

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

Effective: November 1, 2019

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Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
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Yellow shade signifies a new product being added as a new to market Non-Preferred product **OR** current coverage is being clarified

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

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

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

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

ALZHEIMER'S AGENTS

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

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|---|
| Butrans® Patch | Arymo® ER |
| Embeda® ER Capsule | Belbuca® (Buccal) Film |
| fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®) | buprenorphine patch (generic for Butrans® Patch) |
| morphine sulfate ER tablet (generic for MS Contin®) | Conzip® Capsule |
| OxyContin® Tablet | Duragesic® Patch |
| tramadol ER tablet (generic for Ultram ER®, Ryzolt®) | Exalgo® Tablet |
| | fentanyl patch (37.5 / 62.5 / 87.5mcg dosages) (generic for Duragesic®) |
| | hydromorphone ER tablet (generic for Exalgo®) |
| | Hysingla® ER Tablet |
| | Kadian® Capsule |
| | morphine sulfate ER capsule (generic for Avinza®, Kadian®) |
| | MorphaBond® ER |
| | MS Contin® Tablet |
| | Nucynta® ER Tablet |
| | oxycodone ER tablet (generic for OxyContin®) |
| | oxymorphone ER tablet |
| | tramadol ER capsule (generic for Conzip® Capsule) NOT REVIEWED |
| | Xtampza® ER Capsule |
| | Zohydro® Capsule |

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|----------------|---|
| Actiq® Lozenge | Abstral® SL Tablet |
| | Dsuvia™ SL Tablet NOT REVIEWED |
| | fentanyl citrate lozenge (generic for Actiq®) |
| | Fentora® Buccal Tablet |
| | Subsys® Spray |

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|---|
| Endocet® Tablet (branded generic for Percocet®) | Apadaz™ Tablet |
| hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) | benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet) NOT REVIEWED |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | codeine sulfate solution / tablet |
| hydromorphone tablet (generic for Dilaudid® Tablet) | Demerol® Tablet |
| morphine solution / tablet (generic for MSIR®) | Dilaudid® Liquid / Tablet |
| oxycodone solution / tablet (generic for Roxicodone®) | hydromorphone solution / suppository (generic for Dilaudid®) |
| oxycodone-acetaminophen capsules (generic for Tylox®) | Ibudone® Tablet |
| oxycodone-acetaminophen tablets (generic for Percocet®) | Lazanda® Nasal Spray |
| Xylon® (branded generic for Reprexain®) Tablet | levorphanol tablet (generic for Levo-Dromoran®) |
| | Lorcet® Tablet / HD Tablet / Plus Tablet |
| | Lortab® Elixir |
| | meperidine solution / tablet (generic for Demerol®) |
| | morphine oral syringe NOT REVIEWED |

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| | |
|--|--|
| | morphine suppositories (generic for Roxanol [®]) |
| | Nalocet [®] Tablet |
| | Norco [®] Tablet |
| | Nucynta [®] Tablet |
| | Opana [®] Tablet |
| | Oxaydo [®] Tablet |
| | oxycodone/APAP suspension |
| | oxycodone-aspirin tablet (generic for Endodan [®] , Percodan [®]) |
| | oxycodone concentrated solution (generic for Roxicodone [®] Intensol) |
| | oxycodone-ibuprofen tablet (generic for Combunox [®]) |
| | oxycodone oral syringe |
| | oxymorphone tablet (generic for Opana [®]) |
| | oxycodone capsule (generic for OxyLR [®]) |
| | Percocet [®] Tablet |
| | Primlev [®] Tablet |
| | Roxicodone [®] Tablet |
| | RoxyBond [®] Tablet |
| | Vicodin [®] Tablet / ES Tablet / HP Tablet |

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 [®]) | Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®]) |
| tramadol tablet (generic for Ultram [®]) | butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®]) |
| tramadol-acetaminophen tablet (generic for Ultracet [®]) | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®]) |
| | butorphanol spray (generic for Stadol [®]) |
| | Capital [®] with Codeine Suspension |
| | dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS [®]) |
| | Fiorinal with Codeine [®] Capsule |
| | pentazocine-naloxone tablet (generic for Talwin NX [®]) |
| | Tylenol with Codeine [®] Tablet |
| | Ultracet [®] Tablet |
| | Ultram [®] Tablet |

NSAIDS

| Preferred | Non-Preferred |
|--|---|
| ibuprofen suspension / tablet (generic for Motrin [®]) | Arthrotec [®] Tablet |
| indomethacin capsule (generic for Indocin [®]) | Daypro [®] Caplet |
| ketorolac tablet (generic for Toradol [®]) | diclofenac potassium tablet (generic for Cataflam [®]) |
| meloxicam tablet (generic for Mobic Tablet [®]) | diclofenac sodium tablet / ER tablet (generic for Voltaren [®] / XR) |
| naproxen EC tablet (generic for Naprosyn [®] EC) | diclofenac sodium-misoprostol tablet (generic for Arthrotec [®]) |
| naproxen tablet (generic for Naprosyn [®] Tablet) | diflunisal tablet (generic for Dolobid [®]) |
| sulindac tablet (generic for Clinoril [®]) | etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL) |
| | Feldene [®] Capsule |
| | fenoprofen tablet (generic for Nalfon [®]) |
| | flurbiprofen tablet (generic for Ansaid [®]) |
| | Indocin [®] Suppository / Suspension |
| | indomethacin ER capsule (generic for Indocin SR [®]) |
| | Inflammacin [®] Kit |
| | ketoprofen capsule (generic for Orudis [®]) |
| | ketoprofen ER capsule (generic for Oruvail [®]) |
| | meclofenamate capsule (generic for Meclomen [®]) |
| | mefenamic acid capsule (generic for Ponstel [®]) |
| | Mobic [®] Tablet |
| | nabumetone tablet (generic for Relafen [®]) |
| | Nalfon [®] Capsule / Tablet |
| | Naprelan [®] Tablet |
| | naproxen CR / DR tablet |
| | naproxen sodium ER tablet (generic for Naprelan [®]) |
| | naproxen sodium tablet (generic for Anaprox [®]) |
| | naproxen suspension (generic for Naprosyn [®]) |
| | oxaprozin tablet (generic for DayPro [®]) |
| | piroxicam capsule (generic for Feldene [®]) |
| | Qmiz [™] ODT Tablet NOT REVIEWED |
| | Relafen [™] DS Tablet NOT REVIEWED |
| | Sprix [®] Nasal Spray |

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| | |
|--|--|
| | Tivorbex [®] Capsule |
| | tolmetin capsule / tablet (generic for Tolectin [®]) |
| | Vivlodex [®] Capsule |
| | Zipsor [®] Capsule |
| | Zorvolex [®] Capsule |
| Preferred | Non-Preferred |
| celecoxib capsule (generic for Celebrex [®]) - Clinical criteria apply | Celebrex [®] Capsule - Clinical criteria apply |
| | Duexis [®] Tablet - Trial and failure of celecoxib required |
| | Vimovo [®] Tablet - Trial and failure of celecoxib required |
| NEUROPATHIC PAIN | |
| Preferred | Non-Preferred |
| duloxetine capsule (generic for Cymbalta [®]) | Cymbalta [®] Capsule |
| gabapentin capsule / solution / tablet (generic for Neurontin [®]) | Dermacin Rx [®] PHN Pak [™] |
| | Drizalma [™] Sprinkle NOT REVIEWED |
| | Gralise [®] Starter Pack / Tablet |
| | Horizant [®] Tablet |
| | Lyrica [®] Capsule / Solution |
| | Lyrica [®] CR Tablet |
| | Neurontin [®] Capsule / Solution / Tablet |
| | pregabalin capsule/solution (generic for Lyrica [®] Capsule / Solution) NOT REVIEWED |
| | Quenza [®] Kit |
| | Savella [®] Tablet / Titration Pack |
| | |
| | lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply |
| | Lidoderm [®] Patch - Clinical criteria apply |
| | LidoPure [™] Patch Clinical criteria apply NOT REVIEWED |
| | Zilacaine [™] Patch Clinical criteria apply NOT REVIEWED |
| | ZTLido [™] Patch - Clinical criteria apply |
| 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 [®] Tablet | Carbatrol [®] Capsule |
| carbamazepine chewable tablet (generic for Tegretol [®]) | carbamazepine suspension / tablet (generic for Tegretol [®]) |
| carbamazepine ER capsule (generic for Carbatrol [®]) | carbamazepine XR tablet (generic for Tegretol XR [®]) |
| Eqetro [®] Capsule | Epitol [®] Tablet |
| oxcarbazepine tablet / suspension (generic for Trileptal [®]) | Trileptal [®] Tablet / Suspension (oral) |
| Oxtellar [®] XR Tablet | |
| Tegretol [®] Suspension / Tablet / XR Tablet | |
| FIRST GENERATION | |
| Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product. | |
| Preferred | Non-Preferred |
| Celontin [®] Kapsal | Depakene [®] Capsule / Solution |
| Dilantin [®] Capsule / Infatab / Suspension | Depakote [®] ER Tablet / Sprinkle Capsule |
| divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle) | Depakote [®] Tablet |
| ethosuximide capsule / solution (generic for Zarontin [®]) | felbamate suspension / tablet (generic for Felbatol [®]) |
| phenobarbital tablet / elixir / solution | Felbatol [®] Suspension / Tablet |
| Phenytek [®] Capsule | Mysoline [®] Tablet |
| phenytoin chewable / capsules / infatab / suspension (generic for Dilantin [®]) | Peganone [®] Tablet |
| phenytoin extended capsules (generic for Phenytek [®]) | Zarontin [®] Capsule / Solution |
| primidone Tablet (generic for Mysoline [®]) | |
| valproic acid capsule / solution (generic for Depakene [®]) | |
| SECOND GENERATION | |
| Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product. | |
| Preferred | Non-Preferred |
| clonazepam tablet (generic for Klonopin [®]) | Banzel [®] Suspension / Tablet |
| Diastat [®] Acudial [®] / Pedi System | Brivact [®] Tablet and Solution |
| gabapentin capsule / solution (generic for Neurontin [®]) | clobazam suspension / tablet (generic for Onfi [®] Suspension / Tablet) |
| gabapentin tablet (generic for Neurontin [®] Tablet) | clonazepam ODT (generic for Klonopin [®] Wafer) |
| Gabitril [®] Tablet | diazepam rectal / system (generic for Diastat [®] Accudial / Pedi System) |
| lamotrigine chewable / tablet (generic for Lamictal [®]) | Diacomit [®] Capsule / Powder Pack NOT REVIEWED |
| levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR) | Epidiolex [®] Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome |
| Roweeptra [™] Tablet / XR Tablet | Fycompa [™] Tablet / Suspension |
| Sabril [®] Powder Packet | Gralise [®] Starter Pack / Tablet |
| topiramate sprinkle capsule / tablet (generic for Topamax [®]) | Keppra [®] Tablet / Solution / XR Tablet |
| zonisamide capsule (generic for Zonegran [®]) | Klonopin [®] Tablet |
| | Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit |
| | lamotrigine starter kits (generic for Lamictal [®]) |
| | lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT) ODT NOT REVIEWED |

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| | |
|--|--|
| | Lyrica [®] Capsule / Solution |
| | Nayzilam [®] Nasal Spray NOT REVIEWED |
| | Neurontin [®] Capsule / Solution / Tablet |
| | Onfi [®] Suspension / Tablet |
| | Potiga [®] Tablet |
| | Qudexy [®] XR Capsule |
| | Sabril [®] Tablet |
| | Spritam [®] Tablet |
| | Sympazan [®] Film NOT REVIEWED |
| | tiagabine tablet (generic for Gabitril [®]) |
| | Topamax [®] Sprinkle Capsule / Tablet |
| | topiramate ER capsule (generic for Qudexy [®]) |
| | Trokendi [®] XR Capsule |
| | vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet) |
| | Vimpat [®] Solution / Starter Kit / Tablet |

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

| Preferred | Non-Preferred |
|---|--|
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®]) | amoxicillin-clavulanate chewable tablet (generic for Augmentin [®]) |
| amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR) | Augmentin [®] Suspension XR Tablet |
| ampicillin capsule / injection / vial | cefaclor capsule / suspension / ER tablet (generic for Ceclor [®] / CD) |
| ampicillin-sulbactam injection / vial | cefadroxil tablet (generic for Duricef [®]) |
| Bicillin C-R injection | cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension) CAPSULE NOT REVIEWED |
| cefadroxil capsule / suspension (generic for Duricef [®]) | cefepodoxime suspension / tablet (generic for Vantin [®]) |
| cefdirmir capsule / suspension (generic for Omnicef [®]) | Daxbia [™] Capsule |
| cefprozil suspension / tablet (generic for Cefzil [®]) | Keflex [®] Capsule |
| Ceftin [®] Suspension / Tablet | |
| cefuroxime tablet (generic for Ceftin [®]) | |
| cephalexin capsule / suspension / tablet (generic for Keflex [®]) | |
| dicloxacillin capsule | |
| naftacillin injection / vial | |
| oxacillin injection / vial | |
| penicillin G injection / vial | |
| penicillin V suspension / tablet | |
| piperacillin - tazobactam injection / vial | |
| Pfizerpen [®] injection / vial | |
| Suprax [®] Capsule / Chewable / Suspension | |
| Unasyn [®] injection / vial | |
| Zosyn [®] injection / vial | |

Lincosamides and Oxazolidinones

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

Macrolides and Ketolides

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

Nitromidazoles

| Preferred | Non-Preferred |
|---|---|
| metronidazole tablet (generic for Flagyl [®]) | Alinia [®] Suspension / Tablet |
| vancomycin capsule (generic for Vancocin [®]) | Difcid [®] Tablet - Trial and failure of vancomycin only for treatment of Clostridium difficile |
| | Firvanq [™] Solution |
| | Flagyl [®] Capsule / Tablet |
| | metronidazole capsule (generic for Flagyl [®]) |
| | neomycin tablet (generic for Mycifradin [®]) |
| | paromomycin capsule (generic for Humatin [®]) |
| | Solosec [™] Granules |

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| | |
|--|--|
| | Tindamax [®] Tablet |
| | tinidazole tablet (generic for Tindamax [®]) |
| | Vancocin [®] Capsule |
| | Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy |
| Quinolones | |
| Preferred | Non-Preferred |
| Cipro [®] Suspension | Avelox [®] Tablet |
| ciprofloxacin tablet (generic for Cipro [®]) | Baxdela [™] Tablet |
| levofloxacin tablet (generic for Levaquin [®]) | Cipro [®] Tablet / XR Tablet |
| moxifloxacin tablet (generic for Avelox [®]) | ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension) |
| | Levaquin [®] Tablet |
| | levofloxacin solution (generic for Levaquin [®] Solution) |
| | ofloxacin tablet (generic for Floxin [®]) |
| Tetracycline Derivatives | |
| Preferred | Non-Preferred |
| doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®]) | demeclocycline tablet (generic for Declomycin [®]) |
| doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®]) | Doryx [®] DR / MPC Tablet |
| minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®]) | doxycycline hyclate DR tablet (generic for Doryx [®] DR) |
| | doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®]) |
| | doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®]) |
| | doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet |
| | Minocin [®] Capsule |
| | minocycline ER tablet (generic for Solodyn [®] ER) |
| | minocycline 50mg, 75mg, 100mg tablet |
| | Minolira [™] ER Tablet NOT REVIEWED |
| | Morgidox [®] Capsule / Kit |
| | Nuzyra [™] Tablet |
| | Oracea [®] Capsule |
| | tetracycline capsule (generic for Sumycin [®]) |
| | Vibramycin [®] Capsule Suspension / Syrup |
| | Ximino [™] ER Capsule |
| | doxycycline suspension (generic for Vibramycin Suspension [®]) - Exemption for patients < 12 years of age |
| | Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to 12 week supply. |
| Antifungals | |
| Preferred | Non-Preferred |
| clotrimazole troche (generic for Mycelex [®] Troche) | Ancobon [®] Capsule |
| fluconazole suspension / tablet (generic for Diflucan [®]) | Cresemba [®] Capsule |
| griseofulvin suspension (generic for Grifulvin V [®]) | Diflucan [®] Suspension / Tablet |
| griseofulvin ultra tablet (generic for Gris-Peg [®]) | flucytosine capsule (generic for Ancobon [®]) |
| nystatin suspension (generic for Nilstat [®]) | griseofulvin micro tablets (generic for Grifulvin V [®]) |
| nystatin tablet (generic for Mycostatin [®]) | itraconazole capsule / solution (generic for Sporanox [®]) |
| terbinafine tablet (generic for Lamisil [®]) | ketoconazole tablet (generic for Nizoral [®]) |
| | Noxafil [®] Suspension / Tablet |
| | Onmel [®] Tablet |
| | Oravig [®] Buccal Tablet |
| | posaconazole suspension / tablet (generic for Noxafil [®]) NOT REVIEWED |
| | Sporanox [®] Capsule / Solution |
| | Tolsura [™] Capsule |
| | Vfend [®] Suspension / Tablet |
| | voriconazole suspension / tablet (generic for Vfend [®]) |
| Antivirals (Hepatitis B Agents) | |
| Preferred | Non-Preferred |
| entecavir tablet (generic for Baraclude [®]) | adefovir tablet (generic for Hepsera [®]) |
| lamivudine HBV tablet (generic for Epivir [®] HBV) | Baraclude [®] Solution / Tablet |
| Viread [®] Powder / Tablet | Epivir [®] HBV Tablet / Solution |
| | Hepsera [®] Tablet |
| | Vemlidy [®] tablet |
| Antivirals (Hepatitis C Agents) | |
| Preferred | Non-Preferred |
| Moderiba [®] Dosepack (branded generic for Ribasphere [®] Ribapak) | Pegasys [®] Vial |
| Moderiba [®] Tablet (branded generic for Copegus [®]) | Pegintron [®] Kit |
| Pegasys [®] ProClick [™] / Syringe | Rebetol [®] Solution |
| ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®]) | Ribasphere [®] Capsule / Tablet / RibaPak [™] |

North Carolina Division of Health Benefits
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Clinical criteria apply to all drugs listed below

| | |
|--|--|
| All genotypes without cirrhosis | Daklinza [®] Tablet (for genotype 3) - must request Sovaldi[®] in addition to Daklinza[®] with a separate PA |
| Mavyret [™] Tablet (8 weeks of therapy) | Epclusa [®] Tablet Harvoni [®] Tablet |
| All genotypes with compensated cirrhosis (Child Pugh-A) | ledipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet) |
| Mavyret [™] Tablet (Up to 12 weeks of therapy) | Sovaldi [®] Tablet Viekira [™] Pak |
| 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. | Zepatier [®] Tablet |
| Vosevi [™] | |
| All genotypes with decompensated cirrhosis | |
| sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet) | |

Antivirals (Herpes Treatments)

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

Antivirals (Influenza)

| Preferred | Non-Preferred |
|--|--|
| oseltamivir phosphate suspension (generic for Tamiflu [®]) | amantadine tablet (generic for Symmetrel [®]) |
| rimantadine tablet (generic for Flumadine [®]) | oseltamivir phosphate capsule (generic for Tamiflu [®]) |
| Tamiflu [®] Capsule | Relenza [®] Diskhaler Tamiflu [®] Suspension Xofluza [™] Tablet |

Antibiotics, Inhaled

Trial and failure of only one preferred drug required

| Preferred | Non-Preferred |
|---|--|
| Kitabis [™] Pak (tobramycin inhalation solution) | Arikayce [®] Vial |
| Bethkis [®] (tobramycin inhalation solution) | Cayston [®] Solution tobramycin solution / pak Tobi [™] Podhaler [™] / Solution |

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

| Preferred | Non-Preferred |
|---|--|
| bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL) | Aplenzin [®] Tablet |
| desvenlafaxine ER tablet (generic for Pristiq [®]) | 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)

| Preferred | Non-Preferred |
|--|---|
| 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 [®]) - Exemption for children < 12 years of age |
| 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 [®] Tablet |

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| | |
|--|---|
| | paroxetine capsule (generic for Brisdelle [®] Capsule) |
| | paroxetine CR tablet (generic for Paxil CR [®]) |
| | Paxil [®] Suspension / Tablet / CR Tablet |
| | Peveva [®] Tablet |
| | Prozac [®] Pulvule / Weekly Capsule |
| | Sarafem [®] Tablet |
| | Zoloft [®] Solution / Tablet |

ANTIHYPERKINESIS / ADHD

| Preferred | Non-Preferred |
|--|--|
| Aptensio [®] XR Capsule | Adderall [®] Tablet (Generic Product Per FDA) |
| Adderall [®] XR Capsule | Adhansia [™] XR Capsule NOT REVIEWED |
| amphetamine salt combo tablet (generic for Adderall [®]) | Adzenys [®] XR-ODT / ER suspension |
| atomoxetine capsule (generic for Strattera [®]) | amphetamine salt combo XR capsule (generic for Adderall [®] XR) |
| clonidine ER tablet (generic for Kapvay [®]) | Cotempla [™] XR-ODT |
| Concerta [®] Tablet | Desoxyn [®] Tablet |
| Daytrana [®] Patch | Dexedrine [®] Spansule [®] |
| dextroamphetamine tablet (generic for Dexedrine [®]) | dexmethylphenidate tablet / ER capsules (generic for Focalin [®] / XR) |
| Dyanavel [™] XR Suspension | dextroamphetamine solution (generic for ProCentra [®]) |
| Focalin [®] Tablet / XR Capsule | dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®]) |
| guanfacine ER tablet (generic for Intuniv [®]) | Evekeo [®] Tablet / Evekeo [®] ODT Tablet ODT Tablet NOT REVIEWED |
| Methylin [®] Solution | Intuniv [®] Tablet |
| methylphenidate tablet (generic for Methylin [®] , Ritalin [®]) | Jornay PM [™] Capsule NOT REVIEWED |
| Quillichew [®] ER Tablet | Metadate [®] ER Tablet NOT REVIEWED |
| Quillivant [®] XR Suspension | methamphetamine tablet (generic for Desoxyn [®]) |
| Vyvanse [®] Capsule / Chewable Tablet | methylphenidate CD capsule (generic for Metadate [®] CD) |
| | methylphenidate chewable / solution (generic for Methylin [®]) |
| | methylphenidate ER tablet |
| | methylphenidate LA capsule (generic for Ritalin [®] LA) |
| | Mydayis [®] ER Capsule |
| | ProCentra [®] Solution |
| | Relexxii [™] ER Tablet NOT REVIEWED |
| | Ritalin [®] LA Capsule |
| | Ritalin [®] Tablet |
| | Strattera [®] Capsule |
| | Zenzedi [®] Tablet |

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Trial and failure of only one preferred drug required

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

ATYPICAL ANTIPSYCHOTICS

Oral

Trial and failure of only one preferred drug required

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

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CARDIOVASCULAR

ACE INHIBITORS

| Preferred | Non-Preferred |
|---|--|
| benazepril tablet (generic for Lotensin [®]) | Accupril [®] Tablet |
| enalapril tablet (generic for Vasotec [®]) | Altace [®] Capsule |
| lisinopril tablet (generic for Prinivil [®] and Zestril [®]) | captopril tablet (generic for Capoten [®]) |
| ramipril capsule (generic for Altace [®]) | Epaned [®] Solution - Exemption for children < 12 years of age |
| | fosinopril tablet (generic for Monopril [®]) |
| | Lotensin [®] Tablet |
| | moexipril tablet (generic for Univase [®]) |
| | Qbrelis [®] Solution - Exemption for children < 12 years of age |
| | perindopril tablet (generic for Aceon [®]) |
| | Prinivil [®] Tablet |
| | quinapril tablet (generic for Accupril [®]) |
| | trandolapril tablet (generic for Mavik [®]) |
| | Vasotec [®] Tablet |
| | Zestril [®] Tablet |

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|--|--|
| amlodipine-benazepril capsule (generic for Lotrel [®]) | Lotrel [®] Capsule |
| | Tarka [®] ER Tablet |
| | trandolapril-verapamil ER tablet (generic for Tarka [®]) |

ACE INHIBITOR / DIURETIC COMBINATIONS

| Preferred | Non-Preferred |
|--|---|
| enalapril-HCTZ tablet (generic for Vaseretic [®]) | Accuretic [®] Tablet |
| lisinopril-HCTZ tablet (generic for Prinizide [®] , Zestoretic [®]) | benazepril-HCTZ tablet (generic for Lotensin [®] HCT) |
| | captopril-HCTZ tablet (generic for Capozide [®]) |
| | fosinopril-HCTZ tablet (generic for Monopril [®] HCT) |
| | Lotensin [®] HCT Tablet |
| | moexipril-HCTZ tablet (generic for Uniretic [®]) |
| | quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®]) |
| | Vaseretic [®] Tablet |
| | Zestoretic [®] Tablet |

ANGIOTENSIN II RECEPTOR BLOCKERS

| Preferred | Non-Preferred |
|---|--|
| losartan tablet (generic for Cozaar [®]) | Atacand [®] Tablet |
| valsartan tablet (generic for Diovan [®]) | Avapro [®] Tablet |
| | Benicar [®] Tablet |
| | candesartan tablet (generic for Atacand [®]) |
| | Cozaar [®] Tablet |
| | Diovan [®] Tablet |
| | Edarbi [®] Tablet |
| | eprosartan tablet (generic for Teveten [®]) |
| | irbesartan tablet (generic for Avapro [®]) |
| | Micardis [®] Tablet |
| | olmesartan tablet (generic for Benicar [®] Tablet) NOT REVIEWED |
| | telmisartan tablet (generic for Micardis [®]) |

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|---|--|
| amlodipine-valsartan tablet (generic for Exforge [®]) | amlodipine-olmesartan tablet (generic for Azor [®]) |
| amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT) | Azor [®] Tablet |
| | Exforge [®] Tablet |
| | Exforge [®] HCT Tablet |
| | olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet) NOT REVIEWED |
| | Prestalia [®] Tablet |
| | telmisartan-amlodipine tablet (generic for Twynsta [®]) |
| | Tribenzor [®] Tablet |
| | Twynsta [®] Tablet |

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

| Preferred | Non-Preferred |
|---|--|
| losartan-HCTZ tablet (generic for Hyzaar [®]) | Atacand [®] HCT Tablet |
| valsartan-HCTZ tablet (generic for Diovan [®] HCT) | Avalide [®] Tablet |
| | Benicar [®] HCT Tablet |
| | candesartan-HCTZ tablet (generic for Atacand [®] HCT) |
| | Diovan [®] HCT Tablet |
| | Edarbyclor [®] Tablet |
| | Hyzaar [®] Tablet |
| | irbesartan-HCTZ tablet (generic for Avalide [®]) |
| | Micardis [®] HCT Tablet |

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| | |
|--|--|
| | olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet) NOT REVIEWED |
| | telmisartan-HCTZ tablet (generic for Micardis [®] HCT) |
| ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred |
| Entresto [®] - Clinical Criteria Apply | |
| ANTI-ARRHYTHMICS | |
| Preferred | Non-Preferred |
| amiodarone tablet (generic for Cordarone [®]) | Multaq [®] Tablet |
| disopyramide capsule (generic for Norpace [®]) | Norpace [®] Capsule / CR Capsule |
| dofetilide capsule (generic for Tikosyn [®]) | Pacerone [®] Tablet |
| flecainide tablet (generic for Tambacor [®]) | quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®]) |
| mexiletine capsule (generic for Mexitil [®]) | Rythmol SR [®] Capsule |
| propafenone tablet (generic for Rythmol [®]) | Tikosyn [®] Capsule |
| propafenone SR capsule (generic for Rythmol SR [®]) | |
| quinidine sulfate tablet (generic for Quinidex [®] Tablet) | |
| BETA BLOCKERS | |
| Preferred | Non-Preferred |
| atenolol tablet (generic for Tenormin [®]) | acebutolol capsule (generic for Sectral [®]) |
| carvedilol tablet (generic for Coreg [®]) | Betapace [®] Tablet / AF Tablet |
| labetalol tablet (generic for Trandate [®]) | betaxolol tablet (generic for Kerlone [®]) |
| metoprolol succinate XL tablet (generic for Toprol XL [®]) | bisoprolol tablet (generic for Zebeta [®]) |
| metoprolol tartrate tablet (generic for Lopressor [®]) | Bystolic [®] Tablet |
| propranolol solution / tablet / ER capsule (generic for Inderal [®]) | carvedilol ER capsule (generic for Coreg [®] CR Capsule) |
| Sorine [®] Tablet | Coreg [®] Tablet / CR Capsule |
| sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®]) | Corgard [®] Tablet |
| | Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma |
| | Inderal [®] LA Capsule / XL Capsule |
| | Innopran [®] XL Capsule |
| | Kapsargo [™] Sprinkle - Exemption for children < 12 years of age |
| | Lopressor [®] Tablet |
| | nadolol tablet (generic for Corgard [®]) |
| | pindolol tablet (generic for Visken [®]) |
| | Sotylize [®] Solution |
| | Tenormin [®] Tablet |
| | timolol tablet (generic for Blocadren [®]) |
| | Toprol XL [®] Tablet |
| BETA BLOCKER DIURETIC COMBINATIONS | |
| Preferred | Non-Preferred |
| atenolol-chlorthalidone tablet (generic for Tenoretic [®]) | Corzide [®] Tablet |
| bisoprolol-HCTZ tablet (generic for Ziac [®]) | metoprolol-HCTZ tablet (generic for Lopressor [®] HCT) |
| | nadolol-bendroflumethiazide tablet (generic for Corzide [®]) |
| | propranolol-HCTZ tablet (generic for Inderide [®]) |
| | Tenoretic [®] Tablet |
| | Ziac [®] Tablet |
| BILE ACID SEQUESTRANTS | |
| Preferred | Non-Preferred |
| cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light) | colesevelam packet / tablet (generic for Welchol [®]) |
| colestipol tablet (generic for Colestid [®] Tablet) | Colestid [®] Granules / Tablet |
| | colestipol granules (generic for Colestid [®] Granules) |
| | Prevalite [®] Packet / Powder |
| | Questran [®] Light Powder / Packet / Powder |
| | Welchol [®] Packet / Tablet |
| CHOLESTEROL LOWERING AGENTS | |
| Preferred | Non-Preferred |
| atorvastatin tablet (generic for Lipitor [®]) | Altoprev [®] Tablet |
| ezetimibe (generic for Zetia [®]) | amlodipine-atorvastatin tablet (generic for Caduet [®]) |
| lovastatin tablet (generic for Mevacor [®]) | Caduet [®] Tablet |
| pravastatin tablet (generic for Pravachol [®]) | Crestor [®] Tablet |
| rosuvastatin tablet (generic for Crestor [®]) | Ezallor [™] Capsule NOT REVIEWED |
| simvastatin tablet (generic for Zocor [®]) | ezetimibe-simvastatin (generic for Vytorin [®]) |
| | fluvastatin capsule / ER tablet (generic for Lescol [®] / XL) |
| | Lescol [®] Capsule / XL Tablet |
| | Lipitor [®] Tablet |
| | Livalo [®] Tablet |
| | Pravachol [®] Tablet |
| | Vytorin [®] Tablet |
| | Zetia [®] Tablet |
| | Zocor [®] Tablet |
| | Zypitamag [™] Tablet |

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| | |
|--|--|
| | Juxtapid® Capsule - Clinical criteria apply |
| CORONARY VASODILATORS | |
| Preferred | Non-Preferred |
| isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.) | Dilatrate® SR Capsule |
| isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) | Gonitro® Sublingual Powder |
| Minitran® Patch | Isordil® Tablet / Titradose® Tablet |
| nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®) | Nitro-Bid® Ointment |
| Nitrostat® SL Tablet | Nitro-Dur® Patch |
| | Nitrolingual® Spray |
| | Nitromist® Spray |
| | |
| DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| Preferred | Non-Preferred |
| amlodipine tablet (generic for Norvasc®) | Adalat® CC Tablet |
| nifedipine capsule (generic for Procardia®) | felodipine ER tablet (generic for Plendil®) |
| nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) | isradipine capsule (generic for Dynacirc®) |
| | Katerzia™ Suspension NOT REVIEWED |
| | nicardipine capsule (generic for Cardene®) |
| | nimodipine capsule (generic for Nimotop®) |
| | nisoldipine ER tablet (generic for Sular®) |
| | Norvasc® Tablet |
| | Nymalize® Solution |
| | Procardia® Capsule / XL Tablet |
| | Sular® Tablet |
| | |
| DIRECT RENIN INHIBITOR | |
| Preferred | Non-Preferred |
| Tekturma® Tablet | aliskiren tablet (generic for Tekturma® Tablet) NOT REVIEWED |
| Tekturma® HCT Tablet | |
| | |
| ENDOTHELIN RECEPTOR ANTAGONISTS | |
| Covered for diagnosis of Pulmonary Arterial Hypertension only | |
| Preferred | Non-Preferred |
| Letairis® Tablet | ambrisentan tablet (generic for Letairis® Tablet) NOT REVIEWED |
| Tracleer® Tablet | bosentan tablet (generic for Tracleer® Tablet) NOT REVIEWED |
| | Opsumit® Tablet |
| | Tracleer® Suspension |
| | |
| INHALED PROSTACYCLIN ANALOGS | |
| Preferred | Non-Preferred |
| Tyvaso® Refill Kit / Solution / Starter Kit | |
| Ventavis® Solution | |
| | |
| NIACIN DERIVATIVES | |
| Preferred | Non-Preferred |
| Niaspan® ER Tablet | Niacor® Tablet |
| | niacin ER tablet (generic for Niaspan®) |
| | |
| NITRATE COMBINATION | |
| Preferred | Non-Preferred |
| Bidil® Tablet | |
| | |
| NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS | |
| Preferred | Non-Preferred |
| Calan® Tablet | Calan SR® Caplet |
| Cartia XT® Capsule (branded generic for Cardizem CD®) | Cardizem CD® Capsule |
| Dilt XR® Capsule (branded generic for Dilacor XR®) | Cardizem® Tablet / LA Tablet |
| diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®) | diltiazem LA tablet (generic for Cardizem LA®) |
| diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR) | Matzim® LA Tablet (generic for Cardizem LA®) |
| Taztia XT® Capsule (branded generic for Tiazac®) | Tiazac® Capsule |
| verapamil tablet / ER tablet (generic for Calan® / SR) | verapamil 360 mg capsule |
| | verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM) |
| | Verelan® Capsule / Verelan® PM Capsule |
| | |

North Carolina Division of Health Benefits
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ORAL PULMONARY HYPERTENSION

Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only

| Preferred | Non-Preferred |
|--|---|
| sildenafil (generic for Revatio®) Tablet | Adcirca® Tablet |
| | Adempas® Tablet |
| | Alyq® Tablet NOT REVIEWED |
| | Orenitram® ER Tablet |
| | Revatio® Suspension / Tablet |
| | sildenafil suspension (generic for Revatio® Suspension) NOT REVIEWED |
| | tadalafil tablet (generic for Adcirca® Tablet) NOT REVIEWED |
| | Uptravi® Tablet |

PLATELET INHIBITORS

| Preferred | Non-Preferred |
|--|---|
| Aggrenox® Capsule | aspirin/dipyridamole ER capsule (generic for Aggrenox®) |
| Brinta® Tablet | Effient® Tablet |
| clopidogrel tablet (generic for Plavix®) | Plavix® Tablet |
| dipyridamole tablet (generic for Persantine®) | Yosprala® Tablet |
| prasugrel tablet (generic for Effient® Tablet) | Zontivity® Tablet |

ANTIANGINAL & ANTI-ISCHEMIC

| Preferred | Non-Preferred |
|----------------|---|
| Ranexa® Tablet | ranolazine ER tablet (generic for Ranexa® Tablet) NOT REVIEWED |

SYMPATHOLYTICS AND COMBINATIONS

| Preferred | Non-Preferred |
|---|--|
| Catapres®-TTS Patch | Catapres® Tablet |
| clonidine tablets (generic for Catapres®) | clonidine patch (generic for Catapres®-TTS) |
| guanfacine tablet (generic for Tenex®) | methylodopa-HCTZ tablet (generic for Aldoril®) |
| methylodopa tablet (generic for Aldomet®) | methylodopa injection (generic for Aldomet® Injection) |

TRIGLYCERIDE LOWERING AGENTS

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

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

| Preferred | Non-Preferred |
|--|---|
| rizatriptan ODT (generic for Maxalt MLT®) | almotriptan tablet (generic for Axert®) |
| rizatriptan tablet (generic for Maxalt®) | Amerge® Tablet |
| sumatriptan nasal spray / tablet / vial (generic for Imitrex®) | Cambia® Powder Packet |
| | eletriptan (generic for Relpax® Tablet) |
| | frovatriptan tablet (generic for Frova®) |
| | Frova® Tablet |
| | Imitrex® Cartridge / Nasal Spray / Pen / Tablet / Vial |
| | Maxalt® Tablet / MLT Tablet |
| | Migranow® Kit |
| | naratriptan tablet (generic for Amerge®) |
| | Onzetra™ Xsail™ Nasal Powder |
| | Relpax® Tablet |
| | sumatriptan injection kit / refill / syringe (generic for Imitrex®) |
| | sumatriptan/naproxen (generic for Treximet® Tablet) |
| | Sumavel® DosePro® Syringe |
| | Tosymra™ Nasal Spray NOT REVIEWED |
| | Treximet® Tablet |
| | Zembrace® SymTouch® |
| | zolmitriptan ODT / tablet (generic for Zomig®) |
| | Zomig® Nasal Spray / Tablet / ZMT® Tablet |

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ANTIMIGRAINE AGENTS
CGRP Blockers / Modulators

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|-----------|---------------|
| Aimovig™ | Ajovy™ |
| Emgality® | |

ANTI-NARCOLEPSY

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|------------------|---|
| Nuvigil® Tablet | armodafinil tablet (generic for Nuvigil®) |
| Provigil® Tablet | modafinil tablet (generic for Provigil®) |
| | Sunosi™ Tablet NOT REVIEWED |

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

| Preferred | Non-Preferred |
|---|---|
| amantadine capsule / solution (generic for Symmetrel®) | Azilect® Tablet |
| benztropine tablet (generic for Cogentin®) | carbidopa tablet (generic for Lodosyn®) |
| bromocriptine tablet (generic for Parlodel®) | carbidopa-levodopa-entacapone tablet (generic for Stalevo®) |
| carbidopa-levodopa ODT (generic for Parcopa®) | Comtan® Tablet |
| carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR) | Duopa® Suspension |
| pramipexole tablet (generic for Mirapex®) | entacapone tablet (generic for Comtan®) |
| ropinirole tablet (generic for Requip®) | Gocovri® Capsule - Clinical criteria apply |
| selegiline capsule / tablet (generic for Emsam®) | Horizant® Tablet |
| trihexyphenidyl elixir / tablet (generic for Artane®) | Inbrija™ Inhalation NOT REVIEWED |
| | Lodosyn® Tablet |
| | Mirapex® Tablet / ER Tablet |
| | Neupro® Patch |
| | Nourianz™ Tablet NOT REVIEWED |
| | Osmolex ER™ Tablet - Clinical criteria apply |
| | Parlodel® Capsule / Tablet |
| | pramipexole ER tablet (generic for Mirapex ER®) |
| | rasagiline tablet (generic for Azilect®) |
| | Requip® Tablet / XL Tablet |
| | ropinirole ER tablet (generic for Requip XL®) |
| | Rytary® ER Capsule |
| | Sinemet® Tablet / CR Tablet |
| | Stalevo® Tablet |
| | Tasmar® Tablet |
| | tolcapone tablet (generic for Tasmar®) |
| | Xadago® Tablet |
| | Zelapar® ODT |

MULTIPLE SCLEROSIS

| Preferred | Non-Preferred |
|---|---|
| Avonex® Pack / Pen / Syringe | Ampyra® Tablet |
| Betaseron® Kit / Vial | Aubagio® Tablet |
| Copaxone® Syringe | Extavia® Kit / Vial |
| dalfampridine ER tablet (generic for Ampyra®) | glatiramer syringe (generic for Copaxone® Syringe) |
| Gilenya® Capsule | Glatopa® Syringe |
| Rebit® Ribidose® / Titration Pack / Syringe | Lemtrada® Vial |
| Tecfidera® Capsule / Starter Pack | Mavenclad® Tablet NOT REVIEWED |
| | Mayzent® Starter Pack / Tablet NOT REVIEWED |
| | Ocrevus® Vial |
| | Plegridy® 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®) | Ambien® Tablet / CR Tablet |
| temazepam 15mg, 30mg capsule (generic for Restoril®) | Belsomra® Tablet |
| zolpidem tablet (generic for Ambien®) | Edluar® SL Tablet |
| | estazolam tablet (generic for Prosom®) |
| | eszopiclone tablet (generic for Lunesta®) |
| | Halcion® Tablet |
| | Hetlioz® Capsule |

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| | |
|--|--|
| | Intermezzo [®] SL Tablet |
| | Lunesta [®] Tablet |
| | ramelteon tablet (generic for Rozerem [®] Tablet) NOT REVIEWED |
| | Restoril [®] Capsule |
| | Rozerem [®] Tablet |
| | Silenor [®] Tablet |
| | temazepam 7.5, 22.5 mg capsule (generic for Restoril [®]) |
| | triazolam tablet (generic for Halcion [®]) |
| | zaleplon capsule (generic for Sonata [®]) |
| | zolpidem ER tablet (generic for Ambien [®] CR) |
| | zolpidem SL tablet (generic for Intermezzo [®]) |
| | Zolpimist [™] oral spray |

SMOKING CESSATION

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

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|--|--|
| Genotropin [®] Cartridge / MiniQuick [®] | Humatrope [®] Cartridge / Vial |
| Norditropin [®] Flexpro [®] | Nutropin [®] AQ / NuSpin [®] |
| Serostim [®] Vial | Omnitrope [®] Cartridge / Vial |
| | Saizen [®] Click-Easy [®] Cartridge / Vial |
| | Zomacton [®] Vial |
| | Zorbtive [®] Vial |

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Trial and failure of only one preferred drug required

| Preferred | Non-Preferred |
|--|--|
| Humalog [®] U-100 KwikPen [®] / Vial | Admelog [®] SoloStar [®] / Vial |
| Novolog [®] U-100 Cartridge / FlexPen [®] / Vial | Afrezza [®] Inhalation Powder |
| | Apidra [®] SoloStar [®] / Vial |
| | Fiasp[®] FlexTouch[®] / Penfill[®] / Vial PENFILL NOT REVIEWED |
| | Humalog [®] U-100 Cartridge / U-100 Junior KwikPen [®] |
| | Humalog [®] U-200 KwikPen [®] |
| | insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®]) NOT REVIEWED |

Short Acting Insulin

| Preferred | Non-Preferred |
|--|--|
| Humulin [®] R Vial / Humulin [®] R U500 Vial | Humulin R-U500 KwikPen [®] |
| | Myxredlin [™] Injection NOT REVIEWED |
| | Novolin [®] R Vial / ReliOn [®] R Vial |

Intermediate Acting Insulin

| Preferred | Non-Preferred |
|-----------------------------|--|
| Humulin [®] N Vial | Humulin [®] N KwikPen [®] |
| | Novolin [®] N Vial / ReliOn [®] N Vial |

Long Acting Insulin

Trial and failure of only one preferred drug required

| Preferred | Non-Preferred |
|--|---|
| Lantus [®] SoloStar [®] / Vial | Basaglar [®] KwikPen [®] |
| Levemir [®] FlexTouch [®] / Vial | Toujeo [®] SoloStar [®] / Max SoloStar [®] |
| | Tresiba [®] FlexTouch [®] / Vial |

Premixed Rapid Combination Insulin

| Preferred | Non-Preferred |
|--|---------------|
| Humalog [®] 50/50 Mix KwikPen [®] / Vial | |
| Humalog [®] 75/25 Mix KwikPen [®] / Vial | |
| Novolog [®] Mix 70/30 FlexPen [®] / Vial | |

Premixed 70/30 Combination Insulin

| Preferred | Non-Preferred |
|--|---|
| Humulin [®] 70/30 KwikPen [®] / Vial | Novolin [®] 70/30 FlexPen [®] / Vial / ReliOn [®] 70/30 Vial |

North Carolina Division of Health Benefits
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Amylin Analogs

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

| Preferred | Non-Preferred |
|----------------------------------|---------------|
| Symlin [®] Pen Injector | |

GLP-1 Receptor Agonists and Combinations

Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination

| Preferred | Non-Preferred |
|----------------------------------|---|
| | Continuation of therapy requires documentation that clinical goals have been met |
| Bydureon [®] Pen / Vial | Adlyxin [®] Injection |
| Byetta [®] Pen | Ozempic [®] Injection |
| Victoza [®] Pen | Rybelsus [®] Tablet NOT REVIEWED |
| | Soliqua [®] Injection |
| | Trulicity [®] Pen |
| | Xultophy [®] Injection |

HYPOGLYCEMICS - ORAL
2nd Generation Sulfonylureas

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

Alpha-Glucosidase Inhibitors

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

Biguanides and Combinations

| Preferred | Non-Preferred |
|---|--|
| glipizide-metformin tablet (generic for Metaglip [®]) | Fortamet [®] Tablet |
| glyburide-metformin tablet (generic for Glucovance [®]) | Glucophage [®] Tablet / ER Tablet |
| metformin tablet / ER tablet (generic for Glucophage [®] / ER) | Glumetza [®] Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product |
| | metformin ER tablet (generic for Fortamet [®]) |
| | metformin ER tablet (generic for Glumetza [®]) |
| | Riomet [®] Solution |

DPP-IV Inhibitors and Combinations

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

| Preferred | Non-Preferred |
|--------------------------------|--|
| Glyxambi [®] Tablet | alogliptin tablet (generic for Nesina [®]) |
| Janumet [®] Tablet | alogliptin-metformin tablet (generic for Kazano [®]) |
| Janumet [®] XR Tablet | alogliptin-pioglitazone tablet (generic for Oseni [®]) |
| Januvia [®] Tablet | Jentadueto [®] XR Tablet |
| Jentadueto [®] Tablet | Kazano [®] Tablet |
| Tradjenta [®] Tablet | Kombiglyze [®] XR Tablet |
| | Nesina [®] Tablet |
| | Onglyza [®] Tablet |
| | Oseni [®] Tablet |
| | Qtern [®] Tablet |
| | Steglujan [®] Tablet |

Meglitinides

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

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

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

| Preferred | Non-Preferred |
|-------------------------------|---|
| Farxiga [®] Tablet | Invokamet [®] Tablet / XR Tablet |
| Jardiance [®] Tablet | Invokana [®] Tablet |
| | Segluromet [™] Tablet |

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| | |
|---|---|
| | Steglatro™ Tablet |
| | Synjardy® Tablet / XR Tablet |
| | Xigduo® XR Tablet |
| Thiazolidinediones and Combinations | |
| Preferred | Non-Preferred |
| pioglitazone tablet (generic for Actos®) | ActoPlus Met® Tablet / XR Tablet |
| | Actos® Tablet |
| | Avandia® Tablet |
| | Duetact® Tablet |
| | pioglitazone-glimepiride tablet (generic for Duetact®) |
| | pioglitazone-metformin tablet (generic for ActoPlus Met®) |
| GASTROINTESTINAL ANTIEMETIC-ANTIVERTIGO AGENTS | |
| Preferred | Non-Preferred |
| Diclegis® Tablet | Akynzeo® Capsule / Vial VIAL IS NOT REVIEWED |
| dimenhydrinate vial (generic for Dramamine®) | Anzemet® Tablet |
| meclizine tablet (generic for Antivert®) | Bonjesta® Tablet |
| metoclopramide / solution / tablet (generic for Reglan®) | Cesamet® Capsule |
| ondansetron ODT / solution / tablet (generic for Zofran®) | Cinvanti® Injectable Emulsion |
| prochlorperazine tablet (generic for Compazine®) | Compro® Rectal |
| promethazine 12.5 mg, 25 mg rectal (generic for Phenergan®) | doxylamine-pyridoxine tablet (generic for Diclegis® Tablet) NOT REVIEWED |
| promethazine syrup / tablet (generic for Phenergan®) | dronabinol capsule (generic for Marinol®) |
| promethazine ampule/vial (generic for Phenergan®) | granisetron tablets (generic for Kytril®) |
| Transderm-Scop® Patch | Marinol® Capsule |
| | metoclopramide ODT (generic for Metozolv®) |
| | metoclopramide ODT (generic for Reglan®) |
| | palonosetron injection (generic for Aloxi®) |
| | promethazine 50 mg rectal (generic for Phenergan®) |
| | prochlorperazine rectal (generic for Compazine®) |
| | Reglan® Tablet |
| | Sancuso® Patch |
| | scopolamine patch (generic for Transderm-Scop®) |
| | Sustol® Injection |
| | Syndros® Solution |
| | trimethobenzamide capsule (generic for Tigan®) |
| | Varubi® Tablet |
| | Zofran® Solution / ODT / Tablet |
| | Zuplenz® Soluble Film |
| | aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply |
| | Emend® Powder Packet - Clinical criteria apply |
| Emend® Capsule - Clinical criteria apply | Emend® Trifold Pack - Clinical criteria apply |
| BILE ACID SALTS | |
| Preferred | Non-Preferred |
| ursodiol tablet (generic for Urso®) | Actigall® Capsule |
| | Chenodal® Tablet |
| | Cholbam® Capsule |
| | Ocaliva® Tablet |
| | Urso® Tablet / Urso® Forte Tablet |
| | ursodiol capsule (generic for Actigall®) |
| H. PYLORI COMBINATIONS | |
| Preferred | Non-Preferred |
| Pylera® Capsule | lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) |
| | Omeclamox-Pak® Combo Pack |
| HISTAMINE-2 RECEPTOR ANTAGONISTS | |
| Preferred | Non-Preferred |
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| ranitidine capsule / syrup / tablet (generic for Zantac®) | nizatidine capsule / solution (generic for Axid®) |
| | Pepcid® Tablet |
| PANCREATIC ENZYMES | |
| Preferred | Non-Preferred |
| Creon® Capsule | Pancreaze® Capsule |
| Zenpep® Capsule | Pertzye® Capsule |
| | Viokase® Tablet |

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| PROGESTINS USED FOR CACHEXIA | |
|--|---|
| Preferred | Non-Preferred |
| megestrol suspension / tablet (generic for Megace®) | Megace® ES Suspension megestrol ES suspension (generic for Megace® ES) |
| PROTON PUMP INHIBITORS | |
| Preferred | Non-Preferred |
| | Exemption for children < 12 years of age |
| esomeprazole magnesium capsule (generic for Nexium® Rx) | Aciphex® Sprinkle Capsules / Tablets |
| esomeprazole magnesium capsule OTC (generic for Nexium® OTC) | Dexilant® Capsule |
| lansoprazole capsule (generic for Prevacid® Rx) | esomeprazole strontium |
| Nexium® Rx Packet | Esomep EZS® Kit |
| omeprazole Rx capsule (generic for Prilosec® Rx) | lansoprazole capsule (generic for Prevacid® OTC) |
| pantoprazole tablet (generic for Protonix®) | lansoprazole ODT (generic for Prevacid® SoluTab™) NOT REVIEWED |
| Protonix® Suspension | Nexium® Rx Capsule |
| | omeprazole OTC capsule / tablet (generic for Prilosec® OTC) |
| | omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC) |
| | Prevacid® Rx / OTC Capsule / Solutab |
| | Prilosec® Rx Suspension |
| | Protonix® Tablet |
| | rabeprazole tablet (generic for Aciphex®) |
| | Zegerid® Rx / Capsule / Packet |
| SELECTIVE CONSTIPATION AGENTS | |
| Preferred | Non-Preferred |
| Amitiza® Capsule | alosetron tablet (generic for Lotronex® Tablet) |
| Linzess® Capsule | Lotronex® Tablet |
| Movantik® Tablet | Motegrity™ Tablet NOT REVIEWED |
| | Relistor® Syringe / Vial / Oral Tablet |
| | Symproic® Tablet |
| | Trulance® |
| | Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) |
| ULCERATIVE COLITIS | |
| Oral | |
| Preferred | Non-Preferred |
| Apriso® Capsule | Asacol® HD Tablet |
| balsalazide capsule (generic for Colazal®) | Azulfidine® Entab / Tablet |
| Lialda® Tablet | budesonide ER tablet (generic for Uceris®) |
| sulfasalazine DR tablet (generic for Azulfidine® Entab) | Colazal® Capsule |
| sulfasalazine IR tablet (generic for Azulfidine®) | Delzicol® Capsule |
| | Dipentum® Capsule |
| | Giazo® Tablet |
| | mesalamine capsule (generic for Delzicol® Capsule) NOT REVIEWED |
| | mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) |
| | Pentasa® Capsule |
| | Uceris® Tablet |
| ULCERATIVE COLITIS | |
| Rectal | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Canasa® Suppository | mesalamine kit (generic for Rowasa® Kit) |
| mesalamine enema (generic for Rowasa® Enema) | mesalamine suppository (generic for Canasa® Suppository) |
| | Rowasa® Kit |
| | SF Rowasa® Enema |
| | Uceris® Rectal Foam |
| ELECTROLYTE DEPLETERS | |
| Preferred | Non-Preferred |
| calcium acetate capsule (generic for PhosLo®) | Auryxia® Tablet |
| calcium acetate tablet (generic for Eliphos®) | Fosrenol® Chewable |
| Renagel® Tablet | Fosrenol® Powder Pack |
| Renvela® Powder Pack | MagneBind® 400 Rx Tablet |
| | Phoslyra® Solution |
| | Renvela® Tablet |
| | sevelamer tablet / powder pack (generic for Renvela®) |
| | Velphoro® Chewable |

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

Effective: November 1, 2019

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| GENTOURINARY/RENAL | |
|--|--|
| BENIGN PROSTATIC HYPERPLASIA TREATMENTS | |
| Preferred | Non-Preferred |
| alfuzosin ER tablet (generic for Uroxatral [®]) | Avodart [®] Softgel |
| doxazosin tablet (generic for Cardura [®]) | Cardura [®] Tablet / XL Tablet |
| dutasteride capsule (generic Avodart [®]) | dutasteride/ tamsulosin capsule (generic Jalyn capsule [®]) |
| finasteride tablet (generic for Proscar [®]) | Flomax [®] Capsule |
| tamsulosin capsule (generic for Flomax [®]) | Jalyn [®] Capsule |
| terazosin capsule (generic for Hytrin [®]) | Proscar [®] Tablet |
| | Rapaflo [®] Capsule |
| | silodosin capsule (generic for Rapaflo [®]) |
| | Cialis [®] Tablet - Clinical criteria apply |
| | tadalafil tablet (generic for Cialis [®]) - Clinical criteria apply |
| URINARY ANTISPASMODICS | |
| Preferred | Non-Preferred |
| oxybutynin syrup / tablet (generic for Ditropan [®]) | darifenacin ER tablet (generic for Enablex [®]) |
| oxybutynin ER tablet (generic for Ditropan XL [®]) | Detrol [®] Tablet / LA Capsule |
| Toviaz [®] Tablet | Ditropan [®] XL Tablet |
| Vesicare [®] Tablet | Enablex [®] Tablet |
| | flavoxate tablet (generic for Urispas [®]) |
| | Gelnique [®] Gel / Gel Sachets |
| | Myrbetriq [®] Tablet |
| | Oxytrol [®] Patch |
| | solifenacin tablet (generic for Vesicare [®] Tablet) NOT REVIEWED |
| | tolterodine tablet / ER capsule (generic for Detrol [®] / LA) |
| | tropium tablet / ER capsule (generic for Sanctura [®] / XR) |
| GOUT | |
| Preferred | Non-Preferred |
| allopurinol tablet (generic for Zyloprim [®]) | colchicine tablet (generic for Colcris [®]) |
| Mitigare [®] Capsule | colchicine capsule (generic for Mitigare [®]) |
| probenecid tablet (generic for Benemid [®]) | Colcris [®] Tablet |
| probenecid-colchicine tablet (generic for Col-Benemid [®]) | febuxostat tablet (generic for Uloric [®] Tablet) NOT REVIEWED |
| | Krystexxa [®] Injection |
| | Uloric [®] Tablet |
| | Zyloprim [®] Tablet |
| HEMATOLOGIC | |
| ANTICOAGULANTS | |
| Injectable | |
| Preferred | Non-Preferred |
| 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 | |
| Preferred | Non-Preferred |
| Eliquis [®] Tablet and Starter Dose Pack | Bevyxxa [®] Capsule NOT REVIEWED |
| Jantoven [®] (branded generic for Coumadin [®]) | Coumadin [®] Tablet |
| Pradaxa [®] Capsule | Savaysa [®] Tablet |
| warfarin tablet (generic for Coumadin [®]) | |
| Xarelto [®] Starter Pack / Tablet | |
| COLONY STIMULATING FACTORS | |
| Preferred | Non-Preferred |
| Granix [®] Injection | Fulphila [™] Syringe / Vial NOT REVIEWED |
| Leukine [®] Injection | Nivestym [™] Syringe / Vial NOT REVIEWED |
| Neulasta [®] Syringe / Kit | Udenyca [™] Syringe |
| Neupogen [®] Vial / Syringe | |
| Zarxio [®] Injection | |

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

Effective: November 1, 2019

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HEMATOPOIETIC AGENTS

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|-------------------------------------|------------------------------|
| Aranesp [®] Syringe / Vial | Epogen [®] Vial |
| Procrit [®] Vial | Mircera [®] Syringe |
| | Retacrit [®] Vial |

THROMBOPOIESIS STIMULATING AGENTS

| Preferred | Non-Preferred |
|---|-------------------------------|
| Nplate [®] Vial | Tavalisse [™] Tablet |
| Promacta [®] Suspension / Tablet | |

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

| Preferred | Non-Preferred |
|--|---|
| cromolyn sodium drops (generic for Crolom [®]) | Alocril [®] Drops |
| Pataday [®] Drops | Alomide [®] Drops |
| Pazeo [®] Drops | Alex [®] Drops |
| | azelastine drops (generic for Optivar [®]) |
| | Bepreve [®] Drops |
| | epinastine drops (generic for Elestat [®]) |
| | Lastacaft [®] Drops |
| | olopatadine drops (generic for Pataday [®]) |
| | olopatadine drops (generic for Patanol [®]) |
| | Patanol [®] Drops |

ANTIBIOTICS

| Preferred | Non-Preferred |
|--|--|
| AK-Poly-Bac [®] Ointment (branded generic for Polysporin [®]) | bacitracin ointment (generic for AK-Tracin [®]) |
| Azasite [®] 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 [®]) | gatifloxacin drops (generic for Zymaxid [®]) |
| Gentak [®] Ointment (branded generic for Garamycin [®]) | levofloxacin drops (generic for Quixin [®]) |
| gentamicin drops (generic for Garamycin [®]) | moxifloxacin ophthalmic solution (generic for Vigamox [®] Drops) |
| Moxeza [®] Drops | Natacyn [®] Drops |
| ofloxacin drops (generic for Ocuflax [®]) | Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment) |
| Polycin [®] Ointment (branded generic for Polysporin [®]) | neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment) |
| polymyxin-trimethoprim drops (generic for Polytrim [®]) | neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops) |
| sulfacetamide drops (generic for Bleph-10 [®]) | Ocuflax [®] Drops |
| tobramycin drops (generic for Tobrex [®]) | Polytrim [®] Drops |
| Vigamox [®] 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 [®]) | Acuvai [®] Solution |
| Durezol [®] Drops | bromfenac drops (generic for Xibrom [®]) |
| Flarex [®] Drops | Bromsite [™] Solution |
| fluorometholone drops (generic for FML [®]) | Dextenza [®] Insert NOT REVIEWED |
| flurbiprofen drops (generic for Ocufen [®]) | Dexycu [™] Vial |
| llevro [®] Drops | FML [®] Forte Drops / S.O.P. Ointment |
| ketorolac solution (generic for Acular [®] / LS) | FML [®] Liquifilm [®] Drops |
| Lotemax [®] Drops | Iluvien [®] Implant |
| Pred Mild [®] Drops | Inveltys [®] Drops |
| prednisolone acetate drops (generic for Pred Forte [®]) | Lotemax [®] Gel / Ointment |

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

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| | |
|--|---|
| | Ioteprednol drops (generic for Lotemax [®] Drops) NOT REVIEWED |
| | Maxidex [®] Drops |
| | Nevanac [®] Droptainer |
| | Omnipred [®] Drops |
| | Ozurdex [®] Implant |
| | Pred Forte [®] Drops |
| | prednisolone sodium phosphate drops (generic for Inflammase Forte [®]) |
| | Prolensa [®] Drops |
| | Retisert [®] Implant |
| | Triescence [®] 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 |
| BETA BLOCKER AGENTS / COMBINATIONS | |
| Preferred | Non-Preferred |
| Combigan [®] Drops | betaxolol drops (generic for Betoptic [®]) |
| timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®]) | Betoptic [®] S Drops |
| | carteolol drops (generic for Ocupress [®]) |
| | Istalol [®] Drops |
| | levobunolol drops (generic for Betagan [®]) |
| | 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 |
| | 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 |
| raloxifene tablet (generic for Evista [®]) | alendronate solution (generic for Fosamax [®] Solution) |
| | Atelvia [®] Tablet |
| | Binosto [®] Effervescent Tablet |
| | Boniva [®] Tablet |
| | calcitonin salmon nasal spray (generic for Miacalcin [®]) |
| | etidronate tablet (generic for Didronel [®]) |
| | Evenity [™] Syringe NOT REVIEWED |
| | Evista [®] Tablet |
| | Forteo [®] Pen Injection |
| | Fosamax [®] Tablet / Plus D Tablet |
| | ibandronate tablet (generic for Boniva [®]) |
| | Prolia [®] Syringe |
| | risedronate tablet (generic for Actonel [®]) |
| | Tymlos [®] Injection |

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

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| OTIC | |
|---|---|
| ANTIBIOTICS | |
| Preferred | Non-Preferred |
| Ciprodex [®] Suspension | Cipro [®] HC Suspension |
| neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®]) | ciprofloxacin solution (generic for Cetraxal [®]) |
| | 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 [®]) |
| RESPIRATORY | |
| BETA-ADRENERGIC HANDHELD, LONG ACTING | |
| Preferred | Non-Preferred |
| Serevent [®] Diskus [®] | Arcapta [®] Neohaler [®] |
| | Striverdi [®] Respimat [®] Inhalation Spray |
| BETA-ADRENERGIC HANDHELD, SHORT ACTING | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Proair [®] HFA Inhaler | albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Ventolin [®] HFA Inhaler) |
| Proventil [®] HFA Inhaler | albuterol HFA inhaler (generic for Proventil [®] HFA Inhaler) NOT REVIEWED |
| | levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) |
| | Proair [®] RespiClick [®] |
| | Ventolin [®] HFA Inhaler |
| | Xopenex [®] HFA Inhaler |
| BETA-ADRENERGIC, NEBULIZERS | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| albuterol 0.63mg / 3ml solution (generic for Accuneb [®]) | Brovana [®] Solution |
| albuterol 1.25mg / 3ml solution (generic for Accuneb [®]) | levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate) |
| albuterol sulfate 2.5mg / 0.5ml solution | Perforomist [®] Solution |
| albuterol sulfate 2.5mg / 3ml solution | Xopenex [®] Solution / Concentrate Solution |
| albuterol sulfate 5mg / ml solution | |
| BETA-ADRENERGIC, ORAL | |
| Preferred | Non-Preferred |
| albuterol syrup (generic for Ventolin [®] Syrup) | albuterol tablets (generic for Proventil [®] Repetabs) |
| metaproterenol syrup (generic for Alupent [®] Syrup) | albuterol ER tablets (generic for VoSpire [®] ER) |
| terbutaline tablet (generic for Brethine [®]) | metaproterenol tablet (generic for Alupent [®] Tablet) |
| ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS | |
| Trial and failure of either Spiriva[®] Handihaler[®] or Stiolto[®] Respiat[®] only required to obtain a non-preferred drug in this class | |
| Preferred | Non-Preferred |
| Atrovent [®] HFA Inhaler | Anoro [®] Ellipta [®] Inhaler |
| Bevespi [®] Aerosphere [®] | Daliresp [®] Tablet |
| Combivent [®] Respiat [®] Inhalation Spray | Duaklir[®] Pressair[®] NOT REVIEWED |
| ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution) | Incruse [®] Ellipta [®] Inhaler |
| ipratropium-albuterol solution (generic for Duoneb [®]) | Lonhala [®] Magnair [®] |
| Spiriva [®] Handihaler [®] | Seebri [®] Neohaler [®] |
| Stiolto [®] Respiat [®] Inhalation Spray | Spiriva [®] Respiat [®] Inhalation Spray 2.5mcg |
| | Tudorza [®] Pressair [®] Inhaler |
| | Utibron [®] Neohaler [®] |
| | Yupelri [®] Solution |
| | Spiriva [®] Respiat [®] Inhalation Spray 1.25mcg **Exemption from trial and failure of preferred drugs for Spiriva[®] Respiat[®] 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination** |
| CORTICOSTEROIDS | |
| Preferred | Non-Preferred |
| Flovent [®] HFA Inhaler | Alvesco [®] Inhaler |
| Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg | ArmonAir [®] RespiClick [®] |
| | Arnuity [®] Ellipta [®] Inhaler |
| | Asmanex [®] HFA Inhaler |

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| | |
|--|---|
| | Asmanex® Twisthaler® |
| | budesonide suspension (generic for Pulmicort® Respules) |
| | Flovent® Diskus |
| | Pulmicort® Flexhaler |
| | QVAR® RediHaler™ |

CORTICOSTEROID COMBINATIONS

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

INTRANASAL RHINITIS AGENTS

| Preferred | Non-Preferred |
|---|---|
| Astepro® Nasal Spray | Exemption for steroids applies to children < 4 years of age |
| azelastine spray (generic for Astelin®) | azelastine spray (generic for Astepro®) |
| fluticasone spray (generic for Flonase®) | Beconase® AQ spray |
| ipratropium spray (generic for Atrovent® Nasal) | Dymista® Nasal Spray |
| olopatadine nasal spray(generic for Patanase®) | flunisolide spray (generic for Nasalide®) |
| | mometasone nasal spray (generic for Nasonex®) |
| | Nasonex® Nasal Spray |
| | Omnaris® Nasal Spray |
| | Patanase® Nasal Spray |
| | QNasi® Nasal Spray / Children's Spray |
| | Sinuva™ Implant |
| | Ticanase® Nasal Spray Kit |
| | Veramyst® Nasal Spray |
| | Xhance™ Nasal Spray |
| | Zetonna® Nasal Spray |

LEUKOTRIENE MODIFIERS

| Preferred | Non-Preferred |
|--|---|
| montelukast chewable / tablet (generic for Singulair®) | Accolate® Tablet |
| | montelukast granules (generic for Singulair®) |
| | Singulair® Chewable / Granules / Tablet |
| | zafirlukast tablet (generic for Accolate®) |
| | zileuton tablet (generic for Zylflo®) |
| | Zyflo® CR Tablet / Filmtab |

LOW SEDATING ANTIHISTAMINES

| Preferred | Non-Preferred |
|--|---|
| cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) | cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablets) |
| cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup) | cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup) |
| cetirizine Rx syrup (generic for Zyrtec® Syrup) | Clarinet® Syrup / Tablet - Exemption for children < 2 years of age |
| levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) | desloratadine ODT / Tablet (generic for Clarinet®) |
| loratadine tablet OTC (generic for Claritin® OTC) | fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) |
| | levocetirizine Rx solution (generic for Xyzal® Rx Solution) |
| | loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC) |

LOW SEDATING ANTIHISTAMINE COMBINATIONS

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

| Preferred | Non-Preferred |
|---|--|
| loratadine-D OTC tablet (generic for Claritin-D® OTC) | cetirizine-D OTC tablet (generic for Zyrtec-D® OTC) |
| | Clarinet-D® Tablet |
| | fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) |
| | Semprex-D® Capsule |

TOPICALS

ACNE AGENTS

| Preferred | Non-Preferred |
|--|---|
| Azelex® Cream | Acanya® Gel Pump |
| clindamycin-benzoyl peroxide gel (generic for Benzaclin®) | Aczone® Gel |
| clindamycin-benzoyl peroxide gel (generic for Duac®) | adapalene cream / gel / gel pump / solution (generic for Differin®) |
| clindamycin-benzoyl peroxide with pump (generic for Benzaclin®) | adapalene / benzoyl peroxide (generic for Epiduo® Gel) |
| clindamycin phosphate pledgets / solution (generic for Cleocin-T®) | Akliet® Cream NOT REVIEWED |
| Differin® Cream / Gel Pump / Lotion | Atralin® Gel |
| Epiduo® Gel | Avar® Cleanser / Cleansing Pads / Foam FOAM IS NOT REVIEWED |
| erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, A/T/S®, T-Stat®) | Avar® LS Cleanser / LS Cleansing Pads / LS Foam FOAM IS NOT REVIEWED |
| Retin-A® Cream / Gel | Avar-E® Emollient Cream / Green Emollient Cream / LS Cream |
| | Avita® Cream / Gel |

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| | |
|--|--|
| | Benzaclin [®] Gel / Pump |
| | Benzamycin [®] Gel |
| | benzoyl peroxide foam (generic for Benzac [®] , et. al) |
| | BP [®] 10-1 Wash / Cleansing Wash |
| | Cleocin [®] T Gel / Lotion / Pledgets |
| | Clindacin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit |
| | Clindagel [®] Gel NOT REVIEWED |
| | clindamycin phosphate gel / lotion (generic for Cleocin-T [®]) |
| | clindamycin phosphate foam (generic for Evoclin [®]) |
| | clindamycin-benzoyl peroxide gel (generic for Neucac [®]) |
| | clindamycin-benzoyl peroxide with pump (generic for Acanya [®]) |
| | clindamycin / tretinoin (generic for Veltin [®]) |
| | dapsone gel (generic for Aczone [®] Gel) |
| | Duac [®] Gel |
| | Epiduo [®] Forte |
| | Ery [®] Pads |
| | Erygel [®] Gel |
| | erythromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®]) |
| | erythromycin-benzoyl peroxide gel (generic for Benzamycin [®]) |
| | Evochi [®] Foam |
| | Fabior [®] Foam |
| | Klaron [®] Lotion |
| | Neucac [®] Gel / Kit |
| | Onexton [®] Gel / Gel Pump |
| | Ovace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash FOAM IS NOT REVIEWED |
| | Plixda [®] Swabs |
| | Promiseb [®] Complete / Topical Cream |
| | Retin-A [®] / Micro Gel / Micro Pump Gel |
| | Rosula [®] Cloths / Wash |
| | sodium sulfacetamide shampoo, wash (generic for Ovace [®] / Plus) |
| | sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS) |
| | sodium sulfacetamide lotion (generic for Klaron [®]) |
| | sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®]) |
| | sodium sulfacetamide-sulfur kit / wash (generic for Sumadan [®]) |
| | sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®]) |
| | sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®]) |
| | SSS [®] 10-5 Cream / Foam |
| | sulfacetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5) |
| | Sumadan [®] Kit / Wash / XLT Kit |
| | Sumaxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash |
| | tazarotene cream (generic for Tazorac [®]) |
| | Tazorac [®] Cream / Gel |
| | tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro) |
| | tretinoin cream / gel (generic for Retin-A [®]) |
| | Ziana [®] Gel |

ANDROGENIC AGENTS

| Preferred | Non-Preferred |
|----------------------------|--|
| AndroGel [®] Pump | Androderm [®] Patch |
| | AndroGel [®] Packet |
| | Axiron [®] Topical Gel / Solution |
| | Fortesta [®] Gel Pump |
| | Testim [®] Gel |
| | testosterone gel / packet / pump (generic for AndroGel [®] , Testim [®] , Vogelxo [®]) |
| | testosterone gel / pump / solution (generic for Axiron [®] , Fortesta [®]) |
| | Vogelxo [®] Gel / Packet / Pump |

NSAIDS

| Preferred | Non-Preferred |
|---------------------------|---|
| Voltaren Gel [®] | DermacinRx [®] Lexitral PharmaPak [®] |
| | diclofenac epolamine patch (generic for Flector [®] Patch) NOT REVIEWED |
| | diclofenac solution (generic for Pennsaid [®]) |
| | diclofenac topical gel (generic for Voltaren [®] Gel) |
| | Diclofex [™] DC Pack NOT REVIEWED |
| | Flector [®] Patch |
| | Pennsaid [®] Solution Packet / Pump |
| | Vopac [®] MDS Spray |
| | Xrylix [®] Solution |

ANTIBIOTICS

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

North Carolina Division of Health Benefits
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| ANTIBIOTICS - VAGINAL | |
|---|---|
| Preferred | Non-Preferred |
| Cleocin [®] Vaginal Ovules | Cleocin [®] Vaginal Cream |
| Clindesse [®] Vaginal Cream | clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream) |
| metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel) | Metrogel [®] Vaginal Gel |
| Vandazole [®] Vaginal Gel | Nuversa [®] Vaginal Gel |
| ANTIFUNGALS | |
| Preferred | Non-Preferred |
| ciclopirox cream (generic for Loprox [®] Cream) | Bensal HP [®] Ointment |
| ciclopirox solution (generic for Penlac [®] Solution) | Ciclodan [®] Cream / Cream Kit / Kit / Solution |
| clotrimazole Rx cream (generic for Lotrimin [®] Rx) | ciclopirox gel / shampoo / suspension (generic for Loprox [®]) |
| clotrimazole-betamethasone cream (generic for Lotrisone [®] cream) | ciclopirox treatment kit (generic for Ciclodan [®] Kit) |
| ketoconazole cream / shampoo (generic for Nizoral [®]) | clotrimazole-betamethasone lotion (generic for Lotrisone [®] lotion) |
| Nyamyce [®] Powder (branded generic for Nystop [®]) | clotrimazole Rx solution (generic for Lotrimin [®] Rx) |
| nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®]) | Dermacin [®] Rx Therazole PAK [®] |
| Nystop [®] Powder | econazole cream (generic for Spectazole [®]) |
| | Ertaczo [®] Cream |
| | Exelderm [®] Cream / Solution |
| | Extina [®] Foam |
| | Jublia [®] Topical Solution |
| | Kerydin [®] Topical Solution |
| | ketoconazole foam (generic for Extina [®] Foam) |
| | Loprox [®] shampoo / suspension / cream / kit |
| | Lotrisone [®] Cream |
| | luliconazole cream (generic for Luzu [®] Cream) |
| | Luzu [®] Cream |
| | Mentax [®] Cream |
| | naftifine cream / gel (generic for Naftin [®] Cream / Gel) |
| | Naftin [®] Cream / Gel |
| | Nizoral [®] Rx Shampoo |
| | nystatin-triamcinolone cream / ointment (generic for Mycolog II [®]) |
| | oxiconazole cream (generic for Oxistat [®]) |
| | Oxistat [®] Cream / Lotion |
| | Penlac [®] Solution |
| | miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply |
| | Vusion [®] Ointment - Clinical criteria apply |
| ANTIPARASITICS | |
| Trial and failure of only one preferred drug required | |
| Preferred | Non-Preferred |
| Natroba [®] Topical Suspension | Crotan [™] Lotion |
| permethrin cream (generic for Elimite [®]) | Elimite [®] Cream |
| Sklice [®] Lotion | Eurax [®] Cream / Lotion |
| | lindane shampoo |
| | malathion lotion (generic for Ovide [®]) |
| | Ovide [®] Lotion |
| | spinosad topical suspension (generic for Natroba [®]) |
| ANTIVIRAL | |
| Preferred | Non-Preferred |
| Zovirax [®] Cream | acyclovir cream (generic for Zovirax [®] Cream) NOT REVIEWED |
| Zovirax [®] Ointment | acyclovir ointment/ AG (generic for Zovirax [®] Ointment) |
| | Denavir [®] Cream |
| | Xerese [®] Cream |
| IMMUNOMODULATORS | |
| Atopic Dermatitis | |
| Clinical criteria apply to all drugs in this class | |
| Preferred | Non-Preferred |
| Elidel [®] Cream | Dupixent [®] Injection |
| Protopic [®] Ointment | Eucrisa [®] 2% Ointment |
| | pimecrolimus cream (generic for Elidel [®] Cream) |
| | tacrolimus ointment (generic Protopic [®]) |
| Imidazoquinolinamines | |
| Preferred | Non-Preferred |
| imiquimod cream packet (generic for Aldara [®]) | Aldara [®] Cream |
| imiquimod cream pump | Condylox [®] Gel NOT REVIEWED |
| | Veregen [®] Ointment |
| | Zyclara [®] Cream / Cream Pump |
| PSORIASIS | |

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| Preferred | Non-Preferred |
|----------------------------|---|
| Dovonex [®] Cream | calcipotriene-betamethasone ointment (generic for Talconex [®]) |
| | calcipotriene cream / ointment / solution (generic for Dovonex [®]) |
| | Calcitrene [®] Ointment (branded generic for Dovonex [®]) |
| | calcitriol ointment (generic for Vectical [®]) |
| | Duobrii [™] Lotion NOT REVIEWED |
| | Enstilar [®] Foam |
| | Sorilux [®] Foam |
| | Taclonex [®] Ointment / Suspension |
| | Vectical [®] Ointment |

ROSACEA AGENTS

| Preferred | Non-Preferred |
|--------------------------|---|
| MetroCream [®] | azelaic acid gel (generic for Finacea [®]) |
| MetroGel [®] | Finacea [®] Foam / Gel FOAM IS NOT REVIEWED |
| MetroLotion [®] | metronidazole cream (generic for MetroCream [®]) |
| | metronidazole gel / pump (generic for MetroGel [®]) |
| | metronidazole lotion (generic for MetroLotion [®]) |
| | Mirvaso [®] Gel / Pump |
| | Noritrate [®] Cream |
| | Rhofade [®] Cream |
| | Rosadan [®] Cream / Gel / Kit |
| | Soolantra [®] Cream |

STEROIDS

Low Potency

| Preferred | Non-Preferred |
|---|--|
| DermaSmoothe [®] FS Scalp and Body Oil | alclometasone dipropionate cream / ointment (generic for Aclovate [®]) |
| hydrocortisone cream / lotion / ointment (generic for Hytone [®]) | Aqua Glycolic [®] HC Kit |
| hydrocortisone in Absorbase [®] | Capex [®] Shampoo |
| | Dermasorb [™] HC Lotion |
| | Desonate [®] Gel |
| | desonide cream / ointment (generic for DesOwen [®]) - Exemption for children < 12 years of age |
| | desonide lotion (generic for DesOwen [®] Lotion) |
| | DesOwen [®] Cream |
| | fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil) |
| | Micort [®] HC Cream |
| | Texacort [®] Solution |

Medium Potency

| Preferred | Non-Preferred |
|---|---|
| fluticasone cream / ointment (generic for Cutivate [®]) | Beser [™] Lotion / Kit NOT REVIEWED |
| mometasone cream / ointment / solution (generic for Elocon [®]) | clocortolone cream / pump (generic for Cloderm [®]) |
| | Cloderm [®] Cream / Pump |
| | Cordran [®] Tape |
| | Cutivate [®] Cream / Lotion |
| | Dermatop [®] Ointment |
| | Elocon [®] Cream / Lotion / Ointment |
| | fluocinolone cream / ointment / solution (generic for Synalar [®]) |
| | flurandrenolide cream/lotion (generic for Cordran [®] SP cream and Cordran [®] lotion) |
| | flurandrenolide ointment (generic for Cordran [®] ointment) |
| | fluticasone lotion (generic for Cutivate [®] Lotion) |
| | hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid [®]) |
| | hydrocortisone valerate cream / ointment (generic for Westcort [®]) |
| | Locoid [®] Lotion |
| | Luxiq [®] Foam |
| | Pandel [®] Cream |
| | prednicarbate cream / ointment (generic for Dermatop [®]) |
| | Synalar [®] Cream / Ointment / Kit / Solution / TS Kit |

High Potency

| Preferred | Non-Preferred |
|---|--|
| betamethasone valerate cream / ointment (generic for Valisone [®]) | amcinonide cream / lotion (generic for Cyclocort [®]) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®]) | betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®]) |
| | betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®]) |
| | betamethasone valerate foam (generic for Valisone [®]) |
| | betamethasone valerate lotion (generic for Valisone [®]) |
| | Dermacin Rx [™] Silapak [®] / Silazone [®] |
| | Dermasorb [™] TA Cream |
| | desoximetasone cream / gel / ointment / spray (generic for Topicort [®]) |
| | diflorasone cream / ointment (generic for Florone [®]) |
| | Diprolene [®] Ointment |
| | Ellzia [®] Ointment |
| | fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E) |

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| | |
|--|--|
| | fluocinonide ointment (generic for Lidex [®] Ointment) |
| | fluocinonide solution (generic for Lidex [®] / Lidex [®]) |
| | halcinonide cream (generic for Halog [®]) NOT REVIEWED |
| | Halog [®] Cream / Ointment |
| | Kenalog [®] Spray |
| | Sanaderm [®] Rx Solution |
| | Sernivo [®] Spray |
| | Silazone [®] II |
| | Topicort [®] Cream / Gel / Ointment / Spray / LP |
| | triamcinolone spray (generic for Kenalog [®] Spray) |
| | Trianex [®] Ointment |
| | Vanos [®] Cream |

Very High Potency

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

MISCELLANEOUS

ANTIPSORIATICS, ORAL

| Preferred | Non-Preferred |
|---|---|
| acitretin (generic for Soriatane [®]) | methoxsalen rapid (generic for Oxсорalen-Ultra [®]) |
| | Oxсорalen-Ultra [®] |
| | Soriatane [®] |

EPINEPHRINE, SELF INJECTED

Quantity limits apply to all drugs in this class

| Preferred | Non-Preferred |
|--|---|
| epinephrine auto injector / JR (generic for Epi-Pen [®] Auto Injector / JR Auto Injector) | epinephrine auto injector (generic for Adrenaclick [®]) |
| | Epi-Pen [®] Auto Injector / JR Auto Injector |
| | Symjepi [™] |

ESTROGEN AGENTS, COMBINATIONS

| Preferred | Non-Preferred |
|--|------------------------------|
| Activella [®] Tablet | FemHRT [®] Tablet |
| estradiol/norethindrone tablet (generic for Activella [®]) | Lopreeza [®] Tablet |
| Fyavolv [™] Tablet | Prefest [®] Tablet |
| Jevantique [™] Lo Tablet | |
| Jinteli [®] (branded generic for FemHRT [®]) | |
| Mimvey [®] / Lo (branded generic for Activella [®]) | |
| norethindrone-ethinyl estradiol (generic for FemHRT [®]) | |
| Premphase [®] Tablet | |
| Prempro [®] Tablet | |

PROGESTATIONAL AGENTS

| Preferred | Non-Preferred |
|--|---|
| Compounded 17 P | hydroxyprogesterone caproate injection (generic for Makena [®]) multi dose vial |
| hydroxyprogesterone caproate injection (generic for Makena [®]) single dose vial | |
| Makena [®] (hydroxyprogesterone caproate) Vial | |
| Makena [®] (hydroxyprogesterone caproate injection) Auto Injector | |

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| ESTROGEN AGENTS, ORAL / TRANSDERMAL | |
|---|---|
| Preferred | Non-Preferred |
| Climara [®] Pro Patch | Alora [®] Patch |
| CombiPatch [®] | Climara [®] Patch |
| estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®]) | Divigel [®] Gel Packet |
| estradiol tablet (generic for Estrace [®]) | Dotti [™] Patch NOT REVIEWED |
| estropipate tablet (generic for Ogen [®]) | Duaveo [®] Tablet |
| Evamist [®] Spray | Elestrin [®] Gel |
| Menest [®] Tablet | Estrace [®] Tablet |
| Premarin [®] Tablet | Menostar [®] Patch |
| | Mini-Velle [®] Patch |
| | Vivelle-Dot [®] Patch |
| ESTROGEN AGENTS, VAGINAL PREPARATIONS | |
| Preferred | Non-Preferred |
| Estring [®] Vaginal Ring | Estrace [®] Cream |
| Premarin [®] Vaginal Cream | estradiol vaginal cream / tablet (generic for Estrace [®]) |
| Vagifem [®] Vaginal Tablet | Femring [®] Vaginal Ring |
| | Yuvafem [®] Vaginal Tablet |
| GLUCOCORTICOID STEROIDS, ORAL | |
| Preferred | Non-Preferred |
| budesonide EC capsule (generic for Entocort [®] EC) | Cortef [®] Tablet |
| dexamethasone elixir / tablet (generic for Decadron [®]) | cortisone tablet (generic for Patisono [®]) |
| dexamethasone solution (generic for Concedix [®]) | dexamethasone tablet dosepack |
| hydrocortisone tablet (generic for Cortef [®]) | dexamethasone Intensol [®] Drops |
| methylprednisolone 4mg dosepack / tablet (generic for Medrol [®]) | Dexpak [®] Tablet |
| prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®]) | Dxevo [™] Tablet Pack NOT REVIEWED |
| prednisolone solution (generic for Prelone [®] , Millipred [®]) | Emlflaza [®] Suspension / Tablet Clinical criteria apply SUSPENSION IS NOT REVIEWED |
| prednisone dose pack (generic for Sterapred [®]) | Entocort [®] EC Capsule |
| prednisone solution / tablet (generic for Deltasone [®]) | Medrol [®] Dose Pack / Tablet |
| | methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®]) |
| | Millipred [®] Dose Pack / Tablet / Solution |
| | prednisolone ODT (generic for Orapred [®] ODT) |
| | Prednisone Intensol [®] Concentrated Solution |
| | Rayos [®] Tablet |
| | Taperdex [®] Tablet |
| IMMUNOMODULATORS, SYSTEMIC | |
| Clinical criteria apply to all drugs in this class | |
| Trial and failure of only one Preferred drug required | |
| Preferred | Non-Preferred |
| Cosentyx [®] Pen / Syringe | Actemra [®] ACTPen [™] / Syringe / Vial |
| Enbrel [®] Kit / Sureclick [®] Syringe / Syringe | Arcalyst [®] SQ Syringe |
| Enbrel [®] Mini Cartridge | Cimzia [®] Starter Kit / Syringe Kit / Vial Kit |
| Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe | Entyvio [®] Vial |
| | Ilaris [®] Injection |
| | Ilumya [®] Injection |
| | Inflectra [™] Vial |
| | Kevzara [®] Injection |
| | Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease |
| | Olumiant [®] Tablet |
| | Orencia [®] Clickjet [®] / Syringe / Vial |
| | Otezla [®] Starter Pack / Tablet |
| | Remicade [®] Injection |
| | Renflexis [™] Injection |
| | Rinvok [™] ER Tablet NOT REVIEWED |
| | Siliq [®] Injection |
| | Simponi [®] Aria Vial / Pen Injector / Syringe |
| | Skyrizi [™] Syringe NOT REVIEWED |
| | Stelara [®] Syringe |
| | Taltz [®] Auto-injector / Syringe |
| | Tremfya [®] Injection |
| | Xeljanz [®] Tablet/ Xeljanz [®] XR Tablet |

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

Effective: November 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. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
More information on the PDL can be found at: <https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

IMMUNOSUPPRESSANTS

| Preferred | Non-Preferred |
|--|---------------|
| Astagraf [®] XL Capsule | |
| Azasan [®] Tablet | |
| azathioprine tablet (generic for Imuran [®]) | |
| Cellcept [®] Capsule / Suspension / Tablet | |
| cyclosporine capsule (generic for Sandimmune [®]) | |
| cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®]) | |
| Envarsus [®] XR Tablet | |
| Gengraf [®] Capsule / Solution | |
| Imuran [®] Tablet | |
| mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) | |
| mycophenolic acid tablet (generic for Myfortic [®]) | |
| Myfortic [®] Tablet | |
| Neoral [®] Capsule / Solution | |
| Prograf [®] Capsule / Granule Packet GRANULE PACKET NOT REVIEWED | |
| Rapamune [®] Solution / Tablet | |
| Sandimmune [®] Capsule / Solution | |
| sirolimus tablet / solution (generic for Rapamune [®] Solution / Tablet) | |
| tacrolimus capsule (generic for Hecoria [®] , Prograf [®]) | |
| Zortress [®] Tablet | |

MOVEMENT DISORDERS

Clinical criteria apply to all drugs in this class

| Preferred | Non-Preferred |
|------------------------------|--|
| Xenazine [®] Tablet | Austedo [™] Tablet |
| | Ingrezza [®] Capsule (Trial and failure of Preferred not required. Only clinical criteria apply) |
| | tetrabenazine tablet |

OPIOID ANTAGONIST

| Preferred | Non-Preferred |
|---|---------------|
| naloxone ampule / syringe / vial (generic for Narcan [®]) | |
| naltrexone (oral) | |
| Narcan [®] Nasal Spray | |
| Vivitrol [®] Injection | |

OPIOID DEPENDENCE

Clinical criteria apply to all drugs in this class

Trial and failure of Suboxone[®] SL film required for coverage of non-preferred options

For coverage of Sublocade[™] - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.

| Preferred | Non-Preferred |
|-------------------------------|--|
| Suboxone [®] SL Film | Bunavail [®] Film |
| Sublocade [™] | buprenorphine sl tablet (generic for Subutex [®]) |
| | buprenorphine-naloxone sl tablet and film (generic for Suboxone [®]) |
| | Zubsolv [®] Tablet SL |

SKELETAL MUSCLE RELAXANTS

| Preferred | Non-Preferred |
|--|--|
| baclofen tablet (generic for Lioresal [®]) | Amrix [®] ER Capsule |
| chlorzoxazone tablet (generic for Parafon Forte [®]) | cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule) NOT REVIEWED |
| cyclobenzaprine tablet (generic for Flexeril [®]) | Dantrium [®] Capsule / Vial |
| methocarbamol tablet (generic for Robaxin [®]) | dantrolene sodium capsule (generic for Dantrium [®]) |
| tizanidine tablet (generic for Zanaflex [®] Tablet) | Fexmid [®] Tablet |
| | Lorzone [®] Tablet |
| | metaxalone tablet (generic for Skelaxin [®]) |
| | Norgesic [™] Forte Tablet NOT REVIEWED |
| | orphenadrine citrate ampule / tablet / vial (generic for Norflex [®]) |
| | Parafon [®] Forte Caplet |
| | Robaxin [®] Tablet / Vial |
| | Skelaxin [®] Tablet |
| | tizanidine capsules (generic for Zanaflex [®] Capsule) |
| | Zanaflex [®] Capsule / Tablet |

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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. **All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.**

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