge / Vial
Serostim® Vial	TevTropin® Vial Zomacton® Vial
	Zorbtive® Vial
HYPOGLYCEMICS - INJECTABLE	Non-Preferred
Rapid Acting Insulin	Humalog® Kwikpen
Preferred Humalog® Vial	Afrezza® Inhalation Powder Apidra® Solostar / Vial
Novolog® Cartridge / Flexpen / Vial	Humalog® Cartridge
rovolog@ Califidge / Flexpell / Viai	Tunnalog@ Carthoge
	Non-Preferred
Short Acting Insulin	Humulin R-U500 Kwikpen®
Preferred	Novolin® R Vial / Relion Vial
Humulin® R Vial	
	Non-Preferred
Intermediate Acting Insulin	Humulin® N Pen
Preferred	Novolin® N Vial / Relion Vial
Humulin® N Vial	
· · · · · ·	Non-Preferred
Long Acting Insulin Preferred	Basaglar Kwikpen®
Preferred Trial and failure of only one preferred drug required	Tresiba® Flextouch
Lantus® Solostar / Vial	Toujeo® Solostar
Levemir® FlexTouch / FlexPen / Vial	
•	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Janu	ary 15, 2018
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Drugs requiring prior authorization, clinical criteria an	
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More information on the PDL can be found at: <u>ht</u>	tp://www.ncdhhs.gov/dma/pharmacy/index.htm
	Non-Preferred
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
Premixed 70/30 Combination Insulin	Humulin® 70/30 Pen
Preferred	Novolin® 70/30 Vial / Relion Vial
Humulin® 70/30 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
non-preferred Amylin Analog	
Preferred	1
Symlin® Pen Injector	
CID 1 Decenter A conjete and Combinations	J
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	Non-Preferred
a non-prefrerred GLP-1 Receptor Agonist and Combination	
	Continuation of therapy requires documentation that clinical goals have been met
Preferred	Adlyxin® Injection
rreierrea	
	Soliqua® Injection
Byetta® Pen	Trulicity® Pen
Bydureon® Pen / Vial	Victoza® Pen
Tanzeum® Pen Injector	Xultophy® Injection
HYPOGLYCEMICS - ORAL	Non-Preferred
2nd Generation Sulfonylureas	-
Preferred	1
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	miglitol tablet (generic for Glyset®)
Preferred	Precose® Tablet
acarbose tablet (generic for Precose®)	
Glyset® Tablet	
	Non-Preferred
Biguanides and Combinations	Fortamet® Tablet

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Preferred glipizide-metformin tablet (generic for Metaglip®)	Glucophage® Tablet / ER Tablet Glucovance® Tablet
	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferre
glyburide-metformin tablet (generic for Glucovance®)	long acting metformin product
netformin tablet / ER tablet (generic for Glucophage® / ER)	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Glumetza®) Riomet® Solution
	Riomet® Solution
DPP-IV Inhibitors and Combinations	4
Requires trial and failure or insufficient response to metformin containing products	
unless contraindicated or documented adverse event when using either a preferred or	Non-Preferred
a non-prefrerred DPP-IV Inhibitor and Combination	alogliptin tablet (generic for Nesina®)
Preferred	alogliptin-metformin tablet (generic for Kazano®)
Janumet® Tablet	alogliptin-pioglitazone tablet (generic for Orseni®)
Janumet® XR Tablet	Glyxambi® Tablet
Januvia® Tablet	Jentadueto® XR Tablet
Jentadueto® Tablet	Kazano® Tablet
Tradjenta® Tablet	Kombiglyze® XR Tablet
	Nesina® Tablet
	Onglyza® Tablet Oseni® Tablet
	Oseni® Tablet
ENDOCRINOLOGY	
HYPOGLYCEMICS - ORAL (continued)	Non-Preferred
Meglitinides	Prandin® Tablet
Preferred nateglinide tablet (generic for Starlix®)	Starlix® Tablet repaglinide-metformin tablet (generic for Prandimet®)
repaglinide tablet (generic for Prandin®)	repagninge-metorinin tablet (generic for Franchinet®)
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-prefrerred SGLT2 Inhibitor and Combination	Non-Preferred
unless contraindicated or documented adverse event when using either a preferred or	Non-Preferred Invokamet® Tablet / XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred	
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet Non-Preferred
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinediones and Combinations Preferred	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet Non-Preferred ActoPlus Met® Tablet / XR Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinediones and Combinations Preferred	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet Non-Preferred ActoPlus Met® Tablet / XR Tablet Actos® Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinediones and Combinations	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet Non-Preferred ActoPlus Met® Tablet / XR Tablet Actos® Tablet Avandamet® Tablet Avandaryl® Tablet Avandaryl® Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinediones and Combinations Preferred	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet ActoPlus Met® Tablet / XR Tablet Actos® Tablet Actos® Tablet Avandamet® Tablet Avandamet® Tablet Avandaryl® Tablet Avandaryl® Tablet Duetact® Tablet
unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred SGLT2 Inhibitor and Combination Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinediones and Combinations Preferred	Invokamet® Tablet / XR Tablet Invokana® Tablet Invokana® Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet Non-Preferred ActoPlus Met® Tablet / XR Tablet Actos® Tablet Avandamet® Tablet Avandaryl® Tablet Avandaryl® Tablet

North Carolina Di	ivision of Madical Assistance
	ivision of Medical Assistance
	Health Choice Preferred Drug List (PDL)
	ve January 15, 2018
•	drugs are required unless otherwise indicated. PDL. All drugs in the classes not included are considered preferred.
	a, clinical criteria (indicated in RED) may also apply.
Drugs requiring prior authorization, clinical cr	iteria and prior authorization request forms can be found at:
	roviders/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be four	nd at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>
GASTROINTESTINAL	Non-Preferred
ANTIEMETIC-ANTIVERTIGO AGENTS	Akynzeo® Capsule
Preferred	Anzemet® Tablet / Vial
limenhydrinate vial (generic for Dramamine®)	Cesamet® Capsule
neclizine tablet (generic for Antivert®)	dronabinol capsule (generic for Marinol®)
netoclopramide / solution / tablet (generic for Reglan®)	granisetron tablets (generic for Kytril®)
ondansetron ODT / solution / tablet(generic for Zofran®)	Marinol® Capsule metoclopramide ODT (generic for Metozolv®)
prochlorperazine tablet (generic for Compazine®)	metoclopramide ODT (generic for Reglan®)
promethazine syrup / tablet (generic for Phenergan®) Fransderm-Scop® Patch	Metozolv® ODT
	Sancuso® patch
	scopolamine patch
	Sustol® Injection
	trimethobenzamide capsule (generic for Tigan®)
	Varubi® Tablet
	Zofran® Solution / ODT / Tablet
	Zuplenz® Soluble Film
	annetitant appende (constin for Emend®). Clinical eritaria apple
	aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply
	Emend® Powder Packet - Clinical criteria apply Emend®Trifold Pack - Clinical criteria apply
Emend® Capsule - Clinical criteria apply	Diclegis® Tablet - Exemption for diagnosis of pregnancy
	Delegist rablet - Exemption for thagnosis of pregnancy
	Non-Preferred
BILE ACID SALTS	Actigall® Capsule
Preferred	Chenodal® Tablet
ursodiol tablet (generic for Urso®)	Cholbam® Capsule
	Ocaliva® Tablet
	Urso® Tablet / Urso® Forte Tablet
	ursodiol capsule (generic for Actigall®)
GASTROINTESTINAL	Non-Preferred
H. PYLORI COMBINATIONS	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
Preferred	Omeclamox-Pak® Combo Pack
Pylera® Capsule	Prevpac® Patient Pack
	Non-Preferred
HISTAMINE-2 RECEPTOR ANTAGONISTS	cimetidine solution / tablet (generic for Tagamet®)
Preferred	nizatidine capsule / solution (generic for Axid®)
amotidine tablet / suspension (generic for Pepcid®)	Pepcid® Tablet / Suspension
anitidine capsule / syrup / tablet (generic for Zantac®)	Zantac® Tablet
- · ·	
	Non-Preferred
PANCREATIC ENZYMES	Pancreaze® Capsule
Preferred	Pertzye® Capsule
Creon® Capsule	Ultresa® Capsule
pancrelipase capsule (generic for Pancrease®)	Viokase® Tablet
Zenpep® Capsule	

North Carolina Divis	sion of Medical Assistance
North Carolina Medicaid and He	ealth Choice Preferred Drug List (PDL)
Effective J	January 15, 2018
	igs are required unless otherwise indicated.
	. All drugs in the classes not included are considered preferred.
	inical criteria (indicated in RED) may also apply.
	ia and prior authorization request forms can be found at: iders/pharmacy/pa-drugs-criteria-new-format.html
	at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Non-Preferred
PROGESTINS USED FOR CACHEXIA	Megace® Suspension / ES Suspension
Preferred	megestrol ES suspension (generic for Megace® ES)
negestrol suspension / tablet (generic for Megace®)	
	Non-Preferred
PROTON PUMP INHIBITORS	Exemption for children < 12 years of age
Preferred	Aciphex® Sprinkle Capsules / Tablets
Javium® DV / Conquile / Desket	Dexilant® Capsule
Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX)	esomeprazole capsule (generic for Nexium® RX / OTC) lansoprazole capsule (generic for Prevacid® RX / OTC)
pantoprazole tablet (generic for Protonix®)	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
Protonix® Suspension	omeprazole sodium bicarbonate capsule (generic for Zegerid® RX / OTC)
r	Prevacid® RX / OTC Capsule / Solutab
	Prilosec® RX Capsule / Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex®)
	Zegerid® RX / Capsule / Packet
	Non-Preferred
SELECTIVE CONSTIPATION AGENTS	alosetron tablet (generic for Lotronex® Tablet)
Preferred	Lotronex® Tablet
	Relistor® Syringe / Vial / Oral Tablet
Amitiza® Capsule	Trulance®
Linzess® Capsule	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
Movantik® Tablet	
GASTROINTESTINAL	
ULCERATIVE COLITIS	Non-Preferred
Oral	Asacol® HD Tablet
Preferred	Azulfidine® Entab / Tablet
Apriso® Capsule	Colazal® Capsule
balsalazide capsule (generic for Colazal®)	Delzicol® Capsule
ulfasalazine DR tablet (generic for Azulfidine® Entab)	Dipentum® Capsule
sulfasalazine IR tablet (generic for Azulfidine®) Sulfazine® (branded generic for Azulfidine®)	Giazo® Tablet Lialda® Tablet
Sunazme® (branded generic for Azundine®)	mesalamine tablet (generic for Asacol® HD)
	Pentasa® Capsule
	Uceris® TabletA
Rectal	Non-Preferred
Trial and failure of only one preferred drug required	mesalamine kit (generic for Rowasa® Kit)
Preferred	Rowasa® Kit
Canasa® Suppository	SFRowasa® Enema
nesalamine enema (generic for Rowasa® Enema)	Uceris® Rectal Foam
	Nor Destanced
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	Non-Preferred
Preferred	Avodart® Softgel Cardura® Tablet / XL Tablet
alfuzosin ER tablet (generic for Uroxatral®)	Cardura® Tablet / XL Tablet dutasteride/ tamsulosin capsule (generic Jalyn capsule®)
and your Live address of the total and the second s	adustoride/ unisurosin capsule (generic satyri capsule@)
doxazosin tablet (generic for Cardura®)	Flomax [®] Capsule

North Carolina Division	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective January 15, 2018	
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. Al	l drugs in the classes not included are considered preferred. Il criteria (indicated in RED) may also apply.
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: h	
	Jalyn® Capsule
dutasteride capsule (generic Avodart®)	
finasteride tablet (generic for Proscar®)	Proscar® Tablet
tamsulosin capsule (generic for Flomax®)	Rapaflo® Capsule
terazosin capsule (generic for Hytrin®)	Uroxatral® Tablet
	Cialis® Tablet - Clinical criteria apply
ELECTROLYTE DEPLETERS	Non-Preferred
Preferred	Auryxia® Tablet
	Fosrenol® Chewable
calcium acetate capsule (generic for PhosLo®)	Fostenol® Powder Pack
calcium acetate tablet (generic for Eliphos®)	Magnebind® 400 RX Tablet
Eliphos® Tablet	PhosLo® Gelcap / Solution
Renagel® Tablet	Phoslyra® Solution
Renvela® Powder Pack	Renvela® Tablet
	sevelamer tablet / powder pack (generic for Renvela®)
	Velphoro® Chewable
GENITOURINARY/RENAL	Non-Preferred
URINARY ANTISPASMODICS	darifenacin er tablet (generic for Enablex®)
Preferred	Detrol® Tablet / LA Capsule
	Ditropan® XL Tablet
oxybutynin syrup / tablet (generic for Ditropan®)	Ditropan® XL Tablet Enablex® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex [®] Tablet
oxybutynin syrup / tablet (generic for Ditropan®)	Enablex® Tablet flavoxate tablet (generic for Urispas®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets Myrbetriq® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets Myrbetriq® Tablet oxybutynin ER tablet (generic for Ditropan XL®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets Myrbetriq® Tablet oxybutynin ER tablet (generic for Ditropan XL®) Oxytrol® Patch
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® 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)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet	Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets Myrbetriq® Tablet oxybutynin ER tablet (generic for Ditropan XL®) Oxytrol® Patch
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® 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)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet GOUT	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) Non-Preferred colchicine tablet (generic for Colcrys®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet GOUT	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) Non-Preferred colchicine tablet (generic for Colcrys®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet GOUT Preferred	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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet	Enables® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Mon-Preferred
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet	Enables® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Iurampic® Tablet Mon-Preferred Arixtra® Syringe
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Aristra® Syringe enoxaparin syringe / vial (generic for Lovenox®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® Tablet	Enables® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Iurampic® Tablet Mon-Preferred Arixtra® Syringe
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Aristra® Syringe enoxaparin syringe / vial (generic for Lovenox®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Aristra® Syringe enoxaparin syringe / vial (generic for Lovenox®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Arixtra® Syringe enoxaparin syringe / vial (generic for Lovenox®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Non-Preferred Arixtra® Syringe enoxaparin syringe / vial (generic for Lovenox®) fondaparinux syringe (generic for Arixtra®)
oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Vesicare® 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) Non-Preferred colchicine tablet (generic for Colcrys®) Colcrys® Tablet Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet Non-Preferred Arixtra® Syringe enoxaparin syringe / vial (generic for Lovenox®) fondaparinux syringe (generic for Arixtra®)

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North Carolina Division of Medical Assistance	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective January 15, 2018	
Trial and failure of two preferred drugs are required unless otherwise indicated.	
	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.	
	and prior authorization request forms can be found at:
	lers/pharmacy/pa-drugs-criteria-new-format.html
	: http://www.ncdhhs.gov/dma/pharmacy/index.htm
Eliquis® Tablet	
Jantoven® (branded generic for Coumadin®)	
Pradaxa® Capsule	
Savaysa® Tablet	
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	
HEMATOPOIETIC AGENTS	Non-Preferred
Clinical criteria apply to all drugs in this class	Epogen® Vial
Preferred	Mircera® Syringe
Aranesp® Syringe / Vial	······································
Procrit® Vial	
	Nor Drofowed
	Non-Preferred
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	
Nplate® Vial	
Promacta® Tablet	
OPHTHALMIC	Non-Preferred
ALLERGIC CONJUNCTIVITIS AGENTS	Alocril® Drops
Preferred	Alomide® Drops
cromolyn sodium drops (generic for Crolom®)	Alrex® Drops
olopatadine drops (AG generic for Patanol®)	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
	Non-Preferred
ANTIBIOTICS	bacitracin ointment (generic for AK-Tracin®)
Preferred	Besivance® Suspension
Azasite® Drops	Bleph-10® Drops
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	Ciloxan® Drops / Ointment
bacitracin-polymyxin ointment (generic for Polysporin®)	Garamycin® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	
	gatifloxacin drops (generic for Zymaxid®)
erythromycin ointment (generic for Ilotycin®)	Ilotycin® Ointment
Gentak® Ointment (branded generic gor Garamycin®)	levofloxacin drops (generic for Quixin®)
gentamicin drops / ointment (generic for Garamycin®)	moxifloxacin ophthalmic solution
Moxeza® Drops	Natacyn® Drops
neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)	Neosporin® Drops
Neo-Polycin® (branded generic for Neosporin® Ophthalmic Ointment)	Ocuflox® Drops
neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)	Polytrim® Drops
ofloxacin drops (generic for Ocuflox®)	sulfacetamide ointment (generic for Cetamide®)
Polycin® Ointment (branded generic for Polysporin®)	Tobrex® Ointment/ Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	Zymaxid® Drops
sulfacetamide drops (generic for Bleph-10®)	
tobramycin drops (generic for Tobrex®)	
Vigamox® Drops	
	Non-Preferred

	sion of Medical Assistance
North Carolina Medicaid and He	ealth Choice Preferred Drug List (PDL)
Effective 1	January 15, 2018
	ugs are required unless otherwise indicated.
	. All drugs in the classes not included are considered preferred.
	linical criteria (indicated in RED) may also apply.
	ia and prior authorization request forms can be found at:
	iders/pharmacy/pa-drugs-criteria-new-format.html at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
ANTIBIOTICS-STEROID COMBINATIONS Preferred	Blephamide® Drops / S.O.P. Ointment
	Maxitrol® Drops / Ointment
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Neo-Polycin® HC (branded generic for Cortisporin®)
Tobradex® Drops / Ointment	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®) $Prod C \otimes S \cap P$, Ointment (Suggravity)
	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	Non-Preferred
ANTI INFLAMMATORY	Acular® Drops / LS Solution
Preferred	Acuvail® Solution
dexamethasone drops (generic for Decadron®)	bromfenac drops (generic for Xibrom®)
diclofenac drops (generic for Voltaren®)	FML® Liquifilm Drops
Durezol® Drops	Ilevro® Drops
Flarex® Drops	Iluvien® Implant
fluorometholone drops (generic for FML®)	Lotemax® Gel / Ointment
flurbiprofen drops (generic for Ocufen®)	Nevanac® Droptainer
FML® Forte Drops / S.O.P. Ointment	Ocufen® Drops
ketorolac solution (generic for Acular® / LS)	Omnipred [®] Drops
Lotemax® Drops	Ozurdex® Implant
Maxidex® Drops	Pred Forte® Drops
Pred Mild® Drops	Prolensa® Drops
prednisolone acetate drops (generic for Pred Forte®)	Retisert® Implant
prednisolone sodium phosphate drops (generic for Inflamase Forte®)	Triesence® Vial
	Vexol® Drops
ANTI INFLAMMATORY/IMMUNOMODULATOR	Non-Preferred Xiidra®
Preferred	
Restasis®	
Restasis® (multidose)	
	Non-Preferred
Alpha 2 Adrenergic Agents	apraclonidine drops (generic for Iopidine®)
Preferred	brimonidine P drops (generic for Alphagan® P)
Alphagan® P Drops	Iopidine® Drops
brimonidine drops (generic for Alphagan®)	
	Non-Preferred
Beta Blocker Agents	betaxolol drops (generic for Betoptic®)
Preferred	Betagan® Drops
carteolol drops (generic for Ocupress®)	Betimol® Drops
Combigan® Drops	Betoptic® S Drops
Istalol® Drops	metipranolol drops (generic for OptiPranolol®)
levobunolol drops (generic for Betagan®)	Timoptic® Drops / Ocudose Drops / XE Solution
timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®)	
	Non-Preferred
Carbonic Anhydrase Inhibitors Preferred	Cosopt® Drops / PF Drops
	Trusopt® Drops

North Carolina Divisio	n of Medical Assistance
North Carolina Medicaid and Healt	h Choice Preferred Drug List (PDL)
Effective January 15, 2018 Trial and failure of two preferred drugs are required unless otherwise indicated.	
	Il drugs in the classes not included are considered preferred.
	al criteria (indicated in RED) may also apply. nd prior authorization request forms can be found at:
	s/pharmacy/pa-drugs-criteria-new-format.html
	http://www.ncdhhs.gov/dma/pharmacy/index.htm
Azopt® Drops	
dorzolamide drops (generic for Trusopt®)	
dorzolamide-timolol drops (generic for Cosopt®)	
Simbrinza® Drops	
	Non-Preferred
Prostaglandin Agonists	bimatoprost (generic for Lumigan® Drops)
Preferred	Lumigan® Drops
latanoprost drops (generic for Xalatan®)	travoprost drops (generic for Travatan®)
Travatan® Z Drops	Xalatan® Drops
	Zioptan® Drops
OSTEOPOROSIS	Non-Preferred
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	Actonel® Tablet
Preferred	alendronate solution (generic for Fosamax® Solution)
alendronate tablet (generic for Fosamax®)	Atelvia® Tablet
Evista® Tablet	Binosto® Effervescent Tablet
Fortical® Nasal Spray	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™
OTIC	Non-Preferred
ANTIBIOTICS	Cipro® HC Suspension
Preferred	ciprofloxacin solution (generic for Cetraxal®)
Ciprodex® Suspension	Coly-Mycin® S Drops
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	Cortisporin-TC® Suspension
	ofloxacin drops (generic for Floxin®)
	Otiprio® Suspension
	Otovel® Drops
	Non-Preferred
ANTI-INFECTIVES AND ANESTHETICS	Acetasol HC® Drops (branded generic for Vosol® HC)
Preferred	acetic acid-hydrocortisone solution (generic for Vosol® HC)
acetic acid solution (generic for Vosol®)	Otic Care® Solution
acetic acid-aluminum drops (generic for Domeboro®)	Oto-End 10® Drops
antipyrine-benzocaine drops (generic for Auralgan®)	Otozin® Ear Drops
Auroguard® Solution (branded generic for Auralgan®)	Pinnacaine® Otic Drops
	Non-Preferred
RESPIRATORY	Non-Preferred Arcapta® Neohaler
RESPIRATORY BETA-ADRENERGIC HANDHELD, LONG ACTING	Arcapta® Neohaler
RESPIRATORY BETA-ADRENERGIC HANDHELD, LONG ACTING Preferred	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinica	
Drugs requiring prior authorization, clinical criteria and	
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: <u>ht</u>	p://www.ncanns.gov/ama/pnarmacy/index.ntm
Serevent® Diskus	
	Non-Preferred
BETA-ADRENERGIC HANDHELD, SHORT ACTING	Proair Respiclick®
Preferred	Ventolin® HFA Inhaler
Proair® HFA Inhaler	Xopenex® HFA Inhaler
Proventil® HFA Inhaler	
	Non-Preferred
BETA-ADRENERGIC NEBULIZERS	Brovana® Solution
Preferred	levalbuterol solution / concetrate solution (generic for Xopenex® / Concetrate)
albuterol 0.63mg/3ml solution (generic for Accuneb®)	Perforomist® Solution
albuterol 1.25mg/3ml solution (generic for Accuneb®)	Xopenex® Solution / Concetrate Solution
albuterol sulfate 2.5mg/0.5ml solution	
albuterol sulfate 2.5mg/3ml solution	
albuterol sulfate 5mg/ml solution	
RESPIRATORY	Non-Preferred
BETA-ADRENERGIC - ORAL	albuterol ER tablets (generic for VoSpire® ER)
Preferred	metaproterenol tablet (generic for Alupent® Tablet)
albuterol tablets (generic for Proventil® Repetabs)	VoSpire® ER Tablet
albuterol syrup (generic for Ventolin® Syrup)	
metaproterenol syrup (generic for Alupent® Syrup)	
metaproterenol syrup (generic for Alupent® Syrup) terbutaline tablet (generic for Brethine®)	
	Non-Preferred
terbutaline tablet (generic for Brethine®)	Non-Preferred
terbutaline tablet (generic for Brethine®) COPD AGENTS	
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred	Anoro® Elipta Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred Trial and failure of Spiriva® only required to obtain a non-preferred drug in this class	Anoro® Elipta Inhaler Bevespi ® Aerosphere
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred Trial and failure of Spiriva® only required to obtain a non-preferred drug in this class Atrovent® HFA Inhaler	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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)	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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®)	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler Seebri® Neohaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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®)	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler Seebri® Neohaler Spiriva® Respimat Inhalation Spray 2.5mcg
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	Anoro® Elipta Inhaler Bevespi ® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler Seebri® Neohaler
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terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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	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
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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**
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS	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**
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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**
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS	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**
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class	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**
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred Trial and failure of Spiriva® only required to obtain a non-preferred drug in this class Atrovent® HFA Inhaler ipratropium-abluterol solution (generic for Atrovent® Nebulizer Solution) ipratropium-albuterol solution (generic for Duoneb®) Spiriva® Handihaler Stiolto® Respimat Inhalation Spray CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred	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 ** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Armuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® Twisthaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® Twisthaler budesonide suspension (generic for Pulmicort® Respules)
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex@ HFA Inhaler Asmanex@ Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® Twisthaler budesonide suspension (generic for Pulmicort® Respules)
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex@ HFA Inhaler Asmanex@ Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex@ HFA Inhaler Asmanex@ Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort@ Respules 0.25mg, 0.5mg, 1mg QVAR@ Inhaler	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Armuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® HFA Inhaler Pulmicort® Flexhaler
terbutaline tablet (generic for Brethine®) COPD AGENTS Preferred 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 CORTICOSTEROIDS Clinical criteria apply to all drugs in this class Preferred Pulmicort® Respules 0.25mg, 0.5mg, 1mg	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** Non-Preferred Aerospan® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex@ HFA Inhaler Asmanex@ Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler

North Carolina Division	n of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective Janu	•
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. Al	•
	al criteria (indicated in RED) may also apply.
Drugs requiring prior authorization, clinical criteria an	
<u>www.nctracks.nc.gov/content/public/providers</u> More information on the PDL can be found at: <u>h</u>	
Preferred	Breo Elipta®
Advair® Diskus	AirDuo®
Dulera® Inhaler	fluticasone/salmeterol (generic for AirDuo®)
Symbicort® Inhaler	
	Non-Preferred
INTRANASAL RHINITIS AGENTS	Exemption for steroids applies to children < 4 years of age
Preferred	Astepro® Nasal Spray
	Astelin® Nasal Spray
azelastine spray (generic for Astepro®)	Atrovent® Spray
azelastine spray (generic for Astelin®)	Beconase® AQ spray
fluticasone spray (generic for Flonase®)	budesonide nasal spray (generic for Rhinocort® Aqua)
ipratropium spray (generic for Atrovent® Nasal)	Dymista® Nasal Spray
Patanase® Nasal Spray	Flonase® Nasal Spray (RX ONLY)
r uunusee musu spruy	flunisolide spray (generic for Nasalide®)
	mometasone nasal spray (generic for Nasonex®)
	Nasonex® Nasal Spray
	olopatadine nasal spray(generic for Patanase®)
	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	Non-Preferred
LEUKOTRIENE MODIFIERS	Accolate® Tablet
Preferred	Singulair® Chewable / Granules / Tablet
montelukast chewable / granules / tablet (generic for Singulair®)	Zyflo® CR Tablet / Filmtab
zafirlukast tablet (generic for Accolate®)	zileuton
	Non-Preferred
LOW SEDATING ANTIHISTAMINES	cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)
Preferred	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)	Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
	Claritin® Tablet
cetirizine RX syrup (generic for Zyrtec® Syrup)	
loratadine tablet OTC (generic for Claritin® OTC)	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	Non-Preferred
Quantity limit of 102 days supply per 12 months apply to all drugs in this class	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
Preferred	Clarinex-D® Tablet
110101104	
loratadine-D OTC tablet (generic for Claritin-D® OTC)	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
	Somprox D® Consula
	Semprex-D® Capsule
	Semprex-D® Capsule

Effective January 15, 2018

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: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>

more information on the PDL can be found at. <u>http://www.ncdnns.gov/dma/pharmacy/index.ntm</u>

TOPICALS	Non-Preferred
ACNE AGENTS	Acne Clearing System
Preferred	Acanya® Gel Pump
	Aczone® Gel
zelex® Cream	adapalene cream / gel / gel pump (generic for Differin®)
enzaclin® Gel / Gel Pump	Atralin® Gel
indamycin phosphate pledgets / solution (generic for Cleocin-T®)	Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads
ifferin® Cream / Gel / Gel Pump / Lotion	Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
etin-A® Cream / Gel	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®)
	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®, EryGe 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®)

sion of Medical Assistance	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective January 15, 2018	
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a and prior authorization request forms can be found at:	
ders/pharmacy/pa-drugs-criteria-new-format.html	
at: http://www.ncdhhs.gov/dma/pharmacy/index.htm	
Virti-Sulf® Emollient Cream	
Ziana® Gel	
Non-Preferred	
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	
Non-Preferred	
diclofenac solution (generic for Pennsaid®)	
diclofenac topical gel (generic for Voltaren ® Gel)	
Flector® Patch	
Pennsaid [®] Pump / Solution	
Pennsaid [®] Packet	
Klofensaid ® II	
Vopac® MDS	
Xrylix®	
Non-Preferred	
Altabax® Ointment	
Bactroban® Ointment / Nasal Ointment	
Centany® AT Ointment Kit / Ointment	
mupirocin cream (generic for Bactroban® Cream)	
Non-Preferred	
Cleocin® Vaginal Cream	
Nuvessa® Vaginal Gel	
Metrogel® Vaginal Gel	
Metrogel® Vaginal Gel Non-Preferred	
Non-Preferred	
Non-Preferred Bensal HP®	
Non-Preferred Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution	
Non-Preferred Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)	
Non-Preferred Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit)	
Non-Preferred 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)	
Non-Preferred 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)	
Non-Preferred 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	
Non-Preferred 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	

North Carolina Divis	sion of Medical Assistance
North Carolina Medicaid and He	alth Choice Preferred Drug List (PDL)
	anuary 15, 2018
	gs are required unless otherwise indicated.
	. All drugs in the classes not included are considered preferred.
	inical criteria (indicated in RED) may also apply.
	a and prior authorization request forms can be found at:
	ders/pharmacy/pa-drugs-criteria-new-format.html at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
More information on the PDL can be found a	
	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
	Xolegel® Gel
ANTIPARASITICS	Non-Preferred Elimite® Cream
Trial and failure of only one preferred drug required Preferred	
Eurax® Cream	Eurax® Lotion
Natroba® Topical Suspension	lindane lotion / shampoo malathion lotion (generic for Ovide®)
permethrin cream (generic for Elimite®)	Ovide® Lotion
Sklice® Lotion	spinosad topical suspension (generic for Natroba®)
	Ulesfia®
	Non-Preferred
ANTIVIRAL	acyclovir ointment/ AG (generic for Zovirax® Ointment)
Preferred	Denavir® Cream
	Xerese® Cream
Zovirax [®] Cream	Zovirax [®] Ointment
IMMUNOMODULATORS	
Atopic Dermatitis	Non-Preferred
Clinical criteria apply to all drugs in this class	Protopic [®] Ointment
Preferred	tacrolimus ointment (generic Protopic®)
Elidel® Cream	Dupixent®
Eucrisa 2%® Ointment	
	Non-Preferred
Imidazoquinolinamines	Aldara® Cream
Preferred	Zyclara® Cream / Cream Pump
imiquimod cream packet (generic for Aldara®)	
TOPICALS	Non-Preferred
PSORIASIS	calcipotriene-betamethasone ointment (generic for Talconex®)
Preferred	Calcitrene® Ointment (branded generic for Dovonex®)

Division of Medical Assistance
Health Choice Preferred Drug List (PDL)
ve January 15, 2018
d drugs are required unless otherwise indicated. PDL. All drugs in the classes not included are considered preferred.
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criteria and prior authorization request forms can be found at:
providers/pharmacy/pa-drugs-criteria-new-format.html und at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
calcitriol ointment (generic for Vectical®)
Dovonex® Cream
Enstilar® Foam
Sorilux® Foam
Taclonex® Ointment / Suspension
Vectical® Ointment
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®
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
Texaconte Solution
Non-Preferred
clocortolone cream / pump (generic for Cloderm®)
Cloderm® Cream / Pump
Cordran® Tape
Cutivate® Cream / Lotion
Cutivate® Cream / Lotion Dermatop® Cream / Emollient Cream / Ointment
Cutivate® Cream / Lotion Dermatop® Cream / Emollient Cream / Ointment Elocon® Cream / Lotion / Ointment
Cutivate® Cream / Lotion Dermatop® Cream / Emollient Cream / Ointment Elocon® Cream / Lotion / Ointment fluocinolone cream / ointment / solution (generic for Synalar®)
Cutivate® Cream / Lotion Dermatop® Cream / Emollient Cream / Ointment Elocon® Cream / Lotion / Ointment
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)
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)
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®)
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
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
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
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 predincarbate cream / ointment (generic for Dermatop®)
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
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 predincarbate cream / ointment (generic for Dermatop®)

North Carolina Division of Medical Assistance North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective January 15, 2018 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.			
			a, clinical criteria (indicated in RED) may also apply.
			iteria and prior authorization request forms can be found at:
			roviders/pharmacy/pa-drugs-criteria-new-format.html nd at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
			iu at. <u>http://www.iicunis.gov/una/phamacy/iiuex.ntm</u>
TOPICALS			
STEROIDS (Continued)	Non-Preferred		
High Potency	amcinonide cream / lotion / ointment (generic for Cyclocort®)		
Preferred	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)		
betamethasone valerate cream / lotion / ointment (generic for Valisone®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)		
fluocinonide-solution (generic for Lidex® / Lidex® E)	betamethasone valerate foam (generic for Valisone®)		
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	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		
	Topicort® Cream / Gel / Ointment / Spray / LP		
	triamcinolone spray (generic for Kenalog® Spray)		
	Trianex® Ointment		
	Vanos® Cream		
	Vanos® Cream		
	Ellzia®		
	Non-Preferred		
Very High Potency	Apexicon E® Cream		
Preferred	clobetasol foam / emulsion foam (generic for Olux® / Olux-E®)		
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	clobetasol lotion / shampoo (generic for Clobex®)		
clobetasol solution (generic for Cormax®)	clobetasol spray (generic for Clobex® spray)		
halobetasol propionate cream / ointment (generic for Ultravate®)	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		
MISCELLANEOUS	Non-Preferred		
ANTIPSORIATICS, ORAL	8-MOP®		
Preferred	Methoxsalen Rapid (generic for Oxsoralen-Ultra®)		
Acitretin (generic for Soriatane [®])	Oxsoralen-Ultra®		
Leadean (Benerie foi Bornaule)	Soriatane®		
	Soriatane®		
	Non-Preferred		
EPINEPHRINE, SELF INJECTED	Adrenaclick® Auto Injector		
Preferred	Auvi-Q® Auto Injector		
epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector)	epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector		
	Epi-renes Auto injector / JK Auto injector		

North Carolina Divisio	on of Medical Assistance		
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			and prior authorization request forms can be found at:
			ers/pharmacy/pa-drugs-criteria-new-format.html
			http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Non-Preferred		
ESTROGEN AGENTS, COMBINATIONS	Lopreeza® Tablet		
Preferred			
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			
	Non-Preferred		
PROGESTATIONAL AGENTS			
Preferred			
Makena® (hydroxyprogesterone caproate injection)			
Compounded 17 P			
MISCELLANEOUS	Non-Preferred		
ESTROGEN AGENTS, ORAL/TRANSDERMAL	Alora® Patch		
Preferred	Divigel® Gel Packet		
Cenestin® Tablet	Duavee® Tablet		
Climara® Patch / Pro Patch	Elestrin® Gel		
CombiPatch®	estradiol patch (generic for Vivelle-Dot®)		
Enjuvia® Tablet	Menostar® Patch		
Estrace® Tablet	Mini-Velle® Patch		
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			
	Non-Preferred		
ESTROGEN AGENTS, VAGINAL PREPARATIONS	Estrace® Cream		
Preferred	estradiol vaginal tablet		
Estring® Vaginal Ring	Femring® Vaginal Ring		
Premarin® Vaginal Cream	Yuvafem®		
Vagifem® Vaginal Tablet	Intrarosa®		
vagneme vagnar rabiet			
	Non-Preferred		
GLUCOCORTICOID STEROIDS, ORAL	Cortef® Tablet		
Preferred	cortisone tablet (generic for Patisone®)		
budesonide EC capsule (generic for Entocort® EC)	Dexamethasone Intensol® Drops		
dexamethasone elixir / tablet (generic for Decadron®)	Dexpak® Tablet		
dexamethasone solution (generic for Concedix®)	Emflaza®		
hydrocortisone tablet (generic for Cortef®)	Entocort® EC Capsule		
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	Medrol® Dose Pack / Tablet		
Orapred® ODT	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)		
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Millipred® Dose Pack / Tablet / Solution		
prednisolone solution (generic for Prelone®, Millipred®)	PediaPred® Solution		
prednisone dose pack (generic for Sterapred®)	prednisolone ODT (generic for Orapred® ODT)		
prednisone solution / tablet (generic for Deltasone®)	Prednisone Intensol® Concentrated Solution		
	Rayos® Tablet		
	Veripred [®] Solution		

North Carolina Division of Medical Assistance			
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		In addition to trial and failure criteria, clinica	
		Drugs requiring prior authorization, clinical criteria an	
www.nctracks.nc.gov/content/public/providers			
More information on the PDL can be found at: <u>ht</u>	tp://www.ncdhhs.gov/dma/pharmacy/index.htm		
IMMUNOMODULATORS, SYSTEMIC			
Clinical criteria apply to all drugs in this class	Non-Preferred		
Trial and failure of only one preferred drug required	Actemra® Syringe / Vial		
Preferred	Arcalyst® SQ Syringe		
Enbrel® Kit / Sureclick Syringe / Syringe	Cimzia® Starter Kit / Syringe Kit / Vial Kit		
Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Cosentyx® Pen / Syringe		
	Entyvio® Vial		
	Ilaris® Injection		
	Inflectra™ Vial		
	Kevzara®		
	Orencia® SQ Syringe / Clickjet		
	Orencia® Vial		
	Otezla® Starter Pack / Tablet		
	Remicade® Injection		
	Renflexis [™] Injection		
	Simponi® Aria Vial / Pen Injector / Syringe		
	Stelara® Syringe		
	Taltz® Auto-injector/syringe		
	Xeljanz® Tablet/ Xeljanz®XR		
	Siliq®		
	Kineret® Syringe - Exemption for diagnosis of Neonatal Onset: Multi-System Inflammator		
	Disease		
MISCELLANEOUS	Non-Preferred		
MISCELLANEOUS IMMUNOSUPPRESSANTS	Non-Preferred		
	Non-Preferred		
IMMUNOSUPPRESSANTS	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet cyclosporine capsule / solution (generic for Sandimmune®)	Non-Preferred		
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®)	Non-Preferred		
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	Non-Preferred		
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	Non-Preferred		
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	Non-Preferred		
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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®)	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule 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 muran® Tablet nycophenolate capsule / suspension / tablet (generic for Cellcept®) nycophenolic acid tablet (generic for Myfortic®)	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet uzathioprine tablet (generic for Imuran®) Cellcept® Capsule / Suspension / Tablet syclosporine capsule / Solution (generic for Sandimmune®) syclosporine modified capsule / solution (generic for Gengraf®, Neoral®) Envarsus® XR Tablet Gengraf® Capsule / Solution Hecoria® Capsule muran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) nycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet	Non-Preferred		
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 muran® Tablet nycophenolate capsule / suspension / tablet (generic for Cellcept®) nycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet uzathioprine 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 muran® Tablet nycophenolate capsule / suspension / tablet (generic for Cellcept®) nycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet uzathioprine 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 muran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet	Non-Preferred		
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 / Solution Hecoria® Capsule muran® 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	Non-Preferred		
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 muran® Tablet mycophenolate capsule / suspension / tablet (generic for Cellcept®) mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule / Solution Prog	Non-Preferred		
IMMUNOSUPPRESSANTS Preferred Astagraf® XL Capsule Azasan® Tablet azathioprine tablet (generic for Imuran®)	Non-Preferred		
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 / Solution Hecoria® Capsule / Solution Hecoria® Capsule / Solution mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule / Solution Prograf® Capsule / Solution Prograf® Capsule / Solution Sinolimuse® Capsule / Solution Sirolimus tablet (generic for Rapamune®) tacrolimus capsule (generic for Hecoria®, Prograf®)			
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 / Solution Hecoria® Capsule / Solution Hecoria® 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		
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 / Solution Hecoria® Capsule / suspension / tablet (generic for Cellcept®) mycophenolate capsule / suspension / tablet (generic for Cellcept®) Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule / Solution Prograf® Capsule / Solution Sirolimus tablet (generic for Rapamune®) tacrolimus capsule (generic for Hecoria®, Prograf®) Zortress® Tablet			
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North Carolina Division of Medical Assistance	
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Drugs requiring prior authorization, clinical criteria and	
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm	
Narcan® Nasal Spray	
Vivitrol®	
OPIOID DEPENDENCE	Non-Preferred
Clinical criteria apply to all drugs in this class	Bunavail® Film
Preferred	buprenorphine sl tablet (generic for Subutex®)
Suboxone® SL Film	buprenorphine-naloxone sl tablet (generic for Suboxone®)
	Zubsolv® Tablet SL
	Non-Preferred
SKELETAL MUSCLE RELAXANTS	Amrix® ER Capsule
Preferred	Dantrium® Capsule / Vial
baclofen tablet (generic for Lioresal®)	dantrolene sodium capsule (generic for Dantrium®)
chlorzoxazone tablet (generic for Parafon Forte®)	Fexmid® Tablet
cyclobenzaprine tablet (generic for Flexeril®)	Lorzone® Tablet
methocarbamol tablet (generic for Robaxin®)	metaxalone tablet (generic for Skelaxin®)
tizanidine tablet (generic for Zanaflex® Tablet)	orphenadrine citrate ampule / tablet / vial (generic for Norflex®)
	Parafon® Forte Caplet
	Robaxin® Tablet / Vial
	Skelaxin® Tablet
	tizanidine capsules (generic for Zanaflex® Capsule)
	Zanaflex® Capsule / Tablet
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.	
	Lancing Devices
	ACCU-CHEK® Softclix lancing device kit (Blue)
Meters	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK® Aviva Plus care kit	ACCU-CHEK® Multiclix lancing device kit
ACCU-CHEK® Compact Plus care kit	
ACCU-CHEK® Nano SmartView care kit	ACCU-CHEK® Fastclix lancing device kit
ACCU-CHEK® Guide Retail care kit	Control Solutions
Test Strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® AVIVA 50 ct test strips	ACCU-CHEK® Compact blue glucose control solution (2 levels)
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 ct test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® COMPACT Plus 51 ct test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 50 ct test strips	
Lancets	
-	

Effective January 15, 2018

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ACCU-CHEK® Multiclix 102 ct Lancets

ACCU-CHEK® Softclix 100 ct Lancets

ACCU-CHEK® Fastclix 102 ct Lancets