

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**ALZHEIMER'S AGENTS**

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

**ANALGESICS**

**OPIOID ANALGESICS**

Long Acting Opioids

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

Preferred	Non-Preferred
Butrans <sup>®</sup> Patch	Arymo <sup>®</sup> ER
Embeda <sup>®</sup> ER Capsule	Avinza <sup>®</sup> Capsule
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic <sup>®</sup> )	Belbuca <sup>®</sup> (Buccal) Film
morphine sulfate ER tablet (generic for MS Contin <sup>®</sup> )	buprenorphine patch (generic for Butrans <sup>®</sup> Patch)
OxyContin <sup>®</sup> Tablet	Conzip <sup>®</sup> Capsule
tramadol ER tablet (generic for Ultram ER <sup>®</sup> , Ryzolt <sup>®</sup> )	Duragesic <sup>®</sup> Patch
	Exalgo <sup>®</sup> Tablet
	fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic <sup>®</sup> )
	hydromorphone ER tablet (generic for Exalgo <sup>®</sup> )
	Hysingla <sup>®</sup> ER Tablet
	Kadian <sup>®</sup> Capsule
	morphine sulfate ER capsule (generic for Avinza <sup>®</sup> , Kadian <sup>®</sup> )
	MorphaBond <sup>®</sup> ER
	MS Contin <sup>®</sup> Tablet
	Nucynta <sup>®</sup> ER Tablet
	oxycodone ER tablet (generic for OxyContin <sup>®</sup> )
	oxymorphone ER tablet
	Xartemis <sup>®</sup> XR Tablet
	Xtampza <sup>®</sup> ER Capsule
	Zohydro <sup>®</sup> Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

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

Preferred	Non-Preferred
Actiq <sup>®</sup> Lozenge	fentanyl citrate lozenge (generic for Actiq <sup>®</sup> )
	Fentora <sup>®</sup> Buccal Tablet
	Abstra <sup>®</sup> SL Tablet
	Subsys <sup>®</sup> Spray

Short Acting Schedule II Opioids

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

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

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	oxycodone-ibuprofen tablet (generic for Combunox <sup>®</sup> )
	oxycodone oral syringe
	oxymorphone tablet (generic for Opana <sup>®</sup> )
	oxycodone capsule (generic for OxyIR <sup>®</sup> )
	Percocet <sup>®</sup> Tablet
	Primlev <sup>®</sup> Tablet
	Reprexain <sup>®</sup> Tablet
	Roxicet <sup>®</sup> Solution
	Roxicodone <sup>®</sup> Tablet
	RoxyBond <sup>®</sup> Tablet
	Vicodin <sup>®</sup> Tablet / ES Tablet / HP Tablet
	Vicoprofen <sup>®</sup> Tablet
	Xodol <sup>®</sup> Tablet
	Zamiset <sup>®</sup> Solution

Short Acting Schedule III – IV Opioids / Analgesic Combinations

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

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

NSAIDS

Preferred	Non-Preferred
ibuprofen suspension / tablet (generic for Motrin <sup>®</sup> )	Arthrotec <sup>®</sup> Tablet
indomethacin capsule (generic for Indocin <sup>®</sup> )	Daypro <sup>®</sup> Caplet
ketorolac tablet (generic for Toradol <sup>®</sup> )	diclofenac potassium tablet (generic for Cataflam <sup>®</sup> )
meloxicam tablet (generic for Mobic Tablet <sup>®</sup> )	diclofenac sodium tablet / ER tablet (generic for Voltaren <sup>®</sup> / XR)
naproxen EC tablet (generic for Naprosyn <sup>®</sup> EC)	diclofenac sodium-misoprostol tablet (generic for Arthrotec <sup>®</sup> )
naproxen tablet (generic for Naprosyn <sup>®</sup> Tablet)	diflunisal tablet (generic for Dolobid <sup>®</sup> )
sulindac tablet (generic for Clinoril <sup>®</sup> )	etodolac capsule / tablet / ER tablet (generic for Lodine <sup>®</sup> / XL)
	Feldene <sup>®</sup> Capsule
	fenoprofen tablet (generic for Nalfon <sup>®</sup> )
	flurbiprofen tablet (generic for Ansaïd <sup>®</sup> )
	Indocin <sup>®</sup> Suppository / Suspension
	indomethacin ER capsule (generic for Indocin SR <sup>®</sup> )
	Inflammacin <sup>®</sup> Kit
	ketoprofen capsule (generic for Orudis <sup>®</sup> )
	ketoprofen ER capsule (generic for Oruvail <sup>®</sup> )
	meclofenamate capsule (generic for Meclomen <sup>®</sup> )
	mefenamic acid capsule (generic for Ponstel <sup>®</sup> )
	Mobic <sup>®</sup> Tablet
	nabumetone tablet (generic for Relafen <sup>®</sup> )
	Nalfon <sup>®</sup> Capsule / Tablet
	Naprelan <sup>®</sup> Tablet
	naproxen CR tablet
	naproxen sodium ER tablet (generic for Naprelan <sup>®</sup> )
	naproxen sodium tablet (generic for Anaprox <sup>®</sup> )
	naproxen suspension (generic for Naprosyn <sup>®</sup> )
	oxaprozin tablet (generic for DayPro <sup>®</sup> )
	piroxicam capsule (generic for Feldene <sup>®</sup> )
	Sprix <sup>®</sup> Nasal Spray
	Tivorbex <sup>®</sup> Capsule
	tolmetin capsule / tablet (generic for Tolectin <sup>®</sup> )
	Vivlodex <sup>®</sup> Capsule
	Zipsor <sup>®</sup> Capsule
	Zorvolex <sup>®</sup> Capsule

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex <sup>®</sup> ) - <b>Clinical criteria apply</b>	Celebrex <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	Duexis <sup>®</sup> Tablet - <b>Trial and failure of celecoxib required</b>
	Vimovo <sup>®</sup> Tablet - <b>Trial and failure of celecoxib required</b>

**NEUROPATHIC PAIN**

Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta <sup>®</sup> )	Cymbalta <sup>®</sup> Capsule
gabapentin capsule / solution / tablet (generic for Neurontin <sup>®</sup> )	Dermacin Rx <sup>®</sup> PHN Pak <sup>™</sup>
	Gralise <sup>®</sup> Starter Pack / Tablet
	Horizant <sup>®</sup> Tablet
	Lyrica <sup>®</sup> Capsule / Solution
	Lyrica <sup>®</sup> CR Tablet
	Neurontin <sup>®</sup> Capsule / Solution / Tablet
	Qutenza <sup>®</sup> Kit
	Savella <sup>®</sup> Tablet / Titration Pack
	lidocaine patch (generic for Lidoderm <sup>®</sup> ) - <b>Clinical criteria apply</b>
	Lidoderm <sup>®</sup> Patch - <b>Clinical criteria apply</b>
	ZTLido <sup>™</sup> Patch - <b>Clinical criteria apply</b>

**ANTICONVULSANTS**

**CARBAMAZEPINE DERIVATIVES**

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

Preferred	Non-Preferred
Aptiom <sup>®</sup> Tablet	Carbatrol <sup>®</sup> Capsule
carbamazepine chewable tablet (generic for Tegretol <sup>®</sup> )	carbamazepine suspension / tablet (generic for Tegretol <sup>®</sup> )
carbamazepine ER capsule (generic for Carbatrol <sup>®</sup> )	carbamazepine XR tablet (generic for Tegretol XR <sup>®</sup> )
Equetro <sup>®</sup> Capsule	Epitol <sup>®</sup> Tablet
oxcarbazepine tablet / suspension (generic for Trileptal <sup>®</sup> )	Trileptal <sup>®</sup> Tablet / Suspension (oral)
Oxtellar <sup>®</sup> XR Tablet	
Tegretol <sup>®</sup> Suspension / Tablet / XR Tablet	

**FIRST GENERATION**

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

Preferred	Non-Preferred
Celontin <sup>®</sup> Kapseal	Depakene <sup>®</sup> Capsule / Solution
Dilantin <sup>®</sup> Capsule / Infatab / Suspension	Depakote <sup>®</sup> ER Tablet / Sprinkle Capsule
divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote <sup>®</sup> / ER / Sprinkle)	Depakote <sup>®</sup> Tablet
ethosuximide capsule / solution (generic for Zaronin <sup>®</sup> )	felbamate suspension / tablet (generic for Felbatol <sup>®</sup> )
phenobarbital tablet / elixir / solution	Felbatol <sup>®</sup> Suspension / Tablet
Phenytek <sup>®</sup> Capsule	Mysoline <sup>®</sup> Tablet
phenytoin chewable / capsules / infatab / suspension (generic for Dilantin <sup>®</sup> )	Peganone <sup>®</sup> Tablet
phenytoin extended capsules (generic for Phenytek <sup>®</sup> )	Zaronin <sup>®</sup> Capsule / Solution
primidone Tablet (generic for Mysoline <sup>®</sup> )	
valproic acid capsule / solution (generic for Depakene <sup>®</sup> )	

**SECOND GENERATION**

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

Preferred	Non-Preferred
clonazepam tablet (generic for Klonopin <sup>®</sup> )	Banze <sup>®</sup> Suspension / Tablet
Diastat <sup>®</sup> Acudial <sup>®</sup> / Pedi System	Brivact <sup>®</sup> Tablet and Solution
gabapentin capsule / solution (generic for Neurontin <sup>®</sup> )	clobazam suspension / tablet (generic for Onfi <sup>®</sup> Suspension / Tablet)
gabapentin tablet (generic for Neurontin <sup>®</sup> Tablet)	clonazepam ODT (generic for Klonopin <sup>®</sup> Wafer)
Gabitril <sup>®</sup> Tablet	diazepam rectal / system (generic for Diastat <sup>®</sup> Accudial / Pedi System)
lamotrigine chewable / tablet (generic for Lamictal <sup>®</sup> )	Epidiolex <sup>®</sup> Solution - <b>Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome</b>
levetiracetam tablet / ER tablet / solution (generic for Keppra <sup>®</sup> / XR)	Fycompa <sup>™</sup> Tablet / Kit/ Suspension
Roweepra <sup>™</sup> Tablet / XR Tablet	Gralise <sup>®</sup> Starter Pack / Tablet
Sabril <sup>®</sup> Powder Packet	Keppra <sup>®</sup> Tablet / Solution / XR Tablet
topiramate sprinkle capsule / tablet (generic for Topamax <sup>®</sup> )	Klonopin <sup>®</sup> Tablet
zonisamide capsule (generic for Zonegran <sup>®</sup> )	Lamictal <sup>®</sup> Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
	lamotrigine starter kits (generic for Lamictal <sup>®</sup> )
	lamotrigine ER tablet / ODT Starter Kit / Starter Kit (generic for Lamictal <sup>®</sup> XR / ODT)
	Lyrica <sup>®</sup> Capsule / Solution
	Neurontin <sup>®</sup> Capsule / Solution / Tablet
	Onfi <sup>®</sup> Suspension / Tablet
	Potiga <sup>®</sup> Tablet
	Qudexy <sup>®</sup> XR Capsule
	Sabril <sup>®</sup> Tablet
	Spritam <sup>®</sup> Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	tiagabine tablet (generic for Gabitril <sup>®</sup> )
	Topamax <sup>®</sup> Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Qudexy <sup>®</sup> )
	Trokendi <sup>®</sup> XR Capsule
	vigabatrin powder packet / tablet (generic for Sabril <sup>®</sup> Powder Packet / Tablet)
	Vimpat <sup>®</sup> Solution / Starter Kit / Tablet

**ANTI-INFECTIVES - SYSTEMIC**

ANTIBIOTICS

Cephalosporins and Related

Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil <sup>®</sup> , Trimox <sup>®</sup> )	amoxicillin-clavulanate chewable tablet (generic for Augmentin <sup>®</sup> )
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin <sup>®</sup> /XR)	Augmentin <sup>®</sup> Suspension / Tablet / XR Tablet
cefadroxil capsule / suspension (generic for Duricef <sup>®</sup> )	Cedax <sup>®</sup> Capsule / Suspension
cefdinir capsule / suspension (generic for Omnicef <sup>®</sup> )	cefaclor capsule / suspension / ER tablet (generic for Ceclor <sup>®</sup> / CD)
cefprozil suspension / tablet (generic for Cefzil <sup>®</sup> )	cefadroxil tablet (generic for Duricef <sup>®</sup> )
Ceftin <sup>®</sup> Suspension / Tablet	cefixime suspension (generic for Suprax <sup>®</sup> )
cefuroxime tablet (generic for Ceftin <sup>®</sup> )	ceftibuten capsule / suspension (generic for Cedax <sup>®</sup> )
cephalexin capsule / suspension / tablet (generic for Keflex <sup>®</sup> )	cefepoxime suspension / tablet (generic for Vantin <sup>®</sup> )
Suprax <sup>®</sup> Capsule / Chewable / Suspension / Tablet	Daxbia <sup>™</sup> Capsule
	Keflex <sup>®</sup> Capsule

Lincosamides and Oxazolidinones

Preferred	Non-Preferred
Cleocin <sup>®</sup> Granules	Cleocin <sup>®</sup> Capsules / Injection
clindamycin capsules / solution (generic for Cleocin <sup>®</sup> )	clindamycin injection (generic for Cleocin <sup>®</sup> Injection)
linezolid suspension (oral) / tablet (generic for Zyvox <sup>®</sup> )	Lincocin <sup>®</sup> Vial
	lincomycin injection (generic for Lincocin Vial <sup>®</sup> )
	linezolid IV solution (generic for Zyvox <sup>®</sup> )
	Sivextro <sup>®</sup> Tablet / Vial
	Synercid <sup>®</sup> Vial
	Zyvox <sup>®</sup> Tablet / IV Solution / Suspension

Macrolides and Ketolides

Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax <sup>®</sup> )	Biaxin <sup>®</sup> Suspension / Tablet
clarithromycin suspension / tablet (generic for Biaxin <sup>®</sup> )	clarithromycin ER tablet (generic for Biaxin XL <sup>®</sup> )
E.E.S. <sup>®</sup> Granules / Filmtab	erythromycin e.s. 200mg suspension (generic for E.E.S. <sup>®</sup> Suspension)
Eryped <sup>®</sup> Suspension	Ery-Tab <sup>®</sup> Tablet
Erythrocin <sup>®</sup> Filmtab	Ketek <sup>®</sup> Tablet
erythromycin EC capsule (generic for Eryc <sup>®</sup> )	PCE <sup>®</sup> Tablet
erythromycin filmtab	Zithromax <sup>®</sup> Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin e.s. tablet (generic for E.E.S. <sup>®</sup> Filmtab)	Zmax <sup>®</sup> Suspension

Nitromidazoles

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl <sup>®</sup> )	Alinia <sup>®</sup> Suspension / Tablet
vancomycin capsule (generic for Vancocin <sup>®</sup> )	Difcid <sup>®</sup> Tablet - <b>Trial and failure of vancomycin only for treatment of Clostridium difficile</b>
	Firvanq <sup>™</sup> Solution
	Flagyl <sup>®</sup> Capsule / ER Tablet / Tablet
	metronidazole capsule (generic for Flagyl <sup>®</sup> )
	neomycin tablet (generic for Mycifradin <sup>®</sup> )
	paromomycin capsule (generic for Humatin <sup>®</sup> )
	Solosec <sup>™</sup> Granules
	Tindamax <sup>®</sup> Tablet
	tinidazole tablet (generic for Tindamax <sup>®</sup> )
	Vancocin <sup>®</sup> Capsule
	Xifaxan <sup>®</sup> Tablet - <b>Exemption for a diagnosis of Hepatic Encephalopathy</b>

Quinolones

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

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin <sup>®</sup> , Vibra-Tab <sup>®</sup> )	demeclocycline tablet (generic for Declomycin <sup>®</sup> )
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox <sup>®</sup> )	Doryx <sup>®</sup> DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin <sup>®</sup> )	doxycycline hyclate DR tablet (generic for Doryx <sup>®</sup> DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox <sup>®</sup> , Adoxa <sup>®</sup> )
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea <sup>®</sup> )
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	Minocin <sup>®</sup> Capsule
	minocycline ER tablet (generic for Solodyn <sup>®</sup> ER)
	minocycline 50mg, 75mg, 100mg tablet
	Morgidox <sup>®</sup> Capsule / Kit
	Nuzyra <sup>™</sup> Tablet
	Oracea <sup>®</sup> Capsule
	tetracycline capsule (generic for Sumycin <sup>®</sup> )
	Vibramycin <sup>®</sup> Capsule Suspension / Syrup
	Xerava <sup>™</sup> Vial
	Ximino <sup>™</sup> ER Capsule
	doxycycline suspension (generic for Vibramycin Suspension <sup>®</sup> ) - <b>Exemption for patients &lt; 12 years of age</b>
	Solodyn <sup>®</sup> ER Tablet - <b>Clinical justification and failure of doxycycline and minocycline required. Limited to 12 week supply.</b>
Antifungals	
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex <sup>®</sup> Troche)	Ancobon <sup>®</sup> Capsule
fluconazole suspension / tablet (generic for Diflucan <sup>®</sup> )	Cresemba <sup>®</sup> Capsule
griseofulvin suspension (generic for Grifulvin V <sup>®</sup> )	Diflucan <sup>®</sup> Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg <sup>®</sup> )	flucytosine capsule (generic for Ancobon <sup>®</sup> )
nystatin suspension (generic for Nilstat <sup>®</sup> )	griseofulvin micro tablets (generic for Grifulvin V <sup>®</sup> )
nystatin tablet (generic for Mycostatin <sup>®</sup> )	Gris-Peg <sup>®</sup> Tablet
terbinafine tablet (generic for Lamisil <sup>®</sup> )	itraconazole capsule / solution (generic for Sporanox <sup>®</sup> )
	ketoconazole tablet (generic for Nizoral <sup>®</sup> )
	Lamisil <sup>®</sup> Granules / Tablet
	Noxafil <sup>®</sup> Suspension / Tablet
	Onmel <sup>®</sup> Tablet
	Oravig <sup>®</sup> Buccal Tablet
	Sporanox <sup>®</sup> Capsule / Solution
	Tolsura <sup>™</sup> Capsule
	Vfend <sup>®</sup> Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend <sup>®</sup> )
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude <sup>®</sup> )	adefovir tablet (generic for Hepsera <sup>®</sup> )
lamivudine HBV tablet (generic for Epivir <sup>®</sup> HBV)	Baraclude <sup>®</sup> Solution / Tablet
Tyzeka <sup>®</sup> Tablet	Epivir <sup>®</sup> HBV Tablet / Solution
Viread <sup>®</sup> Powder / Tablet	Hepsera <sup>®</sup> Tablet
	Vemlidy <sup>®</sup> tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Moderiba <sup>®</sup> Dosepack (branded generic for Ribasphere <sup>®</sup> Ribapak)	Pegasys <sup>®</sup> Kit / Vial
Moderiba <sup>®</sup> Tablet (branded generic for Copegus <sup>®</sup> )	Pegintron <sup>®</sup> Kit
Pegasys <sup>®</sup> ProClick <sup>™</sup> / Syringe	Rebetol <sup>®</sup> Solution
ribavirin capsule / tablet (generic for Copegus <sup>®</sup> , Rebetol <sup>®</sup> )	Ribasphere <sup>®</sup> Capsule / Tablet / RibaPak <sup>™</sup>
<b>Clinical criteria apply to all drugs listed below</b>	
<b>All genotypes without cirrhosis</b>	Daklinza <sup>®</sup> Tablet (for genotype 3) - <b>must request Sovaldi<sup>®</sup> in addition to Daklinza<sup>®</sup> with a separate PA</b>
Mavyret <sup>™</sup> Tablet (8 weeks of therapy)	Epclusa <sup>®</sup> Tablet
	Harvoni <sup>®</sup> Tablet
<b>All genotypes with compensated cirrhosis (Child Pugh-A)</b>	ledipasvir-sofosbuvir tablet (generic for Harvoni <sup>®</sup> Tablet)
Mavyret <sup>™</sup> Tablet (12 weeks of therapy)	Sovaldi <sup>®</sup> Tablet
	Technivie <sup>™</sup> Dose Pack (for genotype 4)

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

<b>All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.</b>	Viekira™ Pak / XR Tablet
Vosevi™	Zepatier® Tablet
<b>All genotypes with decompensated cirrhosis</b>	
sofosbuvir-velpatasvir tablet (generic for Epclusa® Tablet)	
Antivirals (Herpes Treatments)	
<b>Preferred</b>	<b>Non-Preferred</b>
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	Zovirax® Capsule / Tablet / Suspension
Antivirals (Influenza)	
<b>Preferred</b>	<b>Non-Preferred</b>
rimantadine tablet (generic for Flumadine®)	amantadine tablet (generic for Symmetrel®)
Tamiflu® Capsule / Suspension	oseltamivir phosphate capsule / suspension (generic for Tamiflu®)
	Relenza® Diskhaler
	Xofluza™ Tablet
Antibiotics, Inhaled	
<b>Trial and failure of only one preferred drug required</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Kitabis™ Pak (tobramycin inhalation solution)	Arikayce® Vial
Bethkis® (tobramycin inhalation solution)	Cayston® Solution
	tobramycin solution / pak
	Tobi™ Podhaler™ / Solution
<b>BEHAVIORAL HEALTH</b>	
ANTIDEPRESSANTS	
Other	
<b>Preferred</b>	<b>Non-Preferred</b>
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Trintellix® Tablet
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
maprotiline tablet (generic for Ludiomil®)	desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	Effexor® XR Capsule
phenelzine tablet (generic for Nardil®)	Emsam® Patch
tranylcypromine tablet (generic for Parnate®)	Fetzima® Capsule / Titration Pak
trazodone tablet (generic for Desyrel®)	Forfivo® XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Khedezla® Tablet
	Marplan® Tablet
	Nardil® Tablet
	nefazodone tablet (generic for Serzone®)
	Pristiq® ER Tablet
	Remeron® Soltab™ / Tablet
	Savella® Tablet / Titration Pack
	venlafaxine ER tablet
	Viibryd® Starter Pack / Tablet
	Wellbutrin® SR / XL Tablet
Selective Serotonin Reuptake Inhibitor (SSRI)	
<b>Preferred</b>	<b>Non-Preferred</b>
citalopram solution / tablet (generic for Celexa®)	Brisdelle® Capsule
escitalopram tablet (generic for Lexapro®)	Celexa® Tablet
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro® Solution)
fluvoxamine tablet (generic for Luvox®)	fluoxetine tablet (generic for Prozac®) - <b>Exemption for children &lt; 12 years of age</b>
paroxetine tablet (generic for Paxil®)	fluoxetine DR capsules (generic for Prozac® Weekly)
sertraline concentrated solution / tablet (generic for Zoloft®)	fluvoxamine ER capsule (generic for Luvox CR®)
	Lexapro® Solution / Tablet
	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine CR tablet (generic for Paxil CR®)
	Paxil® Suspension / Tablet / CR Tablet
	Pexeva® Tablet
	Prozac® Pulvule / Weekly Capsule
	Sarafem® Tablet
	Zoloft® Solution / Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**ANTIHYPERKINESIS / ADHD**

Preferred	Non-Preferred
Aptensio <sup>®</sup> XR Capsule	Adderall <sup>®</sup> Tablet ( <b>GENERIC PRODUCT PER FDA</b> )
Adderall <sup>®</sup> XR Capsule	Adzenys <sup>®</sup> XR-ODT / ER suspension
amphetamine salt combo tablet (generic for Adderall <sup>®</sup> )	amphetamine salt combo XR capsule (generic for Adderall <sup>®</sup> XR)
atomoxetine capsule (generic for Strattera <sup>®</sup> )	Cotempla <sup>™</sup> XR-ODT
clonidine ER tablet (generic for Kapvay <sup>®</sup> )	Desoxyn <sup>®</sup> Tablet
Concerta <sup>®</sup> Tablet	Dexedrine <sup>®</sup> Tablet / Spansule <sup>®</sup>
Daytrana <sup>®</sup> Patch	dexamethylphenidate tablet / ER capsules (generic for Focalin <sup>®</sup> / XR)
dextroamphetamine tablet (generic for Dexedrine <sup>®</sup> )	dextroamphetamine solution (generic for ProCentra <sup>®</sup> )
Dyanavel <sup>®</sup> XR Suspension	dextroamphetamine ER capsule (generic for Dexedrine <sup>®</sup> Spansule <sup>®</sup> )
Focalin <sup>®</sup> Tablet / XR Capsule	Evekeo <sup>®</sup> Tablet
guanfacine ER tablet (generic for Intuniv <sup>®</sup> )	Intuniv <sup>®</sup> Tablet
Methylin <sup>®</sup> Solution	methamphetamine tablet (generic for Desoxyn <sup>®</sup> )
methylphenidate tablet (generic for Methylin <sup>®</sup> , Ritalin <sup>®</sup> )	Methylin <sup>®</sup> Chewable Tablet
Quillicheew <sup>®</sup> ER Tablet	methylphenidate CD capsule (generic for Metadate <sup>®</sup> CD)
Quilivant <sup>®</sup> XR Suspension	methylphenidate chewable / solution (generic for Methylin <sup>®</sup> )
Vyvanse <sup>®</sup> Capsule / Chewable Tablet	methylphenidate ER tablet
	methylphenidate LA capsule (generic for Ritalin <sup>®</sup> LA)
	Mydayis <sup>®</sup> ER Capsule
	ProCentra <sup>®</sup> Solution
	Ritalin <sup>®</sup> LA Capsule
	Ritalin <sup>®</sup> Tablet
	Strattera <sup>®</sup> Capsule
	Zenzedi <sup>®</sup> Tablet

**ATYPICAL ANTIPSYCHOTICS**

Injectable Long Acting

**Trial and failure of only one preferred drug required**

Preferred	Non-Preferred
Abilify Maintena <sup>®</sup> Syringe / Vial	
Aristada <sup>®</sup> / Initio <sup>™</sup> Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate <sup>®</sup> )	
Haldol <sup>®</sup> decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate <sup>®</sup> )	
Invega <sup>®</sup> Sustenna Prefilled Syringe / Invega <sup>®</sup> Trinza Syringe	
Perseris <sup>®</sup> Syringe	
Risperdal <sup>®</sup> Consta Syringe	
Zyprexa <sup>®</sup> Relprev <sup>™</sup> Vial Kit	

**ATYPICAL ANTIPSYCHOTICS**

Oral

**Trial and failure of only one preferred drug required**

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

North Carolina Division of Health Benefits  
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)  
**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.  
In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply.

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
benazepril tablet (generic for Lotensin <sup>®</sup> )	Aceon <sup>®</sup> Tablet
enalapril tablet (generic for Vasotec <sup>®</sup> )	Accupril <sup>®</sup> Tablet
lisinopril tablet (generic for Prinivil <sup>®</sup> and Zestril <sup>®</sup> )	Altace <sup>®</sup> Capsule
ramipril capsule (generic for Altace <sup>®</sup> )	captopril tablet (generic for Capoten <sup>®</sup> )
	Epaned <sup>®</sup> Solution - <b>Exemption for children &lt; 12 years of age</b>
	fosinopril tablet (generic for Monopril <sup>®</sup> )
	Lotensin <sup>®</sup> Tablet
	Mavik <sup>®</sup> Tablet
	moexipril tablet (generic for Univas <sup>®</sup> )
	Obrelis <sup>®</sup> Solution - <b>Exemption for children &lt; 12 years of age</b>
	perindopril tablet (generic for Aceon <sup>®</sup> )
	Prinivil <sup>®</sup> Tablet
	quinapril tablet (generic for Accupril <sup>®</sup> )
	trandolapril tablet (generic for Mavik <sup>®</sup> )
	Univas <sup>®</sup> Tablet
	Vasotec <sup>®</sup> Tablet
	Zestril <sup>®</sup> Tablet
<b>ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
amlodipine-benazepril capsule (generic for Lotrel <sup>®</sup> )	Lotrel <sup>®</sup> Capsule
	Tarka <sup>®</sup> ER Tablet
	trandolapril-verapamil ER tablet (generic for Tarka <sup>®</sup> )
<b>ACE INHIBITOR / DIURETIC COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
enalapril-HCTZ tablet (generic for Vasercetic <sup>®</sup> )	Accuretic <sup>®</sup> Tablet
lisinopril-HCTZ tablet (generic for Prinizide <sup>®</sup> , Zestoretic <sup>®</sup> )	benazepril-HCTZ tablet (generic for Lotensin <sup>®</sup> HCT)
	captopril-HCTZ tablet (generic for Capozide <sup>®</sup> )
	fosinopril-HCTZ tablet (generic for Monopril <sup>®</sup> HCT)
	Lotensin <sup>®</sup> HCT Tablet
	moexipril-HCTZ tablet (generic for Uniretic <sup>®</sup> )
	quinapril-HCTZ tablet (generic for Accuretic <sup>®</sup> , Quinaretic <sup>®</sup> )
	Vasercetic <sup>®</sup> Tablet
	Zestoretic <sup>®</sup> Tablet
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
losartan tablet (generic for Cozaar <sup>®</sup> )	Atacand <sup>®</sup> Tablet
valsartan tablet (generic for Diovan <sup>®</sup> )	Avapro <sup>®</sup> Tablet
	Benicar <sup>®</sup> Tablet
	candesartan tablet (generic for Atacand <sup>®</sup> )
	Cozaar <sup>®</sup> Tablet
	Diovan <sup>®</sup> Tablet
	Edarbi <sup>®</sup> Tablet
	eprosartan tablet (generic for Teveten <sup>®</sup> )
	irbesartan tablet (generic for Avapro <sup>®</sup> )
	Micardis <sup>®</sup> Tablet
	telmisartan tablet (generic for Micardis <sup>®</sup> )
<b>ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
amlodipine-valsartan tablet (generic for Exforge <sup>®</sup> )	amlodipine/olmesartan tablet (generic for Azor <sup>®</sup> )
amlodipine/valsartan/HCTZ tablet (generic for Exforge <sup>®</sup> HCT)	Azor <sup>®</sup> Tablet
	Exforge <sup>®</sup> Tablet
	Exforge <sup>®</sup> HCT Tablet
	Prestalia <sup>®</sup> Tablet
	telmisartan-amlodipine tablet (generic for Twynsta <sup>®</sup> )
	Tribenzor <sup>®</sup> Tablet
	Twynsta <sup>®</sup> Tablet
<b>ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
losartan-HCTZ tablet (generic for Hyzaar <sup>®</sup> )	Atacand <sup>®</sup> HCT Tablet
valsartan-HCTZ tablet (generic for Diovan <sup>®</sup> HCT)	Avalide <sup>®</sup> Tablet
	Benicar <sup>®</sup> HCT Tablet
	candesartan-HCTZ tablet (generic for Atacand <sup>®</sup> HCT)
	Diovan <sup>®</sup> HCT Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	Edarbyclor <sup>®</sup> Tablet
	Hyzaar <sup>®</sup> Tablet
	irbesartan-HCTZ tablet (generic for Avalide <sup>®</sup> )
	Micardis <sup>®</sup> HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis <sup>®</sup> HCT)
	Teveten <sup>®</sup> HCT Tablet
<b>ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Entresto <sup>®</sup> - <b>Clinical Criteria Apply</b>	
<b>ANTI-ARRHYTHMICS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
amiodarone tablet (generic for Cordarone <sup>®</sup> )	Cordarone <sup>®</sup> Tablet
disopyramide capsule (generic for Norpace <sup>®</sup> )	Multaq <sup>®</sup> Tablet
dofetilide capsule (generic for Tikosyn <sup>®</sup> )	Norpace <sup>®</sup> Capsule / CR Capsule
flecainide tablet (generic for Tambocor <sup>®</sup> )	Pacerone <sup>®</sup> Tablet
mexiletine capsule (generic for Mexitil <sup>®</sup> )	quinidine gluconate tablet (generic for Quinaglute DuraTabs <sup>®</sup> )
propafenone tablet (generic for Rythmol <sup>®</sup> )	Rythmol <sup>®</sup> Tablet
propafenone SR capsule (generic for Rythmol SR <sup>®</sup> )	Rythmol SR <sup>®</sup> Capsule
quinidine sulfate tablet / ER tablet (generic for Quinidex <sup>®</sup> Tablet / Extendtabs <sup>®</sup> )	Tikosyn <sup>®</sup> Capsule
<b>BETA BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
atenolol tablet (generic for Tenormin <sup>®</sup> )	acebutolol capsule (generic for Sectral <sup>®</sup> )
carvedilol tablet (generic for Coreg <sup>®</sup> )	Betapace <sup>®</sup> Tablet / AF Tablet
labetalol tablet (generic for Trandate <sup>®</sup> )	betaxolol tablet (generic for Kerlone <sup>®</sup> )
metoprolol succinate XL tablet (generic for Toprol XL <sup>®</sup> )	bisoprolol tablet (generic for Zebeta <sup>®</sup> )
metoprolol tartrate tablet (generic for Lopressor <sup>®</sup> )	Bystolic <sup>®</sup> Tablet
propranolol solution / tablet / ER capsule (generic for Inderal <sup>®</sup> )	carvedilol ER capsule (generic for Coreg <sup>®</sup> CR Capsule)
Sorine <sup>®</sup> Tablet	Coreg <sup>®</sup> Tablet / CR Capsule
sotalol tablet / AF tablet (generic for Betapace <sup>®</sup> / AF, Sorine <sup>®</sup> )	Corgard <sup>®</sup> Tablet
	Hemangeol <sup>®</sup> Solution - <b>Exemption for diagnosis of infantile hemangioma</b>
	Inderal <sup>®</sup> LA Capsule / XL Capsule
	Innopran <sup>®</sup> XL Capsule
	Kapsargo <sup>™</sup> Sprinkle - <b>Exemption for children &lt; 12 years of age</b>
	Levatol <sup>®</sup> Tablet
	Lopressor <sup>®</sup> Tablet
	nadolol tablet (generic for Corgard <sup>®</sup> )
	pindolol tablet (generic for Visken <sup>®</sup> )
	Sotylize <sup>®</sup> Solution
	Tenormin <sup>®</sup> Tablet
	timolol tablet (generic for Blocadren <sup>®</sup> )
	Toprol XL <sup>®</sup> Tablet
<b>BETA BLOCKER DIURETIC COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
atenolol-chlorthalidone tablet (generic for Tenoretic <sup>®</sup> )	Corzide <sup>®</sup> Tablet
bisoprolol-HCTZ tablet (generic for Ziac <sup>®</sup> )	Lopressor <sup>®</sup> HCT Tablet
	metoprolol-HCTZ tablet (generic for Lopressor <sup>®</sup> HCT)
	nadolol-bendroflumethiazide tablet (generic for Corzide <sup>®</sup> )
	propranolol-HCTZ tablet (generic for Inderide <sup>®</sup> )
	Tenoretic <sup>®</sup> Tablet
	Ziac <sup>®</sup> Tablet
<b>BILE ACID SEQUESTRANTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
cholestyramine packet / powder / light packet / light powder (generic for Questran <sup>®</sup> / Light)	colesevelam packet / tablet (generic for Welchol <sup>®</sup> )
colestipol tablet (generic for Colestid <sup>®</sup> Tablet)	Colestid <sup>®</sup> Granules / Tablet
	colestipol granules (generic for Colestid <sup>®</sup> Granules)
	Prevalite <sup>®</sup> Packet / Powder
	Questran <sup>®</sup> Light Powder / Packet / Powder
	Welchol <sup>®</sup> Packet / Tablet
<b>CHOLESTEROL LOWERING AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
atorvastatin tablet (generic for Lipitor <sup>®</sup> )	Altoprev <sup>®</sup> Tablet
ezetimibe (generic for Zetia <sup>®</sup> )	amlodipine-atorvastatin tablet (generic for Caduet <sup>®</sup> )
lovastatin tablet (generic for Mevacor <sup>®</sup> )	Caduet <sup>®</sup> Tablet
pravastatin tablet (generic for Pravachol <sup>®</sup> )	Crestor <sup>®</sup> Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

rosuvastatin tablet (generic for Crestor <sup>®</sup> )	ezetimibe-simvastatin (generic for Vytorin <sup>®</sup> )
simvastatin tablet (generic for Zocor <sup>®</sup> )	fluvastatin capsule / ER tablet (generic for Lescol <sup>®</sup> / XL)
	Lescol <sup>®</sup> Capsule / XL Tablet
	Lipitor <sup>®</sup> Tablet
	Livalo <sup>®</sup> Tablet
	Pravachol <sup>®</sup> Tablet
	Vytorin <sup>®</sup> Tablet
	Zetia <sup>®</sup> Tablet
	Zocor <sup>®</sup> Tablet
	Zypitamag <sup>™</sup> Tablet
	Juxtapid <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
	Kynamro <sup>®</sup> Syringe - <b>Clinical criteria apply</b>
<b>CORONARY VASODILATORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
isosorbide dinitrate tablet / ER tablet (generic for Isordil <sup>®</sup> / Titradose <sup>®</sup> , IsoDitrate <sup>®</sup> , et.al.)	Dilatrate <sup>®</sup> SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo <sup>®</sup> , Monoket <sup>®</sup> , Imdur <sup>®</sup> )	Gonitro <sup>®</sup> Sublingual Powder
Minitran <sup>®</sup> Patch	Isordil <sup>®</sup> Tablet / Titradose <sup>®</sup> Tablet
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur <sup>®</sup> , Minitran <sup>®</sup> , Nitrostat <sup>®</sup> , Nitrolingual <sup>®</sup> , Nitromist <sup>®</sup> )	Nitro-Bid <sup>®</sup> Ointment
Nitrostat <sup>®</sup> SL Tablet	Nitro-Dur <sup>®</sup> Patch
	Nitrolingual <sup>®</sup> Spray
	Nitromist <sup>®</sup> Spray
<b>DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
amlodipine tablet (generic for Norvasc <sup>®</sup> )	Adalat <sup>®</sup> CC Tablet
nifedipine capsule (generic for Procardia <sup>®</sup> )	felodipine ER tablet (generic for Plendil <sup>®</sup> )
nifedipine ER tablet (generic for Adalat C <sup>®</sup> / Procardia XL <sup>®</sup> )	isradipine capsule (generic for Dynacirc <sup>®</sup> )
	nicardipine capsule (generic for Cardene <sup>®</sup> )
	nimodipine capsule (generic for Nimotop <sup>®</sup> )
	nisoldipine ER tablet (generic for Sular <sup>®</sup> )
	Norvasc <sup>®</sup> Tablet
	Nymalize <sup>®</sup> Solution
	Procardia <sup>®</sup> Capsule / XL Tablet
	Sular <sup>®</sup> Tablet
<b>DIRECT RENIN INHIBITOR</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Tekturma <sup>®</sup> Tablet	
Tekturma <sup>®</sup> HCT Tablet	
<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>	
<b>Covered for diagnosis of Pulmonary Arterial Hypertension only</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Letairis <sup>®</sup> Tablet	Opsumit <sup>®</sup> Tablet
Tracleer <sup>®</sup> Tablet	Tracleer <sup>®</sup> Suspension
<b>INHALED PROSTACYCLIN ANALOGS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Tyvaso <sup>®</sup> Refill Kit / Solution / Starter Kit	
Ventavis <sup>®</sup> Solution	
<b>NIACIN DERIVATIVES</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Niaspan <sup>®</sup> ER Tablet	Niacor <sup>®</sup> Tablet
	niacin ER tablet (generic for Niaspan <sup>®</sup> )
<b>NITRATE COMBINATION</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Bidil <sup>®</sup> Tablet	
<b>NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Calan <sup>®</sup> Tablet	Calan SR <sup>®</sup> Caplet
Cartia XT <sup>®</sup> Capsule (branded generic for Cardizem CD <sup>®</sup> )	Cardizem CD <sup>®</sup> Capsule
Dilt XR <sup>®</sup> Capsule (branded generic for Dilacor XR <sup>®</sup> )	Cardizem <sup>®</sup> Tablet / LA Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR <sup>®</sup> , Tiazac <sup>®</sup> )	diltiazem LA tablet (generic for Cardizem LA <sup>®</sup> )

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem <sup>®</sup> / CD / SR)	Matzim <sup>®</sup> LA Tablet (generic for Cardizem LA <sup>®</sup> )
Taztia XT <sup>®</sup> Capsule (branded generic for Tiazac <sup>®</sup> )	Tiazac <sup>®</sup> Capsule
verapamil tablet / ER tablet (generic for Calan <sup>®</sup> / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan <sup>®</sup> / Verelan <sup>®</sup> PM)
	Verelan <sup>®</sup> Capsule / Verelan <sup>®</sup> PM Capsule
<b>ORAL PULMONARY HYPERTENSION</b>	
<b>Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas<sup>®</sup></b>	
<b>Preferred</b>	<b>Non-Preferred</b>
sildenafil (generic for Revatio <sup>®</sup> ) Tablet	Adcirca <sup>®</sup> Tablet
	Adempas <sup>®</sup> Tablet
	Orenitram <sup>®</sup> ER Tablet
	Revatio <sup>®</sup> Suspension / Tablet
	Upravi <sup>®</sup> Tablet
<b>PLATELET INHIBITORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Aggrenox <sup>®</sup> Capsule	aspirin/dipyridamole ER capsule (generic for Aggrenox <sup>®</sup> )
Brilinta <sup>®</sup> Tablet	Durlaza <sup>®</sup> Capsule
clopidogrel tablet (generic for Plavix <sup>®</sup> )	Effient <sup>®</sup> Tablet
dipyridamole tablet (generic for Persantine <sup>®</sup> )	Persantine <sup>®</sup> Tablet
prasugrel tablet (generic for Effient <sup>®</sup> Tablet)	Plavix <sup>®</sup> Tablet
	ticlopidine tablet (generic for Ticlid <sup>®</sup> )
	Yosprala <sup>®</sup> Tablet
	Zontivity <sup>®</sup> Tablet
<b>ANTIANGINAL &amp; ANTI-ISCHEMIC</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Ranexa <sup>®</sup> Tablet	
<b>SYMPATHOLYTICS AND COMBINATIONS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Catapres <sup>®</sup> -TTS Patch	Catapres <sup>®</sup> Tablet
clonidine tablets (generic for Catapres <sup>®</sup> )	clonidine patch (generic for Catapres <sup>®</sup> -TTS)
guanfacine tablet (generic for Tenex <sup>®</sup> )	Clorpres <sup>®</sup> Tablet (branded generic for Combipres <sup>®</sup> )
methyldopa tablet (generic for Aldomet <sup>®</sup> )	methyldopa-HCTZ tablet (generic for Aldoril <sup>®</sup> )
	methyldopa injection (generic for Aldomet <sup>®</sup> Injection)
	reserpine tablet (generic for Serpalan <sup>®</sup> )
	Tenex <sup>®</sup> Tablet
<b>TRIGLYCERIDE LOWERING AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
fenofibrate tablet (generic for Tricor <sup>®</sup> )	Antara <sup>®</sup> Capsule
gemfibrozil tablet (generic for Lopid <sup>®</sup> )	fenofibrate capsule / tablet (generic for Antara <sup>®</sup> , Lofibra <sup>®</sup> )
	fenofibrate tablet (generic for Fenoglide <sup>®</sup> , Triglide <sup>®</sup> )
	fenofibric acid tablet (generic for Fibricor <sup>®</sup> )
	fenofibric acid capsule (generic for Trilipix <sup>®</sup> )
	Fenoglide <sup>®</sup> Tablet
	Fibricor <sup>®</sup> Tablet
	Lipofen <sup>®</sup> Capsule
	Lopid <sup>®</sup> Tablet
	Lovaza <sup>®</sup> Capsule - <b>Exemption for patients with triglycerides ≥ 500mg/dl</b>
	omega-3 acid ethyl esters capsule (generic for Lovaza <sup>®</sup> ) - <b>Exemption for patients with triglycerides ≥ 500mg/dl</b>
	Tricor <sup>®</sup> Tablet
	Triglide <sup>®</sup> Tablet
	Trilipix <sup>®</sup> Capsule
	Vascepa <sup>®</sup> Capsule

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**CENTRAL NERVOUS SYSTEM**

ANTIMIGRAINE AGENTS

**Quantity limits apply to all triptans**

Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt MLT <sup>®</sup> )	almotriptan tablet (generic for Axert <sup>®</sup> )
rizatriptan tablet (generic for Maxalt <sup>®</sup> )	Alsuma <sup>®</sup> Auto-Injection
sumatriptan nasal spray / tablet / vial (generic for Imitrex <sup>®</sup> )	Amerge <sup>®</sup> Tablet
	Axert <sup>®</sup> Tablet
	Cambia <sup>®</sup> Powder Packet
	eletriptan (generic for Relpax <sup>®</sup> Tablet)
	frovatriptan tablet (generic for Frova <sup>®</sup> )
	Frova <sup>®</sup> Tablet
	Imitrex <sup>®</sup> Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt <sup>®</sup> Tablet / MLT Tablet
	Migranow <sup>®</sup> Kit
	naratriptan tablet (generic for Amerge <sup>®</sup> )
	Onzeta <sup>™</sup> Xsail <sup>™</sup> Nasal Powder
	Relpax <sup>®</sup> Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex <sup>®</sup> )
	sumatriptan/naproxen (generic for Treximet <sup>®</sup> Tablet)
	Sumavel <sup>®</sup> DosePro <sup>®</sup> Syringe
	Treximet <sup>®</sup> Tablet
	Zembrace <sup>®</sup> SymTouch <sup>®</sup>
	zolmitriptan ODT / tablet (generic for Zomig <sup>®</sup> )
	Zomig <sup>®</sup> Nasal Spray / Tablet / ZMT <sup>®</sup> Tablet

ANTIMIGRAINE AGENTS

CGRP Blockers / Modulators

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

Preferred	Non-Preferred
Aimovig <sup>™</sup>	Ajovy <sup>™</sup>
Emgality <sup>®</sup>	

ANTI-NARCOLEPSY

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

Preferred	Non-Preferred
Navigil <sup>®</sup> Tablet	armodafinil tablet (generic for Nuvigil <sup>®</sup> )
Provigil <sup>®</sup> Tablet	modafinil tablet (generic for Provigil <sup>®</sup> )

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel <sup>®</sup> )	Azilect <sup>®</sup> Tablet
benztropine tablet (generic for Cogentin <sup>®</sup> )	carbidopa tablet (generic for Lodosyn <sup>®</sup> )
bromocriptine tablet (generic for Parlodel <sup>®</sup> )	carbidopa-levodopa-entacapone tablet (generic for Stalevo <sup>®</sup> )
carbidopa-levodopa ODT (generic for Parcopa <sup>®</sup> )	Comtan <sup>®</sup> Tablet
carbidopa-levodopa tablet / ER tablet (generic for Sinemet <sup>®</sup> / CR)	Duopa <sup>®</sup> Suspension
pramipexole tablet (generic for Mirapex <sup>®</sup> )	entacapone tablet (generic for Comtan <sup>®</sup> )
ropinirole tablet (generic for Requip <sup>®</sup> )	Gocovri <sup>®</sup> Capsule - <b>Clinical criteria apply</b>
selegiline capsule / tablet (generic for Emsam <sup>®</sup> )	Horizant <sup>®</sup> Tablet
trihexphenidyl elixir / tablet (generic for Artane <sup>®</sup> )	Lodosyn <sup>®</sup> Tablet
	Mirapex <sup>®</sup> Tablet / ER Tablet
	Neupro <sup>®</sup> Patch
	Osmolex ER <sup>™</sup> Tablet - <b>Clinical criteria apply</b>
	Parlodel <sup>®</sup> Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER <sup>®</sup> )
	rasagiline tablet (generic for Azilect <sup>®</sup> )
	Requip <sup>®</sup> Tablet / XL Tablet
	ropinirole ER tablet (generic for Requip XL <sup>®</sup> )
	Rytary <sup>®</sup> ER Capsule
	Sinemet <sup>®</sup> Tablet / CR Tablet
	Stalevo <sup>®</sup> Tablet
	Tasmar <sup>®</sup> Tablet
	tolcapone tablet (generic for Tasmar <sup>®</sup> )
	Xadago <sup>®</sup> Tablet
	Zelapar <sup>®</sup> ODT

MULTIPLE SCLEROSIS

Preferred	Non-Preferred
Avonex <sup>®</sup> Pack / Pen / Syringe	Ampyra <sup>®</sup> Tablet
Betaseron <sup>®</sup> Kit / Vial	Aubagio <sup>®</sup> Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Copaxone <sup>®</sup> Syringe	Extavia <sup>®</sup> Kit / Vial
dalfampridine ER tablet (generic for Ampyra <sup>®</sup> )	glatiramer syringe (generic for Copaxone <sup>®</sup> Syringe)
Gilenya <sup>®</sup> Capsule	Glatopa <sup>®</sup> Syringe
Rebif <sup>®</sup> Ribidose <sup>®</sup> / Titration Pack / Syringe	Lemtrada <sup>®</sup> Vial
Tecfidera <sup>®</sup> Capsule / Starter Pack	Ocrevus <sup>®</sup> Vial
	Plegridy <sup>®</sup> Pen / Pen Starter Pack / Syringe / Syringe Starter Pack

**SEDATIVE HYPNOTICS**

**Quantity limits apply to all sedative hypnotics**

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

**SMOKING CESSATION**

Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban <sup>®</sup> )	NicoDerm <sup>®</sup> CQ Patch
Chantix <sup>®</sup> Tablet / Starting Box / Continuation Month Box - <b>Quantity limited to 6 months per 12 months</b>	Nicotrol <sup>®</sup> Inhaler / NS Spray
Nicorelief <sup>®</sup> Gum	Nicorette <sup>®</sup> Gum / Lozenge (Buccal)
nicotine gum / lozenge (buccal) / patch	Zyban <sup>®</sup> SR Tablet

**ENDOCRINOLOGY**

**GROWTH HORMONE**

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

Preferred	Non-Preferred
Genotropin <sup>®</sup> Cartridge / MiniQuick <sup>®</sup>	Humatrope <sup>®</sup> Cartridge / Vial
Norditropin <sup>®</sup> Flexpro <sup>®</sup> / Nordiflex <sup>®</sup>	Nutropin <sup>®</sup> AQ Pen / NuSpin <sup>®</sup>
Serostim <sup>®</sup> Vial	Omnitrope <sup>®</sup> Cartridge / Vial
	Saizen <sup>®</sup> Click-Easy <sup>®</sup> Cartridge / Vial
	Zomacton <sup>®</sup> Vial
	Zorbtive <sup>®</sup> Vial

**HYPOGLYCEMICS - INJECTABLE**

**Rapid Acting Insulin**

**Trial and failure of only one preferred drug required**

Preferred	Non-Preferred
Humalog <sup>®</sup> U-100 KwikPen <sup>®</sup> / Vial	Admelog <sup>®</sup> SoloStar <sup>®</sup> / Vial
Novolog <sup>®</sup> U-100 Cartridge / FlexPen <sup>®</sup> / Vial	Afrezza <sup>®</sup> Inhalation Powder
	Apidra <sup>®</sup> SoloStar <sup>®</sup> / Vial
	Fiasp <sup>®</sup> FlexTouch <sup>®</sup> / Vial
	Humalog <sup>®</sup> U-100 Cartridge / U-100 Junior KwikPen <sup>®</sup>
	Humalog <sup>®</sup> U-200 KwikPen <sup>®</sup>

**Short Acting Insulin**

Preferred	Non-Preferred
Humulin <sup>®</sup> R Vial / Humulin <sup>®</sup> R U500 Vial	Humulin R-U500 KwikPen <sup>®</sup>
	Novolin <sup>®</sup> R Vial / ReliOn <sup>®</sup> R Vial

**Intermediate Acting Insulin**

Preferred	Non-Preferred
Humulin <sup>®</sup> N Vial	Humulin <sup>®</sup> N KwikPen <sup>®</sup>
	Novolin <sup>®</sup> N Vial / ReliOn <sup>®</sup> N Vial

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Long Acting Insulin	
<b>Trial and failure of only one preferred drug required</b>	
Preferred	Non-Preferred
Lantus <sup>®</sup> SoloStar <sup>®</sup> / Vial	Basaglar <sup>®</sup> KwikPen <sup>®</sup>
Levemir <sup>®</sup> FlexTouch <sup>®</sup> / Vial	Toujeo <sup>®</sup> SoloStar <sup>®</sup> / Max SoloStar <sup>®</sup>
	Tresiba <sup>®</sup> FlexTouch <sup>®</sup> / Vial
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog <sup>®</sup> 50/50 Mix KwikPen <sup>®</sup> / Vial	
Humalog <sup>®</sup> 75/25 Mix KwikPen <sup>®</sup> / Vial	
Novolog <sup>®</sup> Mix 70/30 FlexPen <sup>®</sup> / Vial	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin <sup>®</sup> 70/30 KwikPen <sup>®</sup> / Vial	Novolin <sup>®</sup> 70/30 FlexPen <sup>®</sup> / Vial / ReiOn <sup>®</sup> 70/30 Vial
Amylin Analogs	
<b>Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog</b>	
Preferred	Non-Preferred
Symlin <sup>®</sup> Pen Injector	
GLP-1 Receptor Agonists and Combinations	
<b>Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination</b>	
Preferred	Non-Preferred
	<b>Continuation of therapy requires documentation that clinical goals have been met</b>
Bydureon <sup>®</sup> Pen / Vial	Adlyxin <sup>®</sup> Injection
Byetta <sup>®</sup> Pen	Ozempic <sup>®</sup> Injection
Victoza <sup>®</sup> Pen	Soliqua <sup>®</sup> Injection
	Trulicity <sup>®</sup> Pen
	Xultophy <sup>®</sup> Injection
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
Amaryl <sup>®</sup> Tablet	
Diabeta <sup>®</sup> Tablet	
glimepiride tablet (generic for Amaryl <sup>®</sup> )	
glipizide tablet / ER tablet (generic for Glucotrol <sup>®</sup> / XL)	
Glucotrol <sup>®</sup> Tablet / XL Tablet	
glyburide micronized tablet (generic for Micronase <sup>®</sup> , Glynase <sup>®</sup> )	
glyburide tablet (generic for Diabeta <sup>®</sup> )	
Glynase <sup>®</sup> Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose <sup>®</sup> )	miglitol tablet (generic for Glyset <sup>®</sup> )
Glyset <sup>®</sup> Tablet	Precose <sup>®</sup> Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip <sup>®</sup> )	Fortamet <sup>®</sup> Tablet
glyburide-metformin tablet (generic for Glucovance <sup>®</sup> )	Glucophage <sup>®</sup> Tablet / ER Tablet
metformin tablet / ER tablet (generic for Glucophage <sup>®</sup> / ER)	Glucovance <sup>®</sup> Tablet
	Glumetza <sup>®</sup> Tablet <b>** requires documentation as to why the beneficiary cannot use preferred long acting metformin product</b>
	metformin ER tablet (generic for Fortamet <sup>®</sup> )
	metformin ER tablet (generic for Glumetza <sup>®</sup> )
	Riomet <sup>®</sup> Solution
DPP-IV Inhibitors and Combinations	
<b>Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination</b>	
Preferred	Non-Preferred
Glyxambi <sup>®</sup> Tablet	alogliptin tablet (generic for Nesina <sup>®</sup> )
Janumet <sup>®</sup> Tablet	alogliptin-metformin tablet (generic for Kazano <sup>®</sup> )
Janumet <sup>®</sup> XR Tablet	alogliptin-pioglitazone tablet (generic for Osem <sup>®</sup> )
Januvia <sup>®</sup> Tablet	Jentaduet <sup>®</sup> XR Tablet
Jentaduet <sup>®</sup> Tablet	Kazano <sup>®</sup> Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Tradjenta <sup>®</sup> Tablet	Kombiglyze <sup>®</sup> XR Tablet
	Nesina <sup>®</sup> Tablet
	Onglyza <sup>®</sup> Tablet
	Osem <sup>®</sup> Tablet
	Qtern <sup>®</sup> Tablet
	Steglujan <sup>®</sup> Tablet

**Meglitinides**

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

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

**Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination**

Preferred	Non-Preferred
Farxiga <sup>®</sup> Tablet	Invokamet <sup>®</sup> Tablet / XR Tablet
Jardiance <sup>®</sup> Tablet	Invokana <sup>®</sup> Tablet
	Segluromet <sup>™</sup> Tablet
	Steglatro <sup>™</sup> Tablet
	Synjardy <sup>®</sup> Tablet / XR Tablet
	Xigduo <sup>®</sup> XR Tablet

**Thiazolidinediones and Combinations**

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

**GASTROINTESTINAL**

**ANTIEMETIC-ANTIVERTIGO AGENTS**

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

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

BILE ACID SALTS	
Preferred	Non-Preferred
ursodiol tablet (generic for Urso <sup>®</sup> )	Actigall <sup>®</sup> Capsule
	Chenodal <sup>®</sup> Tablet
	Cholbam <sup>®</sup> Capsule
	Ocaliva <sup>®</sup> Tablet
	Urso <sup>®</sup> Tablet / Urso <sup>®</sup> Forte Tablet
	ursodiol capsule (generic for Actigall <sup>®</sup> )
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera <sup>®</sup> Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac <sup>®</sup> )
	Omeclamox-Pak <sup>®</sup> Combo Pack
	Prevpac <sup>®</sup> Patient Pack
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid <sup>®</sup> )	cimetidine solution / tablet (generic for Tagamet <sup>®</sup> )
ranitidine capsule / syrup / tablet (generic for Zantac <sup>®</sup> )	nizatidine capsule / solution (generic for Axid <sup>®</sup> )
	Pepcid <sup>®</sup> Tablet / Suspension
	Zantac <sup>®</sup> Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon <sup>®</sup> Capsule	Pancrease <sup>®</sup> Capsule
pancrelipase capsule (generic for Pancrease <sup>®</sup> )	Pertzye <sup>®</sup> Capsule
Zenpep <sup>®</sup> Capsule	Ultresa <sup>®</sup> Capsule
	Viokase <sup>®</sup> Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace <sup>®</sup> )	Megace <sup>®</sup> Suspension / ES Suspension
	megestrol ES suspension (generic for Megace <sup>®</sup> ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
	<b>Exemption for children &lt; 12 years of age</b>
esomeprazole magnesium capsule (generic for Nexium <sup>®</sup> Rx)	Aciphex <sup>®</sup> Sprinkle Capsules / Tablets
esomeprazole magnesium capsule OTC (generic for Nexium <sup>®</sup> OTC)	Dexilant <sup>®</sup> Capsule
lansoprazole capsule (generic for Prevacid <sup>®</sup> Rx)	esomeprazole strontium
Nexium <sup>®</sup> Rx Packet	Esomep EZS <sup>®</sup> Kit
omeprazole Rx capsule (generic for Prilosec <sup>®</sup> Rx)	lansoprazole capsule (generic for Prevacid <sup>®</sup> OTC)
pantoprazole tablet (generic for Protonix <sup>®</sup> )	Nexium <sup>®</sup> Rx Capsule / Nexium <sup>®</sup> OTC capsule
Protonix <sup>®</sup> Suspension	omeprazole OTC capsule / tablet (generic for Prilosec <sup>®</sup> OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid <sup>®</sup> Rx / OTC)
	Prevacid <sup>®</sup> RX / OTC Capsule / Solutab
	Prilosec <sup>®</sup> RX Capsule / Suspension
	Protonix <sup>®</sup> Tablet
	rabeprazole tablet (generic for Aciphex <sup>®</sup> )
	Zegerid <sup>®</sup> RX / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza <sup>®</sup> Capsule	alosetron tablet (generic for Lotronex <sup>®</sup> Tablet)
Linzess <sup>®</sup> Capsule	Lotronex <sup>®</sup> Tablet
Movantik <sup>®</sup> Tablet	Relistor <sup>®</sup> Syringe / Vial / Oral Tablet
	Symproic <sup>®</sup> Tablet
	Trulance <sup>®</sup>
	Viberzi <sup>®</sup> Tablet - <b>Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)</b>

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**ULCERATIVE COLITIS**

Oral

Preferred	Non-Preferred
Apriso <sup>®</sup> Capsule	Asacol <sup>®</sup> HD Tablet
balsalazide capsule (generic for Colazal <sup>®</sup> )	Azulfidine <sup>®</sup> Entab / Tablet
Lialda <sup>®</sup> Tablet	budesonide ER tablet (generic for Uceris <sup>®</sup> )
sulfasalazine DR tablet (generic for Azulfidine <sup>®</sup> Entab)	Colazal <sup>®</sup> Capsule
sulfasalazine IR tablet (generic for Azulfidine <sup>®</sup> )	Delzicol <sup>®</sup> Capsule
	Dipentum <sup>®</sup> Capsule
	Giazo <sup>®</sup> Tablet
	mesalamine tablet (generic for Asacol <sup>®</sup> HD / Lialda <sup>®</sup> Tablet )
	Pentasa <sup>®</sup> Capsule
	Uceris <sup>®</sup> Tablet

**ULCERATIVE COLITIS**

Rectal

**Trial and failure of only one preferred drug required**

Preferred	Non-Preferred
Canasa <sup>®</sup> Suppository	mesalamine kit (generic for Rowasa <sup>®</sup> Kit)
mesalamine enema (generic for Rowasa <sup>®</sup> Enema)	mesalamine suppository (generic for Canasa <sup>®</sup> Suppository)
	Rowasa <sup>®</sup> Kit
	SF Rowasa <sup>®</sup> Enema
	Uceris <sup>®</sup> Rectal Foam

**ELECTROLYTE DEPLETERS**

Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo <sup>®</sup> )	Auryxia <sup>®</sup> Tablet
calcium acetate tablet (generic for Eliphos <sup>®</sup> )	Eliphos <sup>®</sup> Tablet
Renagel <sup>®</sup> Tablet	Fosrenol <sup>®</sup> Chewable
Renvela <sup>®</sup> Powder Pack	Fosrenol <sup>®</sup> Powder Pack
	MagneBind <sup>®</sup> 400 Rx Tablet
	PhosLo <sup>®</sup> Gelcap / Solution
	Phoslyra <sup>®</sup> Solution
	Renvela <sup>®</sup> Tablet
	sevelamer tablet / powder pack (generic for Renvela <sup>®</sup> )
	Velphoro <sup>®</sup> Chewable

**GENITOURINARY/RENAL**

**BENIGN PROSTATIC HYPERPLASIA TREATMENTS**

Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral <sup>®</sup> )	Avodart <sup>®</sup> Softgel
doxazosin tablet (generic for Cardura <sup>®</sup> )	Cardura <sup>®</sup> Tablet / XL Tablet
dutasteride capsule (generic Avodart <sup>®</sup> )	dutasteride/ tamsulosin capsule (generic Jalyn capsule <sup>®</sup> )
finasteride tablet (generic for Proscar <sup>®</sup> )	Flomax <sup>®</sup> Capsule
tamsulosin capsule (generic for Flomax <sup>®</sup> )	Jalyn <sup>®</sup> Capsule
terazosin capsule (generic for Hytrin <sup>®</sup> )	Proscar <sup>®</sup> Tablet
	Rapaflo <sup>®</sup> Capsule
	silodosin capsule (generic for Rapaflo <sup>®</sup> )
	Cialis <sup>®</sup> Tablet - <b>Clinical criteria apply</b>
	tadalafil tablet (generic for Cialis <sup>®</sup> ) - <b>Clinical criteria apply</b>

**URINARY ANTISPASMODICS**

Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan <sup>®</sup> )	darifenacin ER tablet (generic for Enablex <sup>®</sup> )
oxybutynin ER tablet (generic for Ditropan XL <sup>®</sup> )	Detrol <sup>®</sup> Tablet / LA Capsule
Toviaz <sup>®</sup> Tablet	Ditropan <sup>®</sup> XL Tablet
Vesicare <sup>®</sup> Tablet	Enablex <sup>®</sup> Tablet
	flavoxate tablet (generic for Urispas <sup>®</sup> )
	Gelnique <sup>®</sup> Gel / Gel Sachets
	Myrbetriq <sup>®</sup> Tablet
	Oxytrol <sup>®</sup> Patch
	tolterodine tablet / ER capsule (generic for Detrol <sup>®</sup> / LA)
	tropium tablet / ER capsule (generic for Sanctura <sup>®</sup> / XR)

**GOUT**

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim <sup>®</sup> )	colchicine tablet (generic for Colcrys <sup>®</sup> )
Mitigare <sup>®</sup> Capsule	colchicine capsule (generic for Mitigare <sup>®</sup> )
probenecid tablet (generic for Benemid <sup>®</sup> )	Colcrys <sup>®</sup> Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

probenecid-colchicine tablet (generic for Col-Benemid®)	Krystexxa® Injection
	Uloric® Tablet
	Zyloprim® Tablet
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
Injectable	
<b>Preferred</b>	<b>Non-Preferred</b>
enoxaparin syringe (generic for Lovenox®)	Arixtra® Syringe
Fragmin® Syringe / Vial	enoxaparin vial (generic for Lovenox®)
Lovenox® Vial	fondaparinux syringe (generic for Arixtra®)
	Lovenox® Syringe
Oral	
<b>Preferred</b>	<b>Non-Preferred</b>
Eliquis® Tablet and Starter Dose Pack	Coumadin® Tablet
Jantoven® (branded generic for Coumadin®)	Savaysa® Tablet
Pradaxa® Capsule	
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	
<b>COLONY STIMULATING FACTORS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Granix® Injection	Udenyca™ Syringe
Leukine® Injection	
Neulasta® Syringe / Kit	
Neupogen® Vial / Syringe	
Zarxio® Injection	
<b>HEMATOPOIETIC AGENTS</b>	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Aranesp® Syringe / Vial	Epogen® Vial
Procrit® Vial	Mircera® Syringe
	Retacrit® Vial
<b>THROMBOPOIESIS STIMULATING AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Nplate® Vial	Tavalisse™ Tablet
Promacta® Suspension / Tablet	
<b>OPHTHALMIC</b>	
<b>ALLERGIC CONJUNCTIVITIS AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
cromolyn sodium drops (generic for Cromolol®)	Alocril® Drops
Pataday® Drops	Alomide® Drops
Pazeo® Drops	Alrex® Drops
	azelastine drops (generic for Optivar®)
	Bepreve® Drops
	Elestat® Drops
	Emadine® Drops
	epinastine drops (generic for Elestat®)
	Lastacaft® Drops
	olopatadine drops (generic for Pataday®)
	olopatadine drops (generic for Patanol®)
	Optivar® Drops
	Patanol® Drops

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

ANTIBIOTICS	
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	bacitracin ointment (generic for AK-Tracin®)
Azasisite® Drops	Besivance® Suspension
bacitracin-polymyxin ointment (generic for Polysporin®)	Bleph-10® Drops
ciprofloxacin solution drops (generic for Ciloxan®)	Ciloxan® Drops / Ointment
erythromycin ointment (generic for Ilotycin®)	Garamycin® Drops
Gentak® Ointment (branded generic for Garamycin®)	gatifloxacin drops (generic for Zymaxid®)
gentamicin drops / ointment (generic for Garamycin®)	Ilotycin® Ointment
Moxeza® Drops	levofloxacin drops (generic for Quixin®)
ofloxacin drops (generic for Ocuflax®)	moxifloxacin ophthalmic solution (generic for Vigamox® Drops)
Polycin® Ointment (branded generic for Polysporin®)	Natacyn® Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10®)	Neosporin® Drops
tobramycin drops (generic for Tobrex®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
Vigamox® Drops	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
	Ocuflax® Drops
	Polytrim® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment/ Drops
	Zymaxid® Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Blephamide® Drops / S.O.P. Ointment
Tobradex® Drops / Ointment	Maxitrol® Drops / Ointment
	Neo-Polycin® HC (branded generic for Cortisporin®)
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®)
	Pred-G® S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex® ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex® Suspension)
	Zylet® Drops
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvail® Solution
Durezol® Drops	bromfenac drops (generic for Xibrom®)
Flarex® Drops	Bromsite™ Solution
fluorometholone drops (generic for FML®)	Dexycu™ Vial
flurbiprofen drops (generic for Ocufen®)	FML® Forte Drops / S.O.P. Ointment
Illevro® Drops	FML® Liquifilm® Drops
ketorolac solution (generic for Acular® / LS)	Iluvien® Implant
Lotemax® Drops	Inveltys™ Drops
Pred Mild® Drops	Lotemax® Gel / Ointment
prednisolone acetate drops (generic for Pred Forte®)	Maxidex® Drops
	Nevanac® Droptainer
	Omnipred® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte®)
	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Yutiq™ Implant
ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis® Drops / Restasis® Multidose™ Drops	Cequa™ Drops
	Xiidra® Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
	betaxolol drops (generic for Betoptic®)
Combigan® Drops	Betagan® Drops
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
	Betoptic® S Drops
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	metipranolol drops (generic for OptiPranolol®)
	timolol drop (generic for Istalol® Drops)
	Timoptic® Drops / OcuDose® Drops / XE® Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	Cosopt® Drops / PF Drops
Simbrinza® Drops	dorzolamide-timolol PF drops (generic for Cosopt® PF)
	Trusopt® Drops
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan®)
	Vyzulta® Drops
	Xalatan® Drops
	Xelpros® Drops
	Zioptan® Drops
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
Fortical® Nasal Spray	alendronate solution (generic for Fosamax® Solution)
raloxifene tablet (generic for Evista®)	Atelvia® Tablet
	Binosto® Effervescent Tablet
	Boniva® Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	etidronate tablet (generic for Didronel®)
	Evista® Tablet
	Forteo® Pen Injection
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Miacalcin® Nasal Spray
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	Tymlos® Injection
OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex® Suspension	Cipro® HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
	Coly-Mycin® S Drops
	Cortisporin-TC® Suspension
	ofloxacin drops (generic for Floxin®)
	Otiprio® Suspension
	Otovel® Drops
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic® Oil	fluocinolone 0.01% oil (generic for Dermotic®)

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**RESPIRATORY**

**BETA-ADRENERGIC HANDHELD, LONG ACTING**

Preferred	Non-Preferred
Serevent <sup>®</sup> Diskus <sup>®</sup>	Arcapta <sup>®</sup> Neohaler <sup>®</sup> Striverdi <sup>®</sup> Respimat <sup>®</sup> Inhalation Spray

**BETA-ADRENERGIC HANDHELD, SHORT ACTING**

Preferred	Non-Preferred
Proair <sup>®</sup> HFA Inhaler	albuterol HFA inhaler (generic for Proair <sup>®</sup> HFA Inhaler / Ventolin <sup>®</sup> HFA Inhaler)
Proventil <sup>®</sup> HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex <sup>®</sup> HFA Inhaler) Proair <sup>®</sup> RespiClick <sup>®</sup> Ventolin <sup>®</sup> HFA Inhaler Xopenex <sup>®</sup> HFA Inhaler

**BETA-ADRENERGIC, NEBULIZERS**

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

**BETA-ADRENERGIC, ORAL**

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

**ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS**

**Trial and failure of either Spiriva<sup>®</sup> Handihaler<sup>®</sup> or Stiolto<sup>®</sup> Respimat<sup>®</sup> only required to obtain a non-preferred drug in this class**

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

**CORTICOSTEROIDS**

Preferred	Non-Preferred
Flovent <sup>®</sup> HFA Inhaler	Aerospan <sup>®</sup> Inhaler
Pulmicort <sup>®</sup> Respules 0.25mg, 0.5mg, 1mg	Alvesco <sup>®</sup> Inhaler ArmonAir <sup>™</sup> RespiClick <sup>®</sup> Arnuity <sup>®</sup> Ellipta <sup>®</sup> Inhaler Asmanex <sup>®</sup> HFA Inhaler Asmanex <sup>®</sup> Twisthaler <sup>®</sup> budesonide suspension (generic for Pulmicort <sup>®</sup> Respules) Flovent <sup>®</sup> Diskus Pulmicort <sup>®</sup> Flexhaler QVAR <sup>®</sup> RediHaler <sup>™</sup>

**CORTICOSTEROID COMBINATIONS**

Preferred	Non-Preferred
Advair <sup>®</sup> Diskus <sup>®</sup>	Advair <sup>®</sup> HFA Inhaler
Dulera <sup>®</sup> Inhaler	Breo <sup>®</sup> Ellipta <sup>®</sup>
Symbicort <sup>®</sup> Inhaler	AirDuo <sup>®</sup> RespiClick <sup>®</sup> fluticasone/salmeterol (generic for Advair <sup>®</sup> Diskus <sup>®</sup> ) fluticasone/salmeterol (generic for AirDuo <sup>®</sup> ) Trelegy <sup>®</sup> Ellipta <sup>®</sup> Wixela <sup>™</sup> Inhub <sup>™</sup>

**INTRANASAL RHINITIS AGENTS**

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Preferred	Non-Preferred
Astepro <sup>®</sup> Nasal Spray	<b>Exemption for steroids applies to children &lt; 4 years of age</b>
azelastine spray (generic for Astelin <sup>®</sup> )	azelastine spray (generic for Astepro <sup>®</sup> )
fluticasone spray (generic for Flonase <sup>®</sup> )	Beconase <sup>®</sup> AQ spray
ipratropium spray (generic for Atrovent <sup>®</sup> Nasal)	budesonide nasal spray (generic for Rhinocort <sup>®</sup> Aqua)
olopatadine nasal spray (generic for Patanase <sup>®</sup> )	Dymista <sup>®</sup> Nasal Spray
	flunisolide spray (generic for Nasalide <sup>®</sup> )
	mometasone nasal spray (generic for Nasonex <sup>®</sup> )
	Nasonex <sup>®</sup> Nasal Spray
	Omnaris <sup>®</sup> Nasal Spray
	Patanase <sup>®</sup> Nasal Spray
	QNasl <sup>®</sup> Nasal Spray / Children's Spray
	Sinuva <sup>™</sup> Implant
	Ticanase <sup>®</sup> Nasal Spray Kit
	triamcinolone nasal spray (generic for Nasacort <sup>®</sup> AQ)
	Veramyst <sup>®</sup> Nasal Spray
	Xhance <sup>™</sup> Nasal Spray
	Zetonna <sup>®</sup> Nasal Spray
<b>LEUKOTRIENE MODIFIERS</b>	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair <sup>®</sup> )	Accolate <sup>®</sup> Tablet
	montelukast granules (generic for Singulair <sup>®</sup> )
	Singulair <sup>®</sup> Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate <sup>®</sup> )
	zileuton tablet (generic for Zylflo <sup>®</sup> )
	Zyflo <sup>®</sup> CR Tablet / Filmtab
<b>LOW SEDATING ANTIHISTAMINES</b>	
Preferred	Non-Preferred
cetirizine tablets OTC (generic for Zyrtec <sup>®</sup> OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec <sup>®</sup> OTC Tablets)
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec <sup>®</sup> OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec <sup>®</sup> OTC Syrup)
cetirizine Rx syrup (generic for Zyrtec <sup>®</sup> Syrup)	Clarinet <sup>®</sup> Syrup / Tablet - <b>Exemption for children &lt; 2 years of age</b>
levocetirizine Rx tablet (generic for Xyzal <sup>®</sup> Rx Tablet)	Claritin <sup>®</sup> Tablet
loratadine tablet OTC (generic for Claritin <sup>®</sup> OTC)	desloratadine ODT / Tablet (generic for Clarinet <sup>®</sup> )
	fexofenadine 60 mg, 180 mg Rx tablet (generic for Allegra <sup>®</sup> Rx)
	fexofenadine OTC suspension / OTC tablet (generic for Allegra <sup>®</sup> OTC)
	levocetirizine Rx solution (generic for Xyzal <sup>®</sup> Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin <sup>®</sup> OTC)
	Xyzal <sup>®</sup> Solution / Tablet
<b>LOW SEDATING ANTIHISTAMINE COMBINATIONS</b>	
<b>Quantity limit of 102 days supply per 12 months apply to all drugs in this class</b>	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D <sup>®</sup> OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D <sup>®</sup> OTC)
	Clarinet-D <sup>®</sup> Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D <sup>®</sup> 12 Hour OTC)
	Semprex-D <sup>®</sup> Capsule
<b>TOPICALS</b>	
<b>ACNE AGENTS</b>	
Preferred	Non-Preferred
Azelex <sup>®</sup> Cream	Acanya <sup>®</sup> Gel Pump
clindamycin-benzoyl peroxide gel (generic for Benzacilin <sup>®</sup> )	Aczone <sup>®</sup> Gel
clindamycin-benzoyl peroxide gel (generic for Duac <sup>®</sup> )	adapalene cream / gel / gel pump / solution (generic for Differin <sup>®</sup> )
clindamycin-benzoyl peroxide with pump (generic for Benzacilin <sup>®</sup> )	adapalene / benzoyl peroxide (generic for Epiduo <sup>®</sup> Gel)
clindamycin phosphate pledgets / solution (generic for Cleocin-T <sup>®</sup> )	Atralin <sup>®</sup> Gel
Differin <sup>®</sup> Cream / Gel / Gel Pump / Lotion	Avar <sup>®</sup> Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads
Epiduo <sup>®</sup> Gel	Avar-E <sup>®</sup> Emollient Cream / Green Emollient Cream / LS Cream
erythromycin solution (generic for Emcin <sup>®</sup> , EryDerm <sup>®</sup> , EryMax <sup>®</sup> , A/T/S <sup>®</sup> , T-Stat <sup>®</sup> )	Avita <sup>®</sup> Cream / Gel
Retin-A <sup>®</sup> Cream / Gel	Benzacilin <sup>®</sup> Gel / Pump
	Benzamycin <sup>®</sup> Gel / Pak Gel
	Benzefoam <sup>™</sup> Ultra
	Benzepro <sup>®</sup> Creamy Wash / Emollient Foam / Foam / Foaming Cloths
	benzoyl peroxide cleanser / wash / foam / gel / kit / towelette (generic for Benzac <sup>®</sup> , et. al)
	BP <sup>®</sup> 10-1 Wash / Cleansing Wash
	Cleocin <sup>®</sup> T Gel / Lotion / Pledgets / Solution
	Clindacin <sup>®</sup> ETZ Pledget / Kit / P Pledgets / PAC Kit
	clindamycin phosphate gel / lotion (generic for Cleocin-T <sup>®</sup> )

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	clindamycin phosphate foam (generic for Evoclin <sup>®</sup> )
	clindamycin-benzoyl peroxide gel (generic for Neuac <sup>®</sup> )
	clindamycin-benzoyl peroxide with pump (generic for Acanya <sup>®</sup> )
	clindamycin / tretinoin (generic for Veltin <sup>®</sup> )
	dapsone gel (generic for Aczone <sup>®</sup> Gel)
	Duac <sup>®</sup> Gel
	Epiduo <sup>®</sup> Forte
	Ery <sup>®</sup> Pads
	Erygel <sup>®</sup> Gel
	erythromycin gel / pledgets (generic for Emcin <sup>®</sup> , Erycette <sup>®</sup> , EryDerm <sup>®</sup> , EryGel <sup>®</sup> , EryMax <sup>®</sup> )
	erythromycin-benzoyl peroxide gel (generic for Benzamycin <sup>®</sup> )
	Evoclin <sup>®</sup> Foam
	Fabior <sup>®</sup> Foam
	Klaron <sup>®</sup> Lotion
	Neuac <sup>®</sup> Gel / Kit
	Onexton <sup>®</sup> Gel / Gel Pump
	Ovace <sup>®</sup> Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash
	Plixda <sup>®</sup> Swabs
	Promiseb <sup>®</sup> Complete / Topical Cream
	Retin-A <sup>®</sup> / Micro Gel / Micro Pump Gel
	Rosula <sup>®</sup> Cloths / Wash
	sodium sulfacetamide shampoo, wash (generic for Ovace <sup>®</sup> / Plus)
	sodium sulfacetamide cleanser / cream (generic for Avar <sup>®</sup> / LS)
	sodium sulfacetamide lotion (generic for Klaron <sup>®</sup> )
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula <sup>®</sup> )
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan <sup>®</sup> )
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet <sup>®</sup> , Plexion <sup>®</sup> , Zetacet <sup>®</sup> )
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin <sup>®</sup> )
	SSS <sup>®</sup> 10-5 Cream / Foam
	sulfacetamide-sulfur cream (generic for Avar <sup>®</sup> E, SSS <sup>®</sup> 10-5)
	Sumadan <sup>®</sup> Kit / Wash / XLT Kit
	Sumaxin <sup>®</sup> Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac <sup>®</sup> )
	Tazorac <sup>®</sup> Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A <sup>®</sup> Micro)
	tretinoin cream / gel (generic for Retin-A <sup>®</sup> )
	Ziana <sup>®</sup> Gel

**ANDROGENIC AGENTS**

Preferred	Non-Preferred
Androgel <sup>®</sup> Pump	Androderm <sup>®</sup> Patch
	Androgel <sup>®</sup> Packet
	Axiron <sup>®</sup> Topical Gel / Solution
	Fortesta <sup>®</sup> Gel Pump
	Testim <sup>®</sup> Gel
	testosterone gel / packet / pump (generic for Androgel <sup>®</sup> , Testim <sup>®</sup> , Vogelxo <sup>®</sup> )
	testosterone gel / pump / solution (generic for Axiron <sup>®</sup> , Fortesta <sup>®</sup> )
	Vogelxo <sup>®</sup> Gel / Packet / Pump

**NSAIDS**

Preferred	Non-Preferred
Voltaren Gel <sup>®</sup>	DermacinRx <sup>®</sup> Lexitral PharmaPak <sup>®</sup>
	diclofenac solution (generic for Pennsaid <sup>®</sup> )
	diclofenac topical gel (generic for Voltaren <sup>®</sup> Gel)
	Flector <sup>®</sup> Patch
	Pennsaid <sup>®</sup> Solution Packet / Pump
	Vopac <sup>®</sup> MDS Spray
	Xrylix <sup>®</sup> Solution

**ANTIBIOTICS**

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

**ANTIBIOTICS - VAGINAL**

Preferred	Non-Preferred
Cleocin <sup>®</sup> Vaginal Ovules	Cleocin <sup>®</sup> Vaginal Cream
Clindesse <sup>®</sup> Vaginal Cream	clindamycin vaginal cream (generic for Cleocin <sup>®</sup> Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel <sup>®</sup> Vaginal Gel)	Metrogel <sup>®</sup> Vaginal Gel

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

Vandazole <sup>®</sup> Vaginal Gel	Nuessa <sup>®</sup> Vaginal Gel
<b>ANTIFUNGALS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
ciclopirox cream (generic for Loprox <sup>®</sup> Cream)	Bensal HP <sup>®</sup> Ointment
ciclopirox solution (generic for Penlac <sup>®</sup> Solution)	Ciclodan <sup>®</sup> Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin <sup>®</sup> Rx)	ciclopirox gel / shampoo / suspension (generic for Loprox <sup>®</sup> )
clotrimazole-betamethasone cream (generic for Lotrisone <sup>®</sup> cream)	ciclopirox treatment kit (generic for Ciclodan <sup>®</sup> Kit)
ketconazole cream / shampoo (generic for Nizoral <sup>®</sup> )	clotrimazole-betamethasone lotion (generic for Lotrisone <sup>®</sup> lotion)
Nyamyce <sup>®</sup> Powder (branded generic for Nystop <sup>®</sup> )	clotrimazole Rx solution (generic for Lotrimin <sup>®</sup> Rx)
nystatin cream / ointment / powder (generic for Mycostatin <sup>®</sup> , Nystop <sup>®</sup> )	Dermacin <sup>®</sup> Rx Therazole PAK <sup>®</sup>
Nystop <sup>®</sup> Powder	econazole cream (generic for Spectazole <sup>®</sup> )
	Ertaczo <sup>®</sup> Cream
	Exelderm <sup>®</sup> Cream / Solution
	Extina <sup>®</sup> Foam
	Jublia <sup>®</sup> Topical Solution
	Kerydin <sup>®</sup> Topical Solution
	ketconazole foam (generic for Extina <sup>®</sup> Foam)
	Loprox <sup>®</sup> shampoo / suspension / cream / kit
	Lotrisone <sup>®</sup> Cream
	luliconazole cream (generic for Luzu <sup>®</sup> Cream)
	Luzu <sup>®</sup> Cream
	Mentax <sup>®</sup> Cream
	naftifine cream / gel (generic for Nafin <sup>®</sup> Cream / Gel)
	Nafin <sup>®</sup> Cream / Gel
	Nizoral <sup>®</sup> Rx Shampoo
	nystatin-triamcinolone cream / ointment (generic for Mycolog II <sup>®</sup> )
	oxiconazole cream (generic for Oxistat <sup>®</sup> )
	Oxistat <sup>®</sup> Cream / Lotion
	Penlac <sup>®</sup> Solution
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion <sup>®</sup> ) - <b>Clinical criteria apply</b>
	Vusion <sup>®</sup> Ointment - <b>Clinical criteria apply</b>
<b>ANTIPARASITICS</b>	
<b>Trial and failure of only one preferred drug required</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Natroba <sup>®</sup> Topical Suspension	Crotan <sup>™</sup> Lotion
permethrin cream (generic for Elimite <sup>®</sup> )	Elimite <sup>®</sup> Cream
Sklice <sup>®</sup> Lotion	Eurax <sup>®</sup> Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide <sup>®</sup> )
	Ovide <sup>®</sup> Lotion
	spinosad topical suspension (generic for Natroba <sup>®</sup> )
<b>ANTIVIRAL</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Zovirax <sup>®</sup> Cream	acyclovir ointment/ AG (generic for Zovirax <sup>®</sup> Ointment)
Zovirax <sup>®</sup> Ointment	Denavir <sup>®</sup> Cream
	Xerese <sup>®</sup> Cream
<b>IMMUNOMODULATORS</b>	
Atopic Dermatitis	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Elidel <sup>®</sup> Cream	Dupixent <sup>®</sup> Injection
Eucriisa <sup>®</sup> 2% Ointment	pimecrolimus cream (generic for Elidel <sup>®</sup> Cream)
	Protopic <sup>®</sup> Ointment
	tacrolimus ointment (generic Protopic <sup>®</sup> )
<b>Imidazoquinolinamines</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
imiquimod cream packet (generic for Aldara <sup>®</sup> )	Aldara <sup>®</sup> Cream
	Veregen <sup>®</sup> Ointment
	Zyclara <sup>®</sup> Cream / Cream Pump
<b>PSORIASIS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Dovonex <sup>®</sup> Cream	calcipotriene-betamethasone ointment (generic for Talconex <sup>®</sup> )
	calcipotriene cream / ointment / solution (generic for Dovonex <sup>®</sup> )
	Calcitrene <sup>®</sup> Ointment (branded generic for Dovonex <sup>®</sup> )

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	calcitriol ointment (generic for Vectical <sup>®</sup> )
	Enstilar <sup>®</sup> Foam
	Sorilux <sup>®</sup> Foam
	Taclonex <sup>®</sup> Ointment / Suspension
	Vectical <sup>®</sup> Ointment
<b>ROSACEA AGENTS</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
MetroCream <sup>®</sup>	azelaic acid gel (generic for Finacea <sup>®</sup> )
MetroGel <sup>®</sup>	Finacea <sup>®</sup> Gel
MetroLotion <sup>®</sup>	metronidazole cream (generic for MetroCream <sup>®</sup> )
	metronidazole gel / pump[ (generic for MetroGel <sup>®</sup> )
	metronidazole lotion (generic for MetroLotion <sup>®</sup> )
	Mirvaso <sup>®</sup> Gel / Pump
	Noritate <sup>®</sup> Cream
	Rhofade <sup>®</sup> Cream
	Rosadan <sup>®</sup> Cream / Gel / Kit
	Soolantra <sup>®</sup> Cream
<b>STEROIDS</b>	
<b>Low Potency</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
DermaSmoothe <sup>®</sup> FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate <sup>®</sup> )
hydrocortisone cream / gel/ lotion / ointment (generic for Hytone <sup>®</sup> )	Aqua Glycolic <sup>®</sup> HC Kit
hydrocortisone in Absorbase <sup>®</sup>	Capex <sup>®</sup> Shampoo
	Dermasorb <sup>™</sup> HC Lotion
	Desonate <sup>®</sup> Gel
	desonide cream / ointment (generic for DesOwen <sup>®</sup> ) - <b>Exemption for children &lt; 12 years of age</b>
	desonide lotion (generic for DesOwen <sup>®</sup> Lotion)
	DesOwen <sup>®</sup> Lotion
	fluocinolone body / scalp oil (generic for DermaSmoothe <sup>®</sup> FS Scalp / Body Oil)
	Micort <sup>®</sup> HC Cream
	Pediaderm <sup>®</sup> HC Kit / TA Kit
	Texacort <sup>®</sup> Solution
<b>Medium Potency</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
fluticasone cream / ointment (generic for Cutivate <sup>®</sup> )	clocortolone cream / pump (generic for Cloderm <sup>®</sup> )
mometasone cream / ointment / solution (generic for Elocon <sup>®</sup> )	Cloderm <sup>®</sup> Cream / Pump
	Cordran <sup>®</sup> Tape
	Cutivate <sup>®</sup> Cream / Lotion
	Dermatop <sup>®</sup> Cream / Emollient Cream / Ointment
	Elocon <sup>®</sup> Cream / Lotion / Ointment
	fluocinolone cream / ointment / solution (generic for Synalar <sup>®</sup> )
	flurandrenolide cream/lotion (generic for Cordran <sup>®</sup> SP cream and Cordran <sup>®</sup> lotion)
	flurandrenolide ointment (generic for Cordran <sup>®</sup> ointment)
	fluticasone lotion (generic for Cutivate <sup>®</sup> Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid <sup>®</sup> )
	hydrocortisone valerate cream / ointment (generic for Westcort <sup>®</sup> )
	Locoid <sup>®</sup> Lotion
	Luxiq <sup>®</sup> Foam
	Pandel <sup>®</sup> Cream
	prednicarbate cream / ointment (generic for Dermatop <sup>®</sup> )
	Synalar <sup>®</sup> Cream / Ointment / Kit / Solution / TS Kit
<b>High Potency</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
betamethasone valerate cream / ointment (generic for Valisone <sup>®</sup> )	amcinonide cream / lotion / ointment (generic for Cyclocort <sup>®</sup> )
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog <sup>®</sup> )	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene <sup>®</sup> )
	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone <sup>®</sup> )
	betamethasone valerate foam (generic for Valisone <sup>®</sup> )
	betamethasone valerate lotion (generic for Valisone <sup>®</sup> )
	Dermacin Rx <sup>®</sup> Silapak <sup>®</sup> / Silazone <sup>®</sup>
	Dermasorb <sup>™</sup> TA Cream
	desoximetasone cream / gel / ointment / spray (generic for Topicort <sup>®</sup> )
	diflorasone cream / ointment (generic for Florone <sup>®</sup> )
	Diprolene <sup>®</sup> Lotion / Ointment / AF Cream
	Ellzia <sup>®</sup> Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex <sup>®</sup> / Lidex <sup>®</sup> E)

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

	fluocinonide ointment (generic for Lidex <sup>®</sup> Ointment)
	fluocinonide solution (generic for Lidex <sup>®</sup> / Lidex <sup>®</sup> )
	Halog <sup>®</sup> Cream / Ointment
	Kenalog <sup>®</sup> Spray
	Sanaderm <sup>®</sup> Rx Solution
	Sernivo <sup>®</sup> Spray
	Silazone <sup>®</sup> II
	Topicort <sup>®</sup> Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog <sup>®</sup> Spray)
	Trianex <sup>®</sup> Ointment
	Vanos <sup>®</sup> Cream

Very High Potency

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

**MISCELLANEOUS**

ANTIPSORIATICS, ORAL

Preferred	Non-Preferred
acitretin (generic for Soriatane <sup>®</sup> )	8-MOP <sup>®</sup> Capsules
	methoxsalen Rapid (generic for OxSORALEN-Ultra <sup>®</sup> )
	OxSORALEN-Ultra <sup>®</sup>
	Soriatane <sup>®</sup>

EPINEPHRINE, SELF INJECTED

**Quantity limits apply to all drugs in this class**

Preferred	Non-Preferred
epinephrine auto injector / JR (generic for Epi-Pen <sup>®</sup> Auto Injector / JR Auto Injector)	epinephrine auto injector (generic for AdrenaClick <sup>®</sup> )
	Epi-Pen <sup>®</sup> Auto Injector / JR Auto Injector
	Symjepi <sup>™</sup>

ESTROGEN AGENTS, COMBINATIONS

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

PROGESTATIONAL AGENTS

Preferred	Non-Preferred
Compounded 17 P	hydroxyprogesterone caproate injection (generic for Makena <sup>®</sup> ) multi dose vial
hydroxyprogesterone caproate injection (generic for Makena <sup>®</sup> ) single dose vial	
Makena <sup>®</sup> (hydroxyprogesterone caproate) Vial	
Makena <sup>®</sup> (hydroxyprogesterone caproate injection) Auto Injector	

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Cenestin <sup>®</sup> Tablet	Alora <sup>®</sup> Patch
Climara <sup>®</sup> Pro Patch	Climara <sup>®</sup> Patch
CombiPatch <sup>®</sup>	Divigel <sup>®</sup> Gel Packet
Enjuvia <sup>®</sup> Tablet	Duavee <sup>®</sup> Tablet
estradiol patch (generic for Climara <sup>®</sup> , Menostar <sup>®</sup> , Vivelle-Dot <sup>®</sup> )	Elestrin <sup>®</sup> Gel
estradiol tablet (generic for Estrace <sup>®</sup> )	Estrace <sup>®</sup> Tablet
estropipate tablet (generic for Ogen <sup>®</sup> )	Menostar <sup>®</sup> Patch
Evamist <sup>®</sup> Spray	Mini-Velle <sup>®</sup> Patch
Menest <sup>®</sup> Tablet	Vivelle-Dot <sup>®</sup> Patch
Premarin <sup>®</sup> Tablet	
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring <sup>®</sup> Vaginal Ring	Estrace <sup>®</sup> Cream
Premarin <sup>®</sup> Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace <sup>®</sup> )
Vagifem <sup>®</sup> Vaginal Tablet	Femring <sup>®</sup> Vaginal Ring
	Yuvafem <sup>®</sup> Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort <sup>®</sup> EC)	Cortef <sup>®</sup> Tablet
dexamethasone elixir / tablet (generic for Decadron <sup>®</sup> )	cortisone tablet (generic for Patisono <sup>®</sup> )
dexamethasone solution (generic for Concedix <sup>®</sup> )	dexamethasone tablet dosepack
hydrocortisone tablet (generic for Cortef <sup>®</sup> )	dexamethasone Intensol <sup>®</sup> Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol <sup>®</sup> )	Dexpak <sup>®</sup> Tablet
prednisolone sodium phosphate solution (generic for PediaPred <sup>®</sup> , OraPred <sup>®</sup> , Veripred <sup>®</sup> )	Emflaza <sup>®</sup> Tablet
prednisolone solution (generic for Prelone <sup>®</sup> , Millipred <sup>®</sup> )	Entocort <sup>®</sup> EC Capsule
prednisone dose pack (generic for Sterapred <sup>®</sup> )	Medrol <sup>®</sup> Dose Pack / Tablet
prednisone solution / tablet (generic for Deltasone <sup>®</sup> )	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol <sup>®</sup> )
	Millipred <sup>®</sup> Dose Pack / Tablet / Solution
	PediaPred <sup>®</sup> Solution
	prednisolone ODT (generic for Orapred <sup>®</sup> ODT)
	Prednisone Intensol <sup>®</sup> Concentrated Solution
	Rayos <sup>®</sup> Tablet
	Taperdex <sup>®</sup> Tablet
	Veripred <sup>®</sup> Solution
	Zodex <sup>™</sup> Tablet
IMMUNOMODULATORS, SYSTEMIC	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Trial and failure of only one Preferred drug required</b>	
Preferred	Non-Preferred
Cosentyx <sup>®</sup> Pen / Syringe	Actemra <sup>®</sup> ACTPen <sup>™</sup> / Syringe / Vial
Enbrel <sup>®</sup> Kit / Sureclick <sup>®</sup> Syringe / Syringe	Arcalyst <sup>®</sup> SQ Syringe
Enbrel <sup>®</sup> Mini Cartridge	Cimzia <sup>®</sup> Starter Kit / Syringe Kit / Vial Kit
Humira <sup>®</sup> Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Entyvio <sup>®</sup> Vial
	Ilaris <sup>®</sup> Injection
	Ilumya <sup>®</sup> Injection
	Inflectra <sup>™</sup> Vial
	Kevzara <sup>®</sup> Injection
	Kineret <sup>®</sup> Syringe - <b>Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease</b>
	Olumiant <sup>®</sup> Tablet
	Orencia <sup>®</sup> Clickjet <sup>®</sup> / Syringe / Vial
	Otezla <sup>®</sup> Starter Pack / Tablet
	Remicade <sup>®</sup> Injection
	Renflexis <sup>™</sup> Injection
	Siliq <sup>®</sup> Injection
	Simponi <sup>®</sup> Aria Vial / Pen Injector / Syringe
	Stelara <sup>®</sup> Syringe
	Taltz <sup>®</sup> Auto-injector / Syringe
	Tremfya <sup>®</sup> Injection
	Xeljanz <sup>®</sup> Tablet/ Xeljanz <sup>®</sup> XR Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagraf <sup>®</sup> XL Capsule	
Azasan <sup>®</sup> Tablet	
azathioprine tablet (generic for Imuran <sup>®</sup> )	
Cellcept <sup>®</sup> Capsule / Suspension / Tablet	
cyclosporine capsule / solution (generic for Sandimmune <sup>®</sup> )	
cyclosporine modified capsule / solution (generic for Gengraf <sup>®</sup> , Neoral <sup>®</sup> )	
Envarsus <sup>®</sup> XR Tablet	
Gengraf <sup>®</sup> Capsule / Solution	
Imuran <sup>®</sup> Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept <sup>®</sup> )	
mycophenolic acid tablet (generic for Myfortic <sup>®</sup> )	
Myfortic <sup>®</sup> Tablet	
Neoral <sup>®</sup> Capsule / Solution	
Prograf <sup>®</sup> Capsule	
Rapamune <sup>®</sup> Solution / Tablet	
Sandimmune <sup>®</sup> Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune <sup>®</sup> Solution / Tablet)	
tacrolimus capsule (generic for Hecoria <sup>®</sup> , Prograf <sup>®</sup> )	
Zortress <sup>®</sup> Tablet	
MOVEMENT DISORDERS	
<b>Clinical criteria apply to all drugs in this class</b>	
Preferred	Non-Preferred
Xenazine <sup>®</sup> Tablet	Austedo <sup>™</sup> Tablet
	Ingrezza <sup>®</sup> Capsule ( <b>Trial and failure of Preferred not required. Only clinical criteria apply</b> )
	tetrabenazine tablet
OPIOID ANTAGONIST	
Preferred	Non-Preferred
naloxone ampule / syringe / vial (generic for Narcan <sup>®</sup> )	
naltrexone (oral)	
Narcan <sup>®</sup> Nasal Spray	
Vivitrol <sup>®</sup> Injection	
OPIOID DEPENDENCE	
<b>Clinical criteria apply to all drugs in this class</b>	
<b>Trial and failure of Suboxone<sup>®</sup> SL film required for coverage of non-preferred options</b>	
<b>For coverage of Sublocade<sup>™</sup>. must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.</b>	
Preferred	Non-Preferred
Suboxone <sup>®</sup> SL Film	Bunavail <sup>®</sup> Film
Sublocade <sup>™</sup>	buprenorphine sl tablet (generic for Subutex <sup>®</sup> )
	buprenorphine-naloxone sl tablet and film (generic for Suboxone <sup>®</sup> )
	Zubsolv <sup>®</sup> Tablet SL
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal <sup>®</sup> )	Amrix <sup>®</sup> ER Capsule
chlorzoxazone tablet (generic for Parafon Forte <sup>®</sup> )	Dantrium <sup>®</sup> Capsule / Vial
cyclobenzaprine tablet (generic for Flexeril <sup>®</sup> )	dantrolene sodium capsule (generic for Dantrium <sup>®</sup> )
methocarbamol tablet (generic for Robaxin <sup>®</sup> )	Fexmid <sup>®</sup> Tablet
tizanidine tablet (generic for Zanaflex <sup>®</sup> Tablet)	Lorzone <sup>®</sup> Tablet
	metaxalone tablet (generic for Skelaxin <sup>®</sup> )
	orphenadrine citrate ampule / tablet / vial (generic for Norflex <sup>®</sup> )
	Parafon <sup>®</sup> Forte Caplet
	Robaxin <sup>®</sup> Tablet / Vial
	Skelaxin <sup>®</sup> Tablet
	tizanidine capsules (generic for Zanaflex <sup>®</sup> Capsule)
	Zanaflex <sup>®</sup> Capsule / Tablet

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

**Effective: July 1, 2019**

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.  
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

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

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

<https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>

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

**DIABETIC 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 Health Benefits at 919-527-7659 (DME), 919-527-7654 (Point of Sale Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969.

Meters	Lancing Devices
ACCU-CHEK <sup>®</sup> Aviva Plus care kit	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Blue)
ACCU-CHEK <sup>®</sup> Compact Plus care kit	ACCU-CHEK <sup>®</sup> Softclix lancing device kit (Black)
ACCU-CHEK <sup>®</sup> Nano SmartView care kit	ACCU-CHEK <sup>®</sup> Multiclix lancing device kit
ACCU-CHEK <sup>®</sup> Guide Retail care kit	ACCU-CHEK <sup>®</sup> Fastclix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK <sup>®</sup> AVIVA 50 ct test strips	ACCU-CHEK <sup>®</sup> Aviva glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> AVIVA PLUS 50 ct test strips	ACCU-CHEK <sup>®</sup> Compact blue glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> SMARTVIEW 50 ct test strips	ACCU-CHEK <sup>®</sup> Compact Plus clear glucose control solution (2 levels)
ACCU-CHEK <sup>®</sup> COMPACT Plus 51 ct test strips	ACCU-CHEK <sup>®</sup> SmartView glucose control solution (1 level)
ACCU-CHEK <sup>®</sup> Guide 50 ct test strips	ACCU-CHEK <sup>®</sup> Guide 2-Level control solution (2-levels)
Lancets	
ACCU-CHEK <sup>®</sup> Multiclix 102 ct Lancets	
ACCU-CHEK <sup>®</sup> Softclix 100 ct Lancets	
ACCU-CHEK <sup>®</sup> Fastclix 102 ct Lancets	