

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ALZHEIMER'S AGENTS**

**Preferred**

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

**Non-Preferred**

Aricept® ODT / Tablets  
donepezil 23mg tablets (generic for Aricept®)  
Exelon® Capsule  
galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)  
Namenda® Titration Pack / XR Capsule / XR Titration Pack  
Razadyne® ER Capsule / Tablet

**ANALGESICS**

**NARCOTIC ANALGESICS**

Long Acting

**Clinical criteria apply**

**Preferred**

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

**Non-Preferred**

Avinza® Capsule  
Butrans® Patch  
Duragesic® Patch  
Exalgo® Tablet  
fentanyl patch (37.5 / 62.5 / 87.5mcg dosages)  
hydromorphone ER tablet (generic for Exalgo®)  
Hysingla® ER Tablet  
morphine sulfate ER capsule (generic for Avinza®, Kadian®)  
MS Contin® Tablet  
Nucynta® ER Tablet  
Opana® ER Tablet  
oxycodone ER tablet (generic for OxyContin®)  
oxymorphone ER tablet (generic for **old formulation** of Opana® ER)  
Xartemis® XR Tablet  
Zohydro® Capsule

Orally Disintegrating / Oral Spray Schedule II Narcotics

**Clinical criteria apply**

**Preferred**

fentanyl citrate lozenge (generic for Actiq®)

**Non-Preferred**

Abstral® SL Tablet  
Actiq® Lozenge  
Fentora® Buccal Tablet  
Subsys® Spray

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ANALGESICS**

NARCOTIC ANALGESICS (Continued)

Short Acting Schedule II Narcotics

**Clinical criteria apply**

**Preferred**

Endocet® Tablet (branded generic for Percocet®)  
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)  
hydrocodone-ibuprofen tablet (generic for Ibudone®, Repraxin®, Vicoprofen®)  
hydromorphone tablet (generic for Dilaudid® Tablet)  
morphine solution / tablet (generic for MSIR®)  
oxycodone capsule (generic for OxyIR®)  
oxycodone concentrated solution (generic for Roxicodone® Intenso)  
oxycodone solution / tablet (generic for Roxicodone®)  
oxycodone-acetaminophen capsules (generic for Tylox®)  
oxycodone-acetaminophen tablets (generic for Percocet®)  
Xylon® (branded generic for Repraxin®)

**Non-Preferred**

codeine sulfate solution / tablet  
Demerol® Tablet  
Dilaudid® Liquid / Tablet  
Endodan® Tablet (branded generic for Percodan®)  
Hycet® Solution  
hydromorphone solution / suppository (generic for Dilaudid®)  
Ibudone® Tablet  
Lazanda® Nasal Spray  
levorphanol tablet (generic for Levo-Dromoran®)  
Lorcet® Tablet / HD Tablet / Plus Tablet  
Lortab® Tablet  
meperidine solution / tablet (generic for Demerol®)  
Meperitab® tablet (branded generic for Demerol®)  
morphine suppositories (generic for Roxanol®)  
Norco® Tablet  
Nucynta® Tablet  
Opana® Tablet  
Oxecta® Tablet  
oxycodone-aspirin tablet (generic for Endodan®, Percodan®)  
oxycodone-ibuprofen tablet (generic for Combunox®)  
oxymorphone tablet (generic for Opana®)  
Percocet® Tablet  
Percodan® Tablet  
Primlev® Tablet  
Repraxin® Tablet  
Roxicet® Solution  
Roxicodone® Tablet  
Vicodin® Tablet / ES Tablet / HP Tablet  
Vicoprofen® Tablet  
Xodol® Tablet  
Zamiset® Solution

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ANALGESICS**

**NARCOTIC ANALGESICS (Continued)**

**Short Acting Schedule III – IV Analgesic Combinations**

**Preferred**

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

**Non-Preferred**

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

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ANALGESICS**

**NSAIDS**

**Preferred**

ibuprofen suspension / tablet (generic for Motrin®)  
indomethacin capsule (generic for Indocin®)  
ketorolac tablet (generic for Toradol®)  
meloxicam tablet (generic for Mobic Tablet®)  
naproxen EC tablet (generic for Naprosyn® EC)  
naproxen sodium tablet (generic for Anaprox®)  
naproxen tablet (generic for Naprosyn® Tablet)  
sulindac tablet (generic for Clinoril®)

**Non-Preferred**

Anaprox® Tablet / DS Tablet  
Arthrotec® Tablet  
DayPro® Caplet  
diclofenac potassium tablet (generic for Cataflam®)  
diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)  
diclofenac sodium-misoprostol tablet (generic for Arthrotec®)  
diflunisal tablet (generic for Dolobid®)  
EC-Naprosyn® Tablet  
etodolac capsule / tablet / ER tablet (generic for Lodine® / XL)  
Feldene® Capsule  
fenoprofen tablet (generic for Nalfon®)  
flurbiprofen tablet (generic for Ansaid®)  
Indocin® Suppository / Suspension  
indomethacin ER capsule (generic for Indocin SR®)  
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  
Naprelan® Tablet  
Naprosyn® Tablet  
naproxen sodium ER tablet (generic for Naprelan®)  
naproxen suspension (generic for Naprosyn® Suspension)  
oxaprozin tablet (generic for DayPro®)  
piroxicam capsule (generic for Feldene®)  
Ponstel® Kapseals  
Sprix® Nasal Spray  
tolmetin capsule / tablet (generic for Tolectin®)  
Voltaren® XR Tablet  
Zipsor® Capsule  
Zorvolex® Capsule

**Exemption for Children Under 12**

meloxicam suspension (generic for Mobic® Oral Suspension)  
Mobic® Suspension

**Preferred**

**Clinical criteria apply to Brand and Generic**

Celebrex® Capsule

**Non-Preferred**

celecoxib capsule (generic for Celebrex®)  
Duexis® Tablet  
Vimovo® Tablet

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ANTICONVULSANTS**

**CARBAMAZEPINE DERIVATIVES**

**Preferred**

**Non-Preferred**

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

**FIRST GENERATION**

**Preferred**

**Non-Preferred**

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

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### ANTICONVULSANTS

##### SECOND GENERATION

**Patients with seizure disorder are exempt and may use any second generation product.**

##### Preferred

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

##### Non-Preferred

Banzel® Suspension / Tablet  
clonazepam ODT (generic for Klonopin® Wafer)  
diazepam rectal / system (generic for Diasat® Accudial / Pedi System)  
Fycompa® Tablet / Kit  
gabapentin tablet (generic for Neurontin® Tablet)  
Gralise® Starter Pack / Tablet  
Keppra® Tablet / Solution / XR Tablet  
Klonopin® Tablet  
Lamictal® Chewable / ODT / Starter Kit / Tablet / XR Starter Kit / Tablet  
lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)  
Lyrica® Capsule / Solution  
Neurontin® Capsule / Solution / Tablet  
Onfi® Suspension / Tablet  
Potiga® Tablet  
Qudexy® XR Capsule  
Sabril® Powder Packet / Tablet  
tiagabine tablet (generic for Gabitril®)  
Topamax® Sprinkle Capsule / Tablet  
topiramate ER capsule (generic for Qudexy®)  
Trokendi® XR Capsule  
Vimpat® Solution / Starter Kit / Tablet  
Zonegran® Capsule

#### ANTI-INFECTIVES-SYSTEMIC

##### ANTIBIOTICS

##### Cephalosporins and Related

##### Preferred

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

##### Non-Preferred

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

##### Lincosamides and Oxazolidinones

##### Preferred

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

##### Non-Preferred

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

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.ncctracks.nc.gov](http://www.ncctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### ANTI-INFECTIVES-SYSTEMIC

##### ANTIBIOTICS (Continued)

###### Macrolides and Ketolides

###### Preferred

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

###### Non-Preferred

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

###### Nitromidazoles

###### Preferred

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

###### Non-Preferred

Alinia® Suspension / Tablet  
Difidid® Tablet  
Flagyl® Capsule / ER Tablet/ Tablet  
metronidazole capsule (generic for Flagyl® Capsule)  
neomycin tablet (generic for Mycifradin®)  
paromomycin capsule (generic for Humatin®)  
Tindamax® Tablet  
tinidazole tablet (generic for Tindamax®)  
Vancocin® Capsule

###### Exemption for Diagnosis of Hepatic Encephalopathy

Xifaxan® Tablet

###### Quinolones

###### Preferred

Avelox® Tablet  
Cipro® Suspension  
ciprofloxacin tablets (generic for Cipro®)  
levofloxacin tablet (generic for Levaquin® Tablet)

###### Non-Preferred

Avelox® ABC Pack  
Cipro® Tablet / XR Tablet  
ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)  
Levaquin® Solution / Tablet  
levofloxacin solution (generic for Levaquin® Solution)  
moxifloxacin tablet (generic for Avelox®)  
ofloxacin tablet (generic for Floxin®)

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### ANTI-INFECTIVES-SYSTEMIC

##### ANTIBIOTICS (Continued)

###### Tetracycline Derivatives

###### Preferred

doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)  
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)  
minocycline capsule (generic for Minocin®)  
tetracycline capsule (generic for Sumycin®)

###### Non-Preferred

**Clinical justification required and failure of doxycycline and minocycline. Solodyn ER® limited to 12 week supply.**

Adoxa® Capsule  
demeclocycline tablet (generic for Declomycin®)  
Doryx® DR Tablet  
doxycycline hyclate DR tablet (generic for Doryx DR®)  
doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)  
doxycycline monohydrate tablets (generic for Adoxa®)  
minocycline ER tablet (generic for Solodyn® ER)  
minocycline tablet (generic for Dynacin®)  
Morgidox® Capsule / Kit  
Oracea® Capsule  
Solodyn® ER Tablet  
Vibramycin® Capsules

**Exemption for doxycycline liquid in patients < 12 years old**

doxycycline suspension (generic for Vibramycin Suspension®)  
Vibramycin® Suspension / Syrup

##### Antifungals

###### Preferred

clotrimazole troche (generic for Mycelex Troche®)  
fluconazole suspension / tablet (generic for Diflucan®)  
griseofulvin suspension (generic for Grifulvin V®)  
griseofulvin ultra tablets (generic for Gris-Peg®)  
Gris-Peg® Tablet  
nystatin suspension (generic for Nilstat® Suspension)  
nystatin tablet (generic for Mycostatin®)  
terbinafine tablet (generic for Lamisil®)

###### Non-Preferred

Ancobon® Capsule  
Diflucan® Suspension / Tablet  
flucytosine capsule (generic for Ancobon®)  
Grifulvin V® Tablet  
griseofulvin micro tablets (generic for Grifulvin V®)  
itraconazole capsule (generic for Sporanox®)  
ketoconazole tablet (generic for Nizoral®)  
Lamisil® Granules Packet / Tablet  
Noxafil® Suspension / Tablet  
Onmel® Tablet  
Oravig® Buccal Tablet  
Sporanox® Capsule / Solution  
Vfend® Suspension / Tablet  
voriconazole suspension / tablet (generic for Vfend®)

##### ANTIVIRALS

###### Hepatitis B Agents

###### Preferred

Baraclude® Solution / Suspension / Tablet  
Epivir® HBV Solution / Tablet  
Hepsera® Tablet  
Tyzeka® Tablet  
Viread® Powder / Tablet

###### Non-Preferred

adefovir tablet (generic for Hepsera® )  
entecavir tablet (generic for Baraclude®)  
lamivudine HBV tablet (generic for Epivir® HBV)



# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### ANTI-INFECTIVES-SYSTEMIC

##### ANTIVIRALS (Continued)

###### Hepatitis C Agents

###### Preferred

Copegus® Tablet  
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)  
Moderiba® Tablet (branded generic for Copegus®)  
Pegasys® Proclick / Syringe  
PEG-Intron® Kit / Redipen **(No Longer Made as of February 1, 2016)**  
Ribasphere® Capsule / Tablet (branded generic for Rebatrol)  
ribavirin capsule / tablet (generic for Copegus®, Rebatrol®)

###### Non-Preferred

Pegasys® Vial  
Rebetol® Capsule / Solution **(No Longer Made as of February 1, 2016)**  
Ribasphere® Ribapak

###### Clinical criteria apply

Daklinza® Tablet (for genotype 3)  
**(must request Sovaldi® in addition to Daklinza with a separate PA)**  
Technivie® Dose Pack (for genotype 4)  
Viekira® Pak (for genotype 1)

Harvoni® Tablet  
Olysio® Capsule  
Sovaldi® Tablet

###### Herpes Treatments

###### Preferred

acyclovir capsule / suspension / tablet (generic for Zovirax®)  
famciclovir tablet (generic for Famvir®)  
valacyclovir tablet (generic for Valtrex®)

###### Non-Preferred

Famvir® Tablet  
Sitavig® Buccal Tablet  
Valtrex® Caplet  
Zovirax® Capsule / Suspension / Tablet

###### Influenza

###### Preferred

amantadine capsule / tablet / solution (generic for Symmetrel®)  
rimantadine tablet (generic for Flumadine®)  
Tamiflu® Capsule / Suspension

###### Non-Preferred

Relenza® Diskhaler

#### BEHAVIORAL HEALTH

##### ANTIDEPRESSANTS

###### Other

###### Preferred

bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL)  
Cymbalta® Capsule  
duloxetine capsule (generic for Cymbalta®)  
maprotiline tablet (generic for Ludomil®)  
mirtazapine ODT / tablet (generic for Remeron®)  
Nardil® Tablet  
Parnate® Tablet  
phenelzine tablet (generic for Nardil®)  
Savella® Tablet / Titration Pack  
tranylcypromine tablet (generic for Parnate®)  
trazodone tablet (generic for Desyrel®)  
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® ER)

###### Non-Preferred

Aplenzin® Tablet  
Brintellix® Tablet  
desvenlafaxine ER tablet (generic for Khedezla®)  
Effexor® XR Capsules  
Emsam® Patch  
Fetzima® Capsule / Titration Pak  
Forfivo® XL Tablet  
Khedezla® Tablet  
nefazodone tablet (generic for Serzone®)  
Oleptro® ER Tablet  
Pristiq® ER Tablet  
Remeron® Solutab / Tablet  
venlafaxine ER tablets (generic for Effexor® ER)  
Viibryd® Starter Pack / Tablet  
Wellbutrin® Tablet / SR Tablet / XR Tablet

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### BEHAVIORAL HEALTH

##### ANTIDEPRESSANTS (Continued)

###### Selective Serotonin Reuptake Inhibitor (SSRI)

###### Preferred

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

###### Non-Preferred

Brisdell® Capsule  
Celexa® Tablet  
escitalopram solution (generic for Lexapro® Solution)  
fluoxetine DR capsules (generic for Prozac® Weekly)  
fluvoxamine ER capsule (generic for Luvox CR®)  
Lexapro® Solution / Tablet  
paroxetine CR tablet (generic for Paxil CR®)  
Paxil® Suspension / Tablet / CR Tablet  
Pexeva® Tablet  
Prozac® Pulvule / Weekly Capsule  
Sarafem® Tablet  
Zoloft® Solution / Tablet

##### ANTIHYPERKINESIS

###### Preferred

Adderall® XR Capsule  
amphetamine salt combo tablets (generic for Adderall®)  
clonidine ER tablet (Kapvay®)  
Daytrana® Patch  
Desoxyn® Tablet  
Dexedrine® Tablet / Spansules  
dextroamphetamine tablet (generic for Dexedrine®)  
Focalin® Tablet / XR Capsule  
guanfacine ER tablet (generic for Intuniv®)  
Kapvay® Tablet  
Metadate® CD Capsule / ER Tablet  
Methylin® Solution  
methylphenidate ER tablets - Actavis (generic for Concerta®)  
methylphenidate ER tablets - Kremer Urban (NOT EQUIVALENT to Concerta®)  
methylphenidate ER tablets - Mallinckrodt (NOT EQUIVALENT to Concerta®)  
methylphenidate ER tablets (generic for Metadate® ER, Ritalin® SR)  
methylphenidate tablets (generic for Methylin®, Ritalin®)  
Quillivant® XR Suspension  
Ritalin® LA Capsule / Tablet  
Strattera® Capsule  
Vyvanse® Capsule

###### Non-Preferred

Adderall® Tablet **<GENERIC PRODUCT PER FDA>**  
amphetamine salt combo XR capsules (generic for Adderall XR)  
Concerta® Tablet  
dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)  
dextroamphetamine ER capsule (generic for Dexedrine® Spansules)  
dextroamphetamine solution (generic for ProCentra®)  
Evekeo® Tablet  
Intuniv® Tablet  
methamphetamine tablet (generic for Desoxyn®)  
Methylin® Chewable  
methylphenidate CD capsules (generic for Metadate® CD)  
methylphenidate chewable / solution (generic for Methylin®)  
methylphenidate LA capsules (generic for Ritalin® LA)  
ProCentra® Solution  
Zenzedi® Tablet

##### ATYPICAL ANTIPSYCHOTICS

###### Injectable Long Acting

**Trial and Failure of only 1 preferred required**

###### Preferred

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

###### Non-Preferred

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**BEHAVIORAL HEALTH**

**ATYPICAL ANTIPSYCHOTICS**

Oral

**Trial and Failure of only 1 preferred required**

**Preferred**

Abilify® Discmelt / Solution / Tablet  
clozapine ODT (generic for FazaClo®)  
clozapine tablet (generic for Clozaril®)  
Fanapt® Tablet  
Invega® Tablet  
Latuda® Tablet  
olanzapine ODT / tablet (generic for Zyprexa®)  
quetiapine tablet (generic for Seroquel®)  
risperidone ODT / solution/tablet (generic for Risperdal®)  
Saphris® SL Tablet  
Seroquel® XR Tablet  
Symbyax® Capsule  
ziprasidone capsule (generic for Geodon®)

**Non-Preferred**

Clozaril® Tablet  
Fanapt® Titration Pack  
FazaClo® ODT  
Geodon® Capsule  
olanzapine-fluoxetine (generic for Symbyax®)  
Risperdal® Solution / Tablet / M-Tab ODT  
Seroquel® Tablet / XR Sample Kit  
Versacloz® Suspension  
Zyprexa® Tablet / Zydis Tablet

**CARDIOVASCULAR**

**ACE INHIBITORS**

**Preferred**

benazepril tablet (generic for Lotensin®)  
captopril tablet (generic for Capoten®)  
enalapril tablet (generic for Vasotec®)  
lisinopril tablet (generic for Prinivil® and Zestril®)  
ramipril capsule (generic for Altace®)

**Non-Preferred**

Accupril® Tablet  
Altace® Capsule  
Epaned® Solution  
fosinopril tablet (generic for Monopril®)  
Lotensin® Tablet  
Mavik® Tablet  
moexipril tablet (generic for Univas®)  
perindopril tablet (generic for Aceon®)  
Prinivil® Tablet  
quinapril tablet (generic for Accupril®)  
trandolapril tablet (generic for Mavik®)  
Univas® Tablet  
Vasotec® Tablet  
Zestril® Tablet

**ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS**

**Preferred**

amlodipine-benazepril capsule (generic for Lotrel®)

**Non-Preferred**

Lotrel® Capsule  
Tarka® ER Tablet  
trandolapril-verapamil ER tablet (generic for Tarka®)

**ACE INHIBITOR DIURETIC COMBINATIONS**

**Preferred**

benazepril-HCTZ tablet (generic for Lotensin® HCT)  
captopril-HCTZ tablet (generic for Capozide®)  
enalapril-HCTZ tablet (generic for Vaseretic®)  
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)

**Non-Preferred**

Accuretic® Tablet  
fosinopril-HCTZ tablet (generic for Monopril® HCT)  
Lotensin® HCT Tablet  
moexipril-HCTZ tablet (generic for Uniretic®)  
quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)  
Vaseretic® Tablet  
Zestoretic® Tablet

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**CARDIOVASCULAR**

**ANGIOTENSIN II RECEPTOR BLOCKERS**

**Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product**

**Preferred**

Diovan® Tablet  
losartan tablet (generic for Cozaar®)

**Non-Preferred**

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

**ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS**

**Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product**

**Preferred**

Exforge® Tablet  
Exforge® HCT Tablet

**Non-Preferred**

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

**ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS**

**Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product**

**Preferred**

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

**Non-Preferred**

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

**ANTI-ARRHYTHMICS**

**Preferred**

amiodarone tablet (generic for Cordarone®)  
disopyramide capsule (generic for Norpace®)  
flecainide tablet (generic for Tambocor®)  
mexiletine capsule (generic for Mexitil®)  
propafenone tablet (generic for Rythmol®)  
quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)  
Rythmol SR® Capsule

**Non-Preferred**

Cordarone® Tablet  
Multaq® Tablet  
Norpace® Capsule / CR Capsule  
Pacerone® Tablet  
propafenone SR capsule (generic for Rythmol SR®)  
quinidine gluconate tablet (generic for Quinaglute DuraTabs®)  
Rythmol® Tablet  
Tikosyn® Capsule

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### CARDIOVASCULAR

##### BETA BLOCKERS

###### Preferred

atenolol tablet (generic for Tenormin®)  
carvedilol tablet (generic for Coreg®)  
labetalol tablet (generic for Trandate®)  
metoprolol succinate XL tablet (generic for Toprol XL®)  
metoprolol tartrate tablet (generic for Lopressor®)  
propranolol solution / tablet / ER capsule (generic for Inderal®)  
Sorine® Tablet  
sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®)

###### Non-Preferred

acebutolol capsule (generic for Sectral®)  
Betapace® AF Tablet / Tablet  
betaxolol tablet (generic for Kerlone®)  
bisoprolol tablet (generic for Zebeta®)  
Bystolic® Tablet  
Coreg® Tablet / CR Capsule  
Corgard® Tablet  
Hemangeol® Solution  
Inderal® LA Capsule / XL Capsule  
Innopran® XL Capsule  
Levatol® Tablet  
Lopressor® Tablet  
nadolol tablet (generic for Corgard®)  
pindolol tablet (generic for Visken®)  
Sectral® Capsule  
Sotylize® Solution  
Tenormin® Tablet  
timolol tablet (generic for Blocadren®)  
Toprol XL® Tablet  
Trandate® Tablet  
Zebeta® Tablet

##### BETA BLOCKER DIURETIC COMBINATION

###### Preferred

atenolol-chlorthalidone tablet (generic for Tenoretic®)  
bisoprolol-HCTZ tablet (generic for Ziac®)  
metoprolol-HCTZ tablet (generic for Lopressor® HCT)  
propranolol-HCTZ tablet (generic for Inderide®)

###### Non-Preferred

Corzide® Tablet  
Dutoprol® Tablet  
Lopressor® HCT Tablet  
nadolol-bendroflumethiazide (generic for Corzide®)  
Tenoretic® Tablet  
Ziac® Tablet

##### BILE ACID SEQUESTRANTS

###### Preferred

cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)  
colestipol tablet (generic for Colestid® Tablet)

###### Non-Preferred

colestipol granules (generic for Colestid® Granules)  
Colestid® Granules / Tablet  
Prevalite® Packet / Powder  
Questran® Light Powder / Packet / Powder  
Welchol® Packet / Tablet

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### CARDIOVASCULAR

##### CHOLESTEROL LOWERING AGENTS

###### Preferred

atorvastatin tablet (generic for Lipitor®)  
lovastatin tablet (generic for Mevacor®)  
pravastatin tablet (generic for Pravachol®)  
simvastatin tablet (generic for Zocor®)

###### Non-Preferred

Advicor® Tablet  
Altoprev® Tablet  
amlodipine-atorvastatin tablet (generic for Caduet®)  
Caduet® Tablet  
Crestor® Tablet  
fluvastatin capsule / ER tablet (generic for Lescol® / XL)  
Lescol® Capsule / XL Tablet  
Lipitor® Tablet  
Liptruzet® Tablet  
Livalo® Tablet  
Pravachol® Tablet  
Vytorin® Tablet  
Zetia® Tablet  
Zocor® Tablet

**Clinical criteria apply**

Juxtapid® Capsule  
Kynamro® Syringe

##### CORONARY VASODILATORS

###### Preferred

isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.)  
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)  
Minitran® Patch  
nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®)  
Nitrostat® SL Tablet

###### Non-Preferred

Dilatrate® SR Capsule  
Isordil® Tablet / Titradose Tablet  
Nitro-Bid® Ointment  
Nitro-Dur® Patch  
Nitrolingual® Spray  
Nitromist® Spray

##### DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

###### Preferred

Afeditab CR® Tablet (branded generic for Adalat CC®)  
amlodipine tablet (generic for Norvasc®)  
Nifedical® XL Tablet (branded generic for Procardia XL®)  
nifedipine capsule (generic for Procardia®)  
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)

###### Non-Preferred

Adalat® CC Tablet  
felodipine ER tablet (generic for Plendil®)  
isradipine capsule (generic for Dynacirc®)  
nicardipine capsule (generic for Cardene®)  
nimodipine capsule (generic for Nimotop®)  
nisoldipine ER tablet (generic for Sular®)  
Norvasc® Tablet  
Nymalize® Solution  
Procardia® Capsule / XL Tablet  
Sular® Tablet

##### DIRECT RENIN INHIBITOR

**Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product**

###### Preferred

Tekturna® HCT Tablet  
Tekturna® Tablet

###### Non-Preferred

Amturmid® Tablet  
Tekamlo® Tablet

##### ENDOTHELIN RECEPTOR ANTAGONISTS

###### Preferred

Letairis® Tablet  
Tracleer® Tablet

###### Non-Preferred

Opsumit® Tablet

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### CARDIOVASCULAR

##### INHALED PROSTACYCLIN ANALOGS

###### Preferred

Tyvaso® Refill Kit / Solution / Starter Kit  
Ventavis® Solution

###### Non-Preferred

##### NIACIN DERIVATIVES

###### Preferred

Niacor® Tablet  
niacin ER tablet (generic for Niaspan®)  
Niaspan® ER Tablet

###### Non-Preferred

Simcor® Tablet

##### NITRATE COMBINATION

###### Preferred

Bidil® Tablet

###### Non-Preferred

##### NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

###### Preferred

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

###### Non-Preferred

Calan SR® Caplet  
Cardizem CD® Capsule  
Matzim® LA Tablet (generic for Cardizem LA®)  
Tiazac® Capsule  
verapamil PM capsule (generic for Verelan PM®)  
Verelan® Capsule

##### ORAL PULMONARY HYPERTENSION

###### Preferred

sildenafil (generic for Revatio®) tablet

###### Non-Preferred

Adcirca® Tablet  
Adempas® Tablet  
Orenitram® ER Tablet  
Revatio® Suspension / Tablet

##### PLATELET INHIBITORS

###### Preferred

Aggrenox® Capsule  
Brilinta® Tablet  
clopidogrel tablet (generic for Plavix®)  
dipyridamole tablet (generic for Persantine®)  
Effient® Tablet  
ticlopidine tablet (generic for Ticlid®)

###### Non-Preferred

Persantine® Tablet  
Plavix® Tablet  
Zontivity® Tablet

##### RANEXA

###### Preferred

Ranexa® Tablet

###### Non-Preferred

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### CARDIOVASCULAR

##### SYMPATHOLYTICS AND COMBINATIONS

###### Preferred

Catapres®-TTS Patch  
clonidine tablets (generic for Catapres®)  
guanfacine tablet (generic for Tenex®)  
methyldopa tablet (generic for Aldomet®)

###### Non-Preferred

Catapres® Tablet  
clonidine patches (generic for Catapres®-TTS)  
Clorpres® Tablet (branded generic for Combipres®)  
methyldopa-HCTZ tablet (generic for Aldoril®)  
methyldopate injection (generic for Aldomet® Injection)  
reserpine tablet (generic for Serpalan®)  
Tenex® Tablet

##### TRIGLYCERIDE LOWERING AGENTS

###### Preferred

gemfibrozil tablet (generic for Lopid®)  
Tricor® Tablet  
Trilipix® Capsule

###### Non-Preferred

**Exemption for use of Lovaza® or generic in patients with triglycerides  $\geq 500$ mg/dl**

Antara® Capsule  
fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)  
fenofibric acid capsule / tablet (generic for Fibricor®, Trilipix®)  
Fenoglide® Tablet  
Fibricor® Tablet  
Lipofen® Capsule  
Lofibra® Capsule / Tablet  
Lopid® Tablet  
Lovaza® Capsule  
omega-3 acid ethyl esters capsule (generic for Lovaza®)  
Triglide® Tablet  
Vascepa® Capsule

#### CENTRAL NERVOUS SYSTEM

##### ANTIMIGRAINE AGENTS

**Quantity limits apply to triptans**

###### Preferred

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

###### Non-Preferred

Alsuma® Auto-Injection  
Amerge® Tablet  
Axert® Tablet  
Cambia® Powder Packet  
Frova® Tablet  
Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial  
Maxalt® Tablet / MLT Tablet  
naratriptan tablet (generic for Amerge®)  
Relpax® Tablet  
rizatriptan tablet (generic for Maxalt®)  
Sumavel DosePro® Syringe  
Treximet® Tablet  
zolmitriptan ODT / tablet (generic for Zomig®)  
Zomig® Nasal Spray / Tablet / ZMT Tablet

##### ANTINARCOLEPSY

###### Preferred

Provigil® Tablet

**Clinical criteria apply**

###### Non-Preferred

modafinil tablet (generic for Provigil®)  
Nuvigil® Tablet



# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### CENTRAL NERVOUS SYSTEM

##### ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

###### Preferred

benztropine tablet (generic for Cogentin®)  
bromocriptine tablet (generic for Parlodel®)  
carbidopa-levodopa ODT (generic for Parcopa®)  
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)  
pramipexole tablet (generic for Mirapex®)  
ropinirole tablet (generic for Requip®)  
selegiline capsule / tablet (generic for Emsam®)  
trihexyphenidyl elixir / tablet (generic for Artane®)

###### Non-Preferred

Azilect® Tablet  
carbidopa tablet (generic for Lodosyn®)  
carbidopa-levodopa-entacapone tablet (generic for Stalevo®)  
Comtan® Tablet  
Duopa® Suspension  
entacapone tablet (generic for Comtan®)  
Horizant®  
Lodosyn® Tablet  
Mirapex® Tablet / ER Tablet  
Neupro® Patch  
Parlodel® Capsule / Tablet  
pramipexole ER tablet (generic for Mirapex ER®)  
Requip® Tablet / XL Tablet  
ropinirole ER tablet (generic for Requip XL®)  
Rytary® ER Capsule  
Sinemet® Tablet / CR Tablet  
Stalevo® Tablet  
Tasmar® Tablet  
Zelapar® ODT

##### MULTIPLE SCLEROSIS

###### Preferred

Avonex® Pack / Pen / Syringe  
Betaseron® Kit / Vial  
Copaxone® Syringe  
Gilenya® Capsule  
Rebif® Ribidose / Titration Pack / Syringe

###### Non-Preferred

Ampyra® Tablet  
Aubagio® Tablet  
Extavia® Kit / Vial  
Lemtrada® Vial  
Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack  
Tecfidera® Capsule / Starter Pack

##### SEDATIVE HYPNOTICS

**Quantity limits apply**

###### Preferred

estazolam tablet (generic for Prosom®)  
flurazepam capsule (generic for Dalmane®)  
temazepam 15mg, 30mg capsule (generic for Restoril®)  
triazolam tablet (generic for Halcion®)  
zolpidem tablet (generic for Ambien®)

###### Non-Preferred

Ambien® Tablet / CR Tablet  
Belsomra® Tablet  
Edluar® SL Tablet  
eszopiclone tablet (generic for Lunesta®)  
Halcion® Tablet  
Hetlioz® Capsule  
Intermezzo® SL Tablet  
Lunesta® Tablet  
Restoril® Capsule  
Rozerem® Tablet  
Silenor® Tablet  
Sonata® Capsule  
temazepam 7.5, 22.5 mg capsule (generic for Restoril®)  
zaleplon capsule (generic for Sonata®)  
zolpidem ER tablet (generic for Ambien® CR)

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.ncctracks.nc.gov](http://www.ncctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**CENTRAL NERVOUS SYSTEM**

**SMOKING CESSATION**

**Preferred**

**Non-Preferred**

**Quantity limits of a 6 months supply per 12 months apply to Chantix**

Buproban® Tablet (branded generic for Zyban®)

bupropion SR tablet (generic for Zyban®)

Chantix® Tablet / Starting Box / Continuation Month Box

Nicorelief® Gum

Nicorette® Gum / Lozenge

nicotine gum / lozenge / patch

Nicoderm® CQ Patch

Nicotrol® Inhaler / NS Spray

Zyban® SR Tablet

**ENDOCRINOLOGY**

**GROWTH HORMONE**

**Clinical criteria apply**

**Preferred**

**Non-Preferred**

Norditropin® Flexpro / Nordiflex

Nutropin® AQ Pen / Nuspin

Serostim® Vial

Genotropin® Cartridge / Miniquick

Humatrope® Cartridge / Vial

Omnitrope® Cartridge / Vial

Saizen® Click-Easy Cartridge / Vial

TevTropin® Vial

Zorbtive® Vial

**HYPOGLYCEMICS - INJECTABLE**

**Rapid Acting Insulin**

**Preferred**

**Non-Preferred**

Humalog® Vial

Novolog® Cartridge / Flexpen / Vial

Afrezza® Inhalation Powder

Apidra® Solostar / Vial

Humalog® Cartridge / Kwikpen

**Short Acting Insulin**

**Preferred**

**Non-Preferred**

Humulin® R Vial

Novolin® R Vial / Relion Vial

**Intermediate Acting Insulin**

**Preferred**

**Non-Preferred**

Humulin® N Pen / Vial

Novolin® N Vial / Relion Vial

**Long Acting Insulin**

**Preferred**

**Non-Preferred**

Lantus® Solostar / Vial

Levemir® FlexTouch / FlexPen / Vial

Toujeo® Solostar

**Premixed Rapid Combination Insulin**

**Preferred**

**Non-Preferred**

Humalog® Mix 50/50 Vial

Humalog® Mix 75/25 Vial

Novolog® Mix 70/30 Flexpen / Vial

Humalog® Mix 50/50 Kwikpen

Humalog® Mix 75/25 Kwikpen

**Premixed 70/30 Combination Insulin**

**Preferred**

**Non-Preferred**

Humulin® 70/30 Pen / Vial

Novolin® 70/30 Vial / Relion Vial

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**ENDOCRINOLOGY**

HYPOGLYCEMICS - INJECTABLE (continued)

Amylin Analogs

**Requires trial and failure or insufficient response to metformin containing products unless contraindication or adverse event even when using a preferred product**

**Preferred**

**Non-Preferred**

Symlin® Pen Injector

GLP-1 Receptor Agonists

**Requires trial and failure or insufficient response to metformin containing products unless contraindication or adverse event even when using a preferred product**

**Preferred**

**Non-Preferred**

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

**Continuation of therapy requires documentation that clinical goals have been met**

Trulicity® Pen  
Victoza® Pen

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

**Preferred**

**Non-Preferred**

Amaryl® Tablet  
Diabeta® Tablet  
glimepiride tablet (generic for Amaryl®)  
glipizide tablet / ER tablet (generic for Glucotrol® / XL)  
Glucotrol® Tablet / XL Tablet  
glyburide micronized tablet (generic for Micronase®, Glynase®)  
glyburide tablet (generic for Diabeta®)  
Glynase® Tablet

Alpha-Glucosidase Inhibitors

**Preferred**

**Non-Preferred**

acarbose tablet (generic for Precose®)  
Glyset® Tablet

Precose® Tablet

Biguanides and Combinations

**Preferred**

**Non-Preferred**

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

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

DPP-IV Inhibitors and Combinations

**Requires trial and failure or insufficient response to metformin containing products unless contraindication or adverse event even when using a preferred product**

**Preferred**

**Non-Preferred**

Janumet® Tablet  
Janumet® XR Tablet  
Januvia® Tablet  
Jentadueto® Tablet  
Tradjenta® Tablet

Glyxambi® Tablet  
Kazano® Tablet  
Kombiglyze® XR Tablet  
Nesina® Tablet  
Onglyza® Tablet  
Oseni® Tablet

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### ENDOCRINOLOGY

##### HYPOGLYCEMICS - ORAL (continued)

###### Meglitinides

###### Preferred

nateglinide tablet (generic for Starlix®)  
Prandin® Tablet

###### Non-Preferred

repaglinide tablet (generic for Prandin®)  
Starlix® Tablet

###### Meglitinides Combinations

###### Preferred

Prandimet® Tablet

###### Non-Preferred

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

**Requires trial and failure or insufficient response to metformin containing products unless contraindication or adverse event even when using a preferred product**

###### Preferred

Invokana® Tablet

###### Non-Preferred

Farxiga® Tablet  
Invokamet® Tablet  
Jardiance® Tablet  
Xigduo® XR Tablet

##### Thiazolidinediones and Combinations

###### Preferred

pioglitazone tablet (generic for Actos®)

###### Non-Preferred

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

#### GASTROINTESTINAL

##### ANTIEMETIC-ANTIVERTIGO AGENTS

###### Preferred

dimenhydrinate vial (generic for Dramamine®)  
meclizine tablet (generic for Antivert®)  
metoclopramide ODT / solution / tablet (generic for Reglan®)  
ondansetron ODT / solution / tablet (generic for Zofran®)  
prochlorperazine tablet (generic for Compazine®)  
promethazine syrup / tablet (generic for Phenergan®)  
Transderm-Scop® Patch  
trimethobenzamide capsule (generic for Tigan®)

**Clinical criteria apply**

Emend® Capsule / Trifold Pack

###### Non-Preferred

Akynzeo® Capsule  
Anzemet® Tablet / Vial  
Cesamet® Capsule  
dronabinol capsule (generic for Marinol®)  
granisetron tablets (generic for Kytril®)  
Marinol® Capsule  
Metozolv® ODT  
Sancuso® patch  
Zofran® Solution / ODT / Tablet  
Zuplenz® Soluble Film

**Exemption for Diagnosis of Pregnancy**

Diclegis® Tablet

##### BILE ACID SALTS

###### Preferred

ursodiol capsule (generic for Actigall®)

###### Non-Preferred

Actigall® Capsule  
Chenodal® Tablet  
Urso® Tablet / Forte Tablet  
ursodiol tablet / forte tablet (generic for Urso® / Urso® Forte)

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### GASTROINTESTINAL

##### H. PYLORI COMBINATIONS

###### Preferred

Prevpac® Patient Pack  
lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)  
Pylera® Capsule

###### Non-Preferred

Omeclamox-Pak® Combo Pack

##### HISTAMINE-2 RECEPTOR ANTAGONISTS

###### Preferred

famotidine tablet / suspension (generic for Pepcid®)  
ranitidine capsule / syrup / tablet (generic for Zantac®)

###### Non-Preferred

cimetidine solution / tablet (generic for Tagamet®)  
nizatidine capsule / solution (generic for Axid®)  
Pepcid® Tablet / Suspension  
Zantac® Tablet

##### PANCREATIC ENZYMES

###### Preferred

Creon® Capsule  
pancrelipase capsule (generic for Pancrease®)  
Zenpep® Capsule

###### Non-Preferred

Pancreaze® Capsule  
Pertzye® Capsule  
Ultresa® Capsule  
Viokase® Tablet

##### PROGESTINS USED FOR CACHEXIA

###### Preferred

megestrol suspension / tablet (generic for Megace®)

###### Non-Preferred

Megace® Suspension / ES Suspension  
megestrol ES suspension (generic for Megace® ES)

##### PROTON PUMP INHIBITORS

###### Preferred

Nexium® RX / OTC Capsule / Packet  
omeprazole RX capsule (generic for Prilosec® RX)  
pantoprazole tablet (generic for Protonix®)  
Prilosec® OTC  
Protonix® Suspension

###### Non-Preferred

**Exemption applies to patients < 12 years old**

Aciphex® Sprinkle Capsules / Tablets  
Dexilant® Capsule  
esomeprazole capsule (generic for Nexium® RX / OTC)  
lansoprazole capsule (generic for Prevacid® RX / OTC)  
omeprazole OTC capsule / tablet (generic for Prilosec® OTC)  
omeprazole sodium bicarbonate capsule (generic for Zegerid® RX / OTC)  
Prevacid® RX / OTC Capsule / Solutab  
Prilosec® RX Capsule / Suspension  
Protonix® Tablet  
rabeprazole tablet (generic for Aciphex®)  
Zegerid® RX / OTC Capsule / Packet

##### SELECTIVE CONSTIPATION AGENTS

###### Preferred

Amitiza® Capsule  
Linzess® Capsule

###### Non-Preferred

Lotronex® Tablet  
Movantik® Tablet  
Relistor® Syringe / Vial

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### GASTROINTESTINAL

##### ULCERATIVE COLITIS

###### Oral

###### Preferred

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

###### Non-Preferred

Asacol® HD Tablet  
Azulfidine® Entab / Tablet  
Colazal® Capsule  
Delzicol® Capsule  
Dipentum® Capsule  
Giazo® Tablet  
Lialda® Tablet  
Pentasa® Capsule  
Uceris® Tablet

###### Rectal

###### Preferred

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

###### Non-Preferred

**Failure of only 1 preferred to obtain non-preferred medication**

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

#### BENIGN PROSTATIC HYPERPLASIA TREATMENTS

###### Preferred

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

###### Non-Preferred

Avodart® Softgel  
Cardura® Tablet / XL Tablet  
Flomax® Capsule  
Jalyn® Capsule  
Proscar® Tablet  
Rapaflo® Capsule  
Uroxatral® Tablet

**Clinical Criteria Apply**

Cialis® Tablet

#### ELECTROLYTE DEPLETERS

###### Preferred

calcium acetate capsule (generic for PhosLo®)  
calcium acetate tablet (generic for Eliphos®)  
Eliphos® Tablet  
Fosrenol® Chewable  
Renagel® Tablet

###### Non-Preferred

**Exemption for use of Renvela Powder Pack in patients < 12 years old.**

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

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**GENITOURINARY/RENAL**

**URINARY ANTISPASMODICS**

**Preferred**

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

**Non-Preferred**

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

**GOUT**

**ANTIHYPERURICEMICS**

**Preferred**

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

**Non-Preferred**

colchicine capsule (generic for Mitigare®)  
Colcrys® Tablet  
Uloric® Tablet  
Zyloprim® Tablet

**HEMATOLOGIC**

**ANTICOAGULANTS**

**Injectable**

**Preferred**

Fragmin® Syringe / Vial  
Lovenox® Syringe / Vial

**Non-Preferred**

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

**Oral**

**Preferred**

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

**Non-Preferred**

**HEMATOPOIETIC AGENTS**

**Clinical criteria apply**

**Preferred**

Aranesp® Syringe / Vial  
Epogen® Vial  
Procrit® Vial

**Non-Preferred**

Mircera® Syringe

**THROMBOPOIESIS STIMULATING AGENTS**

**Preferred**

Neumega® Vial  
Nplate® Vial  
Promacta® Tablet

**Non-Preferred**

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### OPHTHALMIC

##### ALLERGIC CONJUNCTIVITIS AGENTS

###### Preferred

cromolyn sodium drops (generic for Cromolol®)  
Pataday® Drops  
Pazeo® Drops

###### Non-Preferred

Alocril® Drops  
Alomide® Drops  
Alrex® Drops  
azelastine drops (generic for Optivar®)  
Bepreve® Drops  
Elestat® Drops  
Emadine® Drops  
epinastine drops (generic for Elestat®)  
Lastacraft® Drops  
Optivar® Drops  
Patanol® Drops

#### ANTIBIOTICS

###### Preferred

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

###### Non-Preferred

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

#### ANTIBIOTICS-STEROID COMBINATIONS

###### Preferred

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

###### Non-Preferred

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



# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### OPHTHALMIC

##### ANTI INFLAMMATORY

###### Preferred

dexamethasone drops (generic for Decadron®)  
diclofenac drops (generic for Voltaren®)  
Durezol® Drops  
Flarex® Drops  
fluorometholone drops (generic for FML®)  
flurbiprofen drops (generic for Ocufen®)  
FML® Forte Drops / S.O.P. Ointment  
ketorolac solution (generic for Acular® / LS)  
Lotemax® Drops  
Maxidex® Drops  
Pred Mild® Drops  
prednisolone acetate drops (generic for Pred Forte®)  
prednisolone sodium phosphate drops (generic for Inflammase Forte®)

###### Non-Preferred

Acular® Drops / LS Solution  
Acuvail® Solution  
bromfenac drops (generic for Xibrom®)  
FML® Liquifilm Drops  
Ilevro® Drops  
Iluvien® Implant  
Lotemax® Gel / Ointment  
Nevanac® Droptainer  
Ocufen® Drops  
Omnipred® Drops  
Ozurdex® Implant  
Pred Forte® Drops  
Prolensa® Drops  
Retisert® Implant  
Triesence® Vial  
Vexol® Drops

#### GLAUCOMA

##### Alpha 2 Adrenergic Agents

###### Preferred

Alphagan® P Drops  
brimonidine drops (generic for Alphagan®)

###### Non-Preferred

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

##### Beta Blocker Agents

###### Preferred

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

###### Non-Preferred

Betagan® Drops  
Betoptic® S Drops  
Timoptic® Drops / Ocudose Drops / XE Solution

##### Carbonic Anhydrase Inhibitors

###### Preferred

Azopt® Drops  
dorzolamide drops (generic for Trusopt®)  
dorzolamide-timolol drops (generic for Cosopt®)  
Simbrinza® Drops

###### Non-Preferred

Cosopt® Drops / PF Drops  
Trusopt® Drops

##### Prostaglandin Agonists

###### Preferred

latanoprost drops (generic for Xalatan®)  
Travatan® Z Drops

###### Non-Preferred

Lumigan® Drops  
travoprost drops (generic for Travatan®)  
Xalatan® Drops  
Zioptan® Drops

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### OSTEOPOROSIS

##### BONE RESORPTION SUPPRESSION AND RELATED AGENTS

###### Preferred

alendronate tablet (generic for Fosamax®)  
etidronate tablet (generic for Didronel®)  
Evista® Tablet  
Fortical® Nasal Spray  
raloxifene tablet (generic for Evista®)

###### Non-Preferred

Actonel® Tablet  
alendronate solution (generic for Fosamax® Solution)  
Atelvia® Tablet  
Binosto® Effervescent Tablet  
Boniva® Tablet  
calcitonin salmon nasal spray (generic for Miacalcin®)  
Forteo® Pen Injection  
Fosamax® Tablet / Plus D Tablet  
ibandronate tablet (generic for Boniva®)  
Miacalcin® Nasal Spray  
Prolia® Syringe  
risedronate tablet (generic for Actonel®)

#### OTIC

##### ANTIBIOTICS

###### Preferred

Ciprodex® Suspension  
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)  
ofloxacin drops (generic for Floxin®)

###### Non-Preferred

Cipro® HC Suspension  
ciprofloxacin solution (generic for Cetraxal®)  
Coly-Mycin® S Drops  
Cortisporin-TC® Suspension

##### ANTI-INFECTIVES AND ANESTHETICS

###### Preferred

acetic acid solution (generic for Vosol®)  
acetic acid-aluminum drops (generic for Domeboro®)  
antipyrine-benzocaine drops (generic for Auralgan®)  
Auroguard® Solution (branded generic for Auralgan®)

###### Non-Preferred

Acetasol HC® Drops (branded generic for Vosol® HC)  
acetic acid-hydrocortisone solution (generic for Vosol® HC)  
Otic Care® Solution  
Oto-End 10® Drops  
Otozin® Ear Drops  
Pinnacaine® Otic Drops

#### RESPIRATORY

##### BETA-ADRENERGIC HANDHELD, LONG ACTING

###### Preferred

Foradil® Aerolizer Capsule **<No longer made after January, 2016>**  
Serevent® Diskus

###### Non-Preferred

Arcapta® Neohaler  
Striverdi® Respimat Inhalation Spray

##### BETA-ADRENERGIC HANDHELD, SHORT ACTING

###### Preferred

Proair® HFA Inhaler  
Proventil® HFA Inhaler

###### Non-Preferred

Ventolin® HFA Inhaler  
Xopenex® HFA Inhaler

##### BETA-ADRENERGIC NEBULIZERS

###### Preferred

albuterol sulfate 2.5mg/0.5ml solution  
albuterol sulfate 2.5mg/3ml solution  
albuterol sulfate 5mg/ml solution

###### Non-Preferred

**Exemption for use of Accuneb/generic Accuneb in patients < 2 years old**

albuterol 0.63mg/3ml solution (generic for Accuneb®)  
albuterol 1.25mg/3ml solution (generic for Accuneb®)  
Brovana® Solution  
levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate )  
Perforomist® Solution  
Xopenex® Solution / Concentrate Solution

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### RESPIRATORY

##### BETA-ADRENERGIC - ORAL

###### Preferred

albuterol tablets (generic for Proventil® Repetabs)  
albuterol syrup (generic for Ventolin® Syrup)  
metaproterenol syrup (generic for Alupent® Syrup)  
terbutaline tablet (generic for Brethine®)

###### Non-Preferred

albuterol ER tablets (generic for VoSpire® ER)  
metaproterenol tablet (generic for Alupent® Tablet)  
VoSpire® ER Tablet

##### COPD AGENTS

###### Preferred

Atrovent® HFA Inhaler  
Combivent® Respimat Inhalation Spray  
ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution)  
ipratropium-albuterol solution (generic for Duoneb®)  
Spiriva® Handihaler

###### Non-Preferred

**Failure of only Spiriva® required to obtain non-preferred medication**

Anoro® Elipta Inhaler  
Daliresp® Tablet  
Incruse® Elipta Inhaler  
Spiriva® Respimat Inhalation Spray  
Tudorza® Pressair Inhaler

##### CORTICOSTEROIDS

**Clinical criteria apply**

###### Preferred

Pulmicort® Respules 0.25mg, 0.5mg  
QVAR® Inhaler

###### Non-Preferred

Aerospan® Inhaler  
Alvesco® Inhaler  
Arnuita Elipta® Inhaler  
Asmanex® HFA Inhaler  
Asmanex® Twisthaler  
budesonide suspension (generic for Pulmicort® Respules)  
Flovent® Diskus / HFA Inhaler  
Pulmicort® Flexhaler / Respules 1mg

##### CORTICOSTEROID COMBINATION

**Clinical criteria apply**

###### Preferred

Advair® Diskus / HFA Inhaler  
Dulera® Inhaler  
Symbicort® Inhaler

###### Non-Preferred

Breo Elipta®

##### INTRANASAL RHINITIS AGENTS

###### Preferred

Astelin® Nasal Spray  
Astepro® Nasal Spray  
azelastine spray (generic for Astelin®, Astepro®)  
fluticasone spray (generic for Flonase®)  
ipratropium spray (generic for Atrovent® Nasal)  
Nasonex® Nasal Spray  
Patanase® Nasal Spray

###### Non-Preferred

**Exemption for steroids applies to patients < 4 years old**

Atrovent® Spray  
Beconase® AQ spray  
budesonide nasal spray (generic for Rhinocort® Aqua)  
Dymista® Nasal Spray  
Flonase® Nasal Spray (RX ONLY)  
flunisolide spray (generic for Nasalide®)  
olopatadine nasal spray (generic for Patanase®)  
Omnaris® Nasal Spray  
QNasl® Nasal Spray / Children's Spray  
Rhinocort® Aqua Nasal Spray  
triamcinolone nasal spray (generic for Nasacort® AQ)  
Veramyst® Nasal Spray  
Zetonna® Nasal Spray

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.  
Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**RESPIRATORY**

LEUKOTRIENE MODIFIERS

**Preferred**

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

**Non-Preferred**

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

LOW SEDATING ANTIHISTAMINES

**Preferred**

cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)  
cetirizine OTC tablets (generic for Zyrtec® OTC Tablets)  
cetirizine RX syrup (generic for Zyrtec® Syrup)  
loratadine OTC ODT / solution / tablet (generic for Claritin® OTC)

**Non-Preferred**

**Exemption for use of Clarinex syrup in patients < 2 years old**

cetirizine OTC chewable (generic for Zyrtec® OTC)  
cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)  
Clarinex® Syrup / Tablet  
desloratadine ODT / Tablet (generic for Clarinex®)  
fexofenadine OTC suspension / tablet (generic for Allegra® OTC)  
levocetirizine solution / tablet (generic for Xyzal®)  
Xyzal® Solution / Tablet

LOW SEDATING ANTIHISTAMINE COMBINATION

**Quantity limits of 102 days supply per 12 months apply / PA required for class**

**Preferred**

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

**Non-Preferred**

cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)  
Clarinex-D® Tablet  
Semprex-D® Capsule

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### TOPICALS

##### ACNE AGENTS

##### Preferred

Azelex® Cream  
Benzacilin® Gel / Gel Pump  
clindamycin phosphate gel / lotion / pledgets / solution (generic for Cleocin-T®)  
Differin® Cream / Gel / Gel Pump / Lotion  
tretinoin cream / gel (generic for Retin-A®)

##### Non-Preferred

Acanya® Gel Pump  
Aczone® Gel  
adapalene cream / gel / gel pump (generic for Differin®)  
Atralin® Gel  
Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads  
Avar-E® Emollient Cream / Green Emollient Cream / LS Cream  
Avita® Cream / Gel  
Benzamycin® Gel / Pak Gel  
Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths  
benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)  
BP® 10-1 Wash / Cleansing Wash  
Cleocin® T Gel / Lotion / Pledgets / Solution  
Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit  
clindamycin phosphate foam (generic for Evoclin®)  
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®)  
Duac® Gel  
Epiduo® Gel / Gel Pump  
Ery® Pads  
Erygel® Gel  
erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®, A/T/S®, T-Stat®)  
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)  
Evoclin® Foam  
Fabior® Foam  
Klaron® Lotion  
Neuac® Gel / Kit  
Onexton® Gel / Gel Pump  
Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash  
Retin-A® Cream / Gel / Micro Gel / Micro Pump Gel  
Rosula® Cloths / Wash  
Seb-Prev® Wash  
sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)  
sodium sulfacetamide cleanser / cream (generic for Avar® / LS)  
sodium sulfacetamide lotion (generic for Klaron®)  
sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)  
sodium sulfacetamide sulfur kit / wash (generic for Sumadan®)  
sodium sulfacetamide sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)  
sodium sulfacetamide sulfur pad / suspension / wash (generic for Suamxin®)  
SSS® 10-5 Cream / Foam  
sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5)  
Sulfacleanse® Suspension  
Sumadan® Kit / Wash / XLT Kit  
Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash  
Tazorac® Cream / Gel  
tretinoin microsphere gel / gel pump (generic for Retin-A® Micro)  
Veltin® Gel  
Virti-Sulf® Emollient Cream  
Ziana® Gel

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**TOPICALS**

**ANDROGENIC AGENTS**

**Preferred**

Androgel® Packet / Pump

**Non-Preferred**

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

**ANESTHETICS**

**Preferred**

Voltaren® Gel

**Non-Preferred**

**Clinical criteria apply to Lidoderm®**

diclofenac solution (generic for Pennsaid®)  
Flector® Patch  
lidocaine patch (generic for Lidoderm®)  
Lidoderm® Patch  
Pennsaid® Pump / Solution  
Qutenza® Kit

**ANTIBIOTIC**

**Preferred**

Bactroban® Cream  
gentamicin cream / ointment (generic for Garamycin®)  
mupirocin ointment (generic for Bactroban® Ointment)

**Non-Preferred**

Altabax® Ointment  
Bactroban® Ointment / Nasal Ointment  
Centany® AT Ointment Kit / Ointment  
mupirocin cream (generic for Bactroban® Cream)

**ANTIBIOTIC - VAGINAL**

**Preferred**

Cleocin® Vaginal Ovules  
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)  
Metrogel® Vaginal Gel  
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)

**Non-Preferred**

Cleocin® Vaginal Cream  
Clindese® Vaginal Cream  
Nuversa® Vaginal Gel  
Vandazole® Vaginal Gel

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### TOPICALS

##### ANTIFUNGAL

###### Preferred

ciclopirox cream (generic for Loprox® Cream)  
ciclopirox solution (generic for Penlac® Solution)  
clotrimazole RX cream / solution (generic for Lotrimin® RX)  
clotrimazole-betamethasone cream (generic for Lotrisone® cream)  
ketoconazole cream / shampoo (generic for Nizoral®)  
Nyamyc® Powder (branded generic for Nystop®)  
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)  
Nystop® Powder

###### Non-Preferred

**Clinical criteria apply to Vusion®**

Ciclodan® Cream / Cream Kit / Kit / Solution  
ciclopirox gel / shampoo / suspension (generic for Loprox®)  
ciclopirox treatment kit (generic for Ciclodan® Kit)  
clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)  
CNL® 8 Nail Kit  
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  
Lotrisone® Cream  
Luzu® Cream  
Mentax® Cream  
Naftin® Cream / Gel  
Nizoral® Shampoo  
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)  
Oxistat® Cream / Lotion  
Pediaderm AF® Kit  
Penlac® Solution  
Vusion® Ointment

##### ANTIPARASITICS

###### Preferred

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

###### Non-Preferred

**Failure of only one preferred required to obtain a non-preferred Medication**

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

##### ANTIVIRAL

###### Preferred

Zovirax® Cream / Ointment  
acyclovir ointment (generic for Zovirax® Ointment)

###### Non-Preferred

Denavir® Cream  
Xerese® Cream

##### IMMUNOMODULATORS

##### Atopic Dermatitis

**Clinical criteria apply**

###### Preferred

Elidel® Cream

###### Non-Preferred

Protopic® Ointment  
tacrolimus ointment (generic Protopic®)

##### Imidazoquinolinamines

###### Preferred

Aldara® Cream

###### Non-Preferred

imiquimod cream packet (generic for Aldara®)  
Zyclara® Cream / Cream Pump

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### TOPICALS

##### PSORIASIS

###### Preferred

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

###### Non-Preferred

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

##### ROSACEA AGENTS

###### Preferred

MetroGel®  
MetroLotion®  
metronidazole cream (generic for MetroCream®)  
metronidazole lotion (generic for MetroLotion®)

###### Non-Preferred

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

#### STEROIDS

##### Low Potency

###### Preferred

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

###### Non-Preferred

Aqua Glycolic® HC Kit  
Capex® Shampoo  
Desonate® Gel  
desonide lotion (generic for DesOwen® Lotion)  
DesOwen® Lotion  
fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil)  
Pediaderm® HC Kit / TA Kit  
Texacort® Solution

##### Medium Potency

###### Preferred

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

###### Non-Preferred

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



# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### TOPICALS

##### STEROIDS (Continued)

###### High Potency

###### Preferred

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

###### Non-Preferred

amcinonide cream / lotion / ointment (generic for Cyclocort®)  
 betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)  
 betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)  
 betamethasone valerate foam (generic for Valisone®)  
 desoximetasone cream / gel / ointment (generic for Topicort®)  
 diflorasone cream / ointment (generic for Florone®)  
 Diprolene® Lotion / Ointment / AF Cream  
 fluocinonide ointment (generic for Lidex® Ointment)  
 Halog® Cream / Ointment  
 Kenalog® Spray  
 Topicort® Cream / Gel / Ointment / Spray  
 Trianex® Ointment  
 Vanos® Cream

###### Very High Potency

###### Preferred

clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)  
 clobetasol solution (generic for Cormax®)  
 Cormax® Solution  
 halobetasol propionate cream / ointment (generic for Ultravate®)

###### Non-Preferred

Apexicon E® Cream  
 clobetasol foam / emulsion foam (generic for Olux® / Olux-E®)  
 clobetasol lotion / shampoo (generic for Clobex®)  
 clobetasol spray (generic for Clobex® spray)  
 Clobex® Lotion / Shampoo / Spray  
 Clodan® Kit / Shampoo  
 Olux® Foam / E-Foam  
 Temovate® Cream / Emollient Cream / Ointment  
 Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack

#### MISCELLANEOUS

##### EPINEPHRINE, SELF INJECTED

###### Preferred

Epi-Pen® Auto Injector / JR Auto Injector

###### Non-Preferred

Adrenaclick® Auto Injector  
 Auvi-Q® Auto Injector  
 epinephrine auto injector (generic for Adrenaclick®)

##### ESTROGEN AGENTS, COMBINATIONS

###### Preferred

Activella® Tablet  
 estradiol/norethindrone tablet (generic for Activella®)  
 FemHRT® Tablet  
 Jinteli® (branded generic for FemHRT®)  
 Mimvey® / Lo (branded generic for Activella®)  
 norethindrone-ethinyl estradiol (generic for FemHRT®)  
 Prefest® Tablet  
 Premphase® Tablet  
 Prempro® Tablet

###### Non-Preferred

Lopreeza® Tablet

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### MISCELLANEOUS

##### ESTROGEN AGENTS, ORAL/TRANSDERMAL

###### Preferred

Cenestin® Tablet  
Climara® Patch / Pro Patch  
Enjuvia® Tablet  
Estrace® Tablet  
estradiol patch (generic for Climara®, Menostar®)  
estradiol tablet (generic for Estrace®)  
estropipate tablet (generic for Ogen®)  
Evamist® Spray  
Menest® Tablet  
Premarin® Tablet  
Vivelle-Dot® Patch

###### Non-Preferred

Alora® Patch  
Divigel® Gel Packet  
Duavee® Tablet  
Elestrin® Gel  
estradiol patch (generic for Vivelle-Dot®)  
Menostar® Patch  
Mini-Velle® Patch

##### ESTROGEN AGENTS, VAGINAL PREPARATIONS

###### Preferred

Estring® Vaginal Ring  
Premarin® Vaginal Cream  
Vagifem® Vaginal Tablet

###### Non-Preferred

Estrace® Cream  
Femring® Vaginal Ring

##### GLUCOCORTICOID STEROIDS, ORAL

###### Preferred

budesonide EC capsule (generic for Entocort® EC)  
dexamethasone elixir / tablet (generic for Decadron®)  
dexamethasone solution (generic for Concedix®)  
Entocort® EC Capsule  
hydrocortisone tablet (generic for Cortef®)  
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)  
Orapred® ODT  
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®)  
prednisolone solution (generic for Prelone®)  
prednisone dose pack (generic for Sterapred®)  
prednisone solution / tablet (generic for Deltasone®)

###### Non-Preferred

Cortef® Tablet  
cortisone tablet (generic for Patisone®)  
Dexamethasone Intensol® Drops  
Dexpak® Tablet  
Medrol® Dose Pack / Tablet  
methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)  
Millipred® Dose Pack / Tablet  
PediaPred® Solution  
prednisolone ODT (generic for Orapred® ODT)  
Prednisone Intensol® Concentrated Solution  
Rayos® Tablet

**Exemption for Children 12 years and younger**

Millipred® Solution  
Veripred® Solution

##### IMMUNOMODULATORS, SYSTEMIC

**Clinical criteria apply**

###### Preferred

Enbrel® Kit / Sureclick Syringe / Syringe  
Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe

###### Non-Preferred

Actemra® Syringe / Vial  
Cimzia® Starter Kit / Syringe Kit / Vial Kit  
Cosentyx® Pen / Syringe  
Entyvio® Vial  
Orencia® SQ Syringe  
Otezla® Starter Pack / Tablet  
Simponi® Aria Vial / Pen Injector / Syringe  
Stelara® Syringe  
Xeljanz® Tablet

**Exemption for Diagnosis of Neonatal Onset: Multi-System Inflammatory Disease**

Kineret® Syringe

# North Carolina Division of Medical Assistance

## North Carolina Medicaid and Health Choice

### Preferred Drug List (PDL)

Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated

Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

#### MISCELLANEOUS

##### IMMUNOSUPPRESSANTS

###### Preferred

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

###### Non-Preferred

##### OPIOID ANTAGONIST

###### Preferred

naloxone ampule / syringe / vial (generic for Narcan®)

###### Non-Preferred

Evzio® Auto-Injector

##### OPIOID DEPENDENCE

**Clinical criteria apply**

###### Preferred

Suboxone® SL Film

###### Non-Preferred

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

##### SKELETAL MUSCLE RELAXANTS

###### Preferred

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

###### Non-Preferred

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

North Carolina Division of Medical Assistance  
North Carolina Medicaid and Health Choice  
Preferred Drug List (PDL)  
Effective November 1, 2015

Trial and failure of two preferred agents are required unless otherwise indicated  
Not all therapeutic classes are included on the PDL. Classes not on the PDL are considered preferred.

Prior authorization list, criteria, and forms located at: [www.nctracks.nc.gov](http://www.nctracks.nc.gov)

For more information on the PDL Process: <http://www.ncdhhs.gov/dma/pharmacy/index.htm>

**DIABETIC SUPPLIES**

Roche Diagnostics Corporation is N.C. Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted under the pharmacy point-of-sale system with a prescription. Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Medical Assistance at 919-855-4310 (DME), 919-855-4300 (Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969.

**Meters**

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

**Test Strips**

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

**Lancets**

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

**Lancing Devices**

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

**Control Solutions**

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