

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

Effective November 1, ~~2016~~ 2017

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
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
rivastigmine capsules (generic for Exelon®)

Non-Preferred

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

ANALGESICS

~~NARCOTIC~~ OPIOID ANALGESICS

Long Acting

Clinical criteria apply

Preferred

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

Orally Disintegrating / Oral Spray Schedule II ~~Narcotics~~ **OPIOID**

Clinical criteria apply

Preferred

Actiq® Lozenge
~~Fentora® Buccal Tablet~~

Non-Preferred

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

ANALGESICS

~~NARCOTIC~~ OPIOID ANALGESICS (Continued)

Short Acting Schedule II ~~Narcotics~~ **OPIOID**

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)

Non-Preferred

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

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

Effective November 1, ~~2016~~ 2017

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

morphine solution / tablet (generic for MSIR®) oxycodone concentrated solution (generic for Roxicodone® Intensol) oxycodone solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Xylon® (branded generic for Repraxin®)	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/APAP suspension oxycodone-aspirin tablet (generic for Endodan®, Percodan®) oxycodone concentrated solution (generic for Roxicodone® Intensol) oxycodone-ibuprofen tablet (generic for Combunox®) oxymorphone tablet (generic for Opana®) oxycodone capsule (generic for OxyIR®) Percocet® Tablet Percodan® Tablet Primelev® Tablet Reprexain® Tablet Roxicet® Solution Roxicodone® Tablet Vicodin® Tablet / ES Tablet / HP Tablet Vicoprofen® Tablet Xodol® Tablet Zamicet® Solution
--	---

ANALGESICS

NARCOTIC OPIOID 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

ANALGESICS

NSAIDS

Preferred

Non-Preferred

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

Effective November 1, ~~2016~~ 2017

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

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 tablet (generic for Naprosyn® Tablet)
sulindac tablet (generic for Clinoril®)

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®)

Inflammacin® tablets

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
Naprosyn® EC
naproxen CR
naproxen sodium ER tablet (generic for Naprelan®)
naproxen sodium tablet (generic for Anaprox®)
naproxen suspension (generic for Naprosyn® Suspension)
oxaprozin tablet (generic for DayPro®)
piroxicam capsule (generic for Feldene®)
Ponstel® Kapseals
Sprix® Nasal Spray
Tivorbex® capsule
tolmetin capsule / tablet (generic for Tolectin®)
Vivlodex™
Voltaren® XR Tablet
Zipsor® Capsule
Zorvolex® Capsule

Exemption for Children Under 12

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

Preferred

Clinical criteria apply to Brand and Generic

Celebrex® Capsule

celecoxib capsule (generic for Celebrex®)

Non-Preferred

celecoxib capsule (generic for Celebrex®)

Celebrex® Capsule

Duexis® Tablet

ANALGESICS

NEUROPATHIC PAIN

Preferred

duloxetine capsule (generic for Cymbalta®)

Non-Preferred

Clinical criteria apply to Lidoderm® and lidocaine patch

Cymbalta® Capsule

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

Effective November 1, ~~2016~~ 2017

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

gabapentin capsule / solution (generic for Neurontin®)

Gralise® Starter Pack / Tablet
Horizant®
Irenka® Capsule
Lyrica® Capsule / Solution
Neurontin® Capsule / Solution / Tablet
Savella® Tablet / Titration Pack
Dermacin RX® PHN PAK
lidocaine patch (generic for Lidoderm®)
Lidoderm® Patch
Qutenza® Kit

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

Patients with seizure disorder are exempt and may use any carbamazepine product.

Preferred

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

Oxtellar® XR Tablet
Tegretol® Suspension / Tablet / XR Tablet
~~Trileptal® Suspension~~

Non-Preferred

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

FIRST GENERATION

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

Preferred

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

Non-Preferred

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

ANTICONVULSANTS

SECOND GENERATION

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

Preferred

clonazepam tablet (generic for Klonopin®)
Diastat® Accudial / Pedi System
gabapentin capsule / solution (generic for Neurontin®)
Gabitril® Tablet
lamotrigine chewable / ~~starter kits~~ / tablet (generic for Lamictal®)
levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)

Non-Preferred

Banzel® Suspension / Tablet
~~Briviact® Tablet and Solution~~
clonazepam ODT (generic for Klonopin® Wafer)
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
~~Fycompa® Tablet / Kit/Suspension~~
gabapentin tablet (generic for Neurontin® Tablet)

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

Effective November 1, ~~2016~~ 2017

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

Topiragen® Tablet (branded generic for Topamax®) topiramate sprinkle capsule / tablet (generic for Topamax®) zonisamide capsule (generic for Zonegran®)	Gralise® Starter Pack / Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet lamotrigine starter kits (generic for Lamictal®) lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT) Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Potiga® Tablet Qudexy® XR Capsule Sabril® Powder Packet / Tablet Spritam® Tablet tiagabine tablet (generic for Gabitril®) Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) Trokendi® XR Capsule Vimpat® Solution / Starter Kit / Tablet Zonegran® Capsule
---	--

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS

Cephalosporins and Related

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

Lincosamides and Oxazolidinones

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

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Macrolides and Ketolides

Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®) clarithromycin suspension / tablet (generic for Biaxin®)	Biaxin® Suspension / Tablet clarithromycin ER tablet (generic for Biaxin XL®)

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

Effective November 1, ~~2016~~ 2017

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

E.E.S.® Granules / Filmtab Eryped® Suspension Erythrocin® Filmtab erythromycin EC capsule (generic for Ery-C®) erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension) erythromycin es tablet (E.E.S.® Filmtab)	Ery-Tab® Tablet Ketek® Tablet PCE® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Zmax® Suspension
--	---

Nitromidazoles

Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl® Tablet) Vancocin® Capsule vancomycin capsule (generic for Vancocin®)	Alinia® Suspension / Tablet Difcid® 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®) vancomycin capsule (generic for Vancocin®) Vancocin® Capsule Exemption for Diagnosis of Hepatic Encephalopathy Xifaxan® Tablet

Quinolones

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

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Tetracycline Derivatives

Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®) doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®) minocycline capsule (generic for Minocin®)	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 Doryx® MPC Tablet doxycycline hyclate DR tablet (generic for Doryx DR®) doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®) doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules) doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules

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

Effective November 1, 2016-2017

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

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®)
Grifulvin V® Tablet
nystatin suspension (generic for Nilstat® Suspension)
nystatin tablet (generic for Mycostatin®)
terbinafine tablet (generic for Lamisil®)

Non-Preferred

Ancobon® Capsule
Cresemba® Capsule
Diflucan® Suspension / Tablet
flucytosine capsule (generic for Ancobon®)
griseofulvin micro tablets (generic for Grifulvin V®)
Gris-Peg® Tablet
itraconazole capsule (generic for Sporanox®)
ketoconazole tablet (generic for Nizoral®)
Lamisil® Granules Packet / Tablet
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
entecavir tablet (generic for Baraclude®)
Epivir® HBV Solution / Tablet
Hepsera® Tablet
lamivudine HBV tablet (generic for Epivir® HBV)
Tyzeka® Tablet
Viread® Powder / Tablet

Non-Preferred

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

ANTI-INFECTIVES-SYSTEMIC

ANTIVIRALS (Continued)

Hepatitis C Agents

Preferred

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

Non-Preferred

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

Clinical criteria apply

Harvoni® Tablet
Epclusa® Tablet (for genotype 2 and 3)
Technivie® Dose Pack (for genotype 4)
Viekira® Pak
Viekira® XR Tablet
Zepatier® Tablet

Daklinza® Tablet (for genotype 3)
(must request Sovaldi® in addition to Daklinza® with a separate PA)
Epclusa® Tablet (for genotype 1,4,5 and 6)
Olysio® Capsule
Sovaldi® Tablet

Herpes Treatments

Preferred

acyclovir suspension (generic for Zovirax®)
acyclovir capsule / tablet (generic for Zovirax®)

Non-Preferred

~~acyclovir suspension (generic for Zovirax®)~~
Famvir® Tablet

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

Effective November 1, ~~2016~~ 2017

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

famciclovir tablet (generic for Famvir®) valacyclovir tablet (generic for Valtrex®) Zovirax® Suspension	Sitavig® Buccal Tablet Valtrex® Caplet Zovirax® Capsule / Tablet Zovirax® Suspension
--	---

Influenza

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

Antibiotics, Inhaled

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

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

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

BEHAVIORAL HEALTH

ANTIDEPRESSANTS (Continued)

Selective Serotonin Reuptake Inhibitor (SSRI)

Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®) escitalopram tablet (generic for Lexapro® Tablet) fluoxetine capsule / solution (generic for Prozac®) fluvoxamine tablet (generic for Luvox®) paroxetine tablet (generic for Paxil®) sertraline concentrated solution / tablet (generic for Zoloft®)	Brisdelle® Capsule Celexa® Tablet escitalopram solution (generic for Lexapro® Solution) fluoxetine DR capsules (generic for Prozac® Weekly) fluoxetine tablet (generic for Prozac®) (exemption for children under 12) 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

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, 2016-2017

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

	Sarafem® Tablet Zoloft® Solution / Tablet
--	--

ANTIHYPERKINESIS/ ADHD

Preferred	Non-Preferred
Aptensio® XR	Adderall® Tablet <GENERIC PRODUCT PER FDA>
Adderall® XR Capsule	amphetamine salt combo XR capsules (generic for Adderall XR)
amphetamine salt combo tablets (generic for Adderall®)	Adzenys® XR ODT
clonidine ER tablet (generic for Kapvay®)	Aptensio® XR
Daytrana® Patch	clonidine ER tablet (generic for Kapvay®)
Desoxyn® Tablet	Concerta® Tablet
dextroamphetamine ER capsule (generic for Dexedrine® Spansules)	Dexedrine® Tablet / Spansules
dextroamphetamine tablet (generic for Dexedrine®)	dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)
Focalin® Tablet / XR Capsule	Desoxyn® Tablet
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine solution (generic for ProCentra®)
Kapvay® Tablet	dextroamphetamine ER capsule (generic for Dexedrine® Spansules)
Metadate® CD Capsule / ER Tablet (Discontinued per manufacturer)	Dyanavel® XR
Methylin® Solution	Evekeo® Tablet
methylphenidate ER tablets—Actavis (generic for Concerta®)	Intuniv® Tablet
methylphenidate ER tablets—Kreamer Urban (NOT EQUIVALENT to Concerta®)	methamphetamine tablet (generic for Desoxyn®)
methylphenidate ER tablets—Mallinckrodt (NOT EQUIVALENT to Concerta®)	Methylin® Chewable
methylphenidate ER tablets (generic for Metadate® ER, Ritalin® SR)	methylphenidate CD capsules (generic for Metadate® CD)
methylphenidate tablets (generic for Methylin®, Ritalin®)	methylphenidate chewable / solution (generic for Methylin®)
Quillichew® ER Oral	methylphenidate ER tablets
Quillivant® XR Suspension	methylphenidate LA capsules (generic for Ritalin® LA)
Ritalin® LA Capsule / Tablet	Ritalin® LA Capsule
Strattera® Capsule	ProCentra® Solution
Vyvanse® Capsule	Quillichew® ER Oral
	Vyvanse® Chewable Tablet
	Zenzedi® Tablet

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Trial and Failure of only 1 preferred required

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

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

Oral

Trial and Failure of only 1 preferred required

Preferred	Non-Preferred
Abilify® Discmelt	Abilify® Tablet
aripiprazole Tablet / Solution (generic for Abilify®)	aripiprazole ODT (generic for Abilify®)
clozapine ODT (generic for FazaClo®)	Clozaril® Tablet
clozapine tablet (generic for Clozaril®)	Fanapt® Titration Pack
Fanapt® Tablet	Fanapt® Tablet
Invega® Tablet	FazaClo® ODT
Latuda® Tablet	Geodon® Capsule
olanzapine ODT / tablet (generic for Zyprexa®)	Latuda® Tablet

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

Effective November 1, ~~2016~~ 2017

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

quetiapine tablet (generic for Seroquel®)	Nuplazid® Tablet
risperidone ODT / solution/tablet (generic for Risperdal®)	olanzapine-fluoxetine (generic for Symbyax®)
Saphris® SL Tablet	paliperidone (generic for Invega® Tablet)
Seroquel® XR Tablet	Risperdal® Solution / Tablet / M-Tab ODT
Symbyax® Capsule	Rexulti® Tablet
ziprasidone capsule (generic for Geodon®)	Seroquel® Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule
	Zyprexa® Tablet / Zydis Tablet

CARDIOVASCULAR

ACE INHIBITORS

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

ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS

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

ACE INHIBITOR DIURETIC COMBINATIONS

Preferred	Non-Preferred
benazepril-HCTZ tablet (generic for Lotensin® HCT)	Accuretic® Tablet
enalapril-HCTZ tablet (generic for Vaseretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	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

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

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

Preferred	Non-Preferred
Diovan® Tablet	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
	Benicar® Tablet

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

Effective November 1, ~~2016~~ 2017

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

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

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

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

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

ANGIOTENSIN II RECEPTOR-NEPRILYSIN BLOCKER COMBINATIONS

Preferred	Non-Preferred
Entresto® Clinical Criteria Apply	

ANTI-ARRHYTHMICS

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

CARDIOVASCULAR

BETA BLOCKERS

Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)

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

Effective November 1, ~~2016~~ 2017

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

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®)

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
metoprolol-HCTZ tablet (generic for Lopressor® HCT)
propranolol-HCTZ tablet (generic for Inderide®)
nadolol-bendroflumethiazide (generic for Corzide®)
Tenoretic® Tablet
Ziac® Tablet

BILE ACID SEQUESTRANTS

Preferred

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

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®)
rosuvastatin tablet (generic for Crestor®)

Non-Preferred

Altoprev® Tablet
amlodipine-atorvastatin tablet (generic for Caduet®)
Caduet® Tablet
Crestor® Tablet
ezetimibe (generic for Zetia®)
fluvastatin capsule / ER tablet (generic for Lescol® / XL)
Lescol® Capsule / XL Tablet
Lipitor® Tablet
Livalo® Tablet
Pravachol® Tablet
~~rosuvastatin tablet (generic for Crestor®) (NR)~~
Vytorin® Tablet
Zetia® Tablet

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

Effective November 1, ~~2016~~ 2017

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

	Zocor® Tablet Juxtapid® Capsule Kynamro® Syringe Clinical criteria apply
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 Gonitro® Sublingual Powder Isordil® Tablet / Titradose Tablet Nitro-Bid® Ointment Nitro-Dur® Patch Nitrolingual® Spray Nitromist® Spray
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred Afedital 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
ENDOTHELIN RECEPTOR ANTAGONISTS	
Preferred Letairis® Tablet Tracleer® Tablet	Non-Preferred Opsumit® Tablet
CARDIOVASCULAR	
INHALED PROSTACYCLIN ANALOGS	
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	Non-Preferred
NIACIN DERIVATIVES	
Preferred Niaspan® ER Tablet niacin ER tablet (generic for Niaspan®)	Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) Niaspan® ER Tablet
NITRATE COMBINATION	
Preferred Bidil® Tablet	Non-Preferred

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, 2016-2017

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

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Calan® Tablet Cartia XT® Capsule (branded generic for Cardizem CD®) Dilt XR® Capsule (branded generic for Dilacor XR®) diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®) diltiazem 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 tablet / ER tablet (generic for Calan® / SR) Verelan® PM Capsule	Calan SR® Caplet Cardizem CD® Capsule Cardizem® LA Tablet Cardizem® Tablet diltiazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazac® Capsule verapamil 360 mg capsule verapamil ER capsules (generic for Verelan®) verapamil PM capsule (generic for Verelan PM®) Verelan® Capsule Verelan® PM Capsule
ORAL PULMONARY HYPERTENSION	
Preferred	Non-Preferred
Adcirca® Tablet sildenafil (generic for Revatio®) tablet	Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet
PLATELET INHIBITORS	
Preferred	Non-Preferred
Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet	aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet Zontivity® Tablet
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
Ranexa® Tablet	Corlanor® Tablet
CARDIOVASCULAR	
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
Catapres®-TTS Patch clonidine tablets (generic for Catapres®) guanfacine tablet (generic for Tenex®) methyldopa tablet (generic for Aldomet®)	Catapres® Tablet clonidine patches (generic for Catapres®-TTS) Clorpres® Tablet (branded generic for Combipres®) methyldopa-HCTZ tablet (generic for Aldoril®) methyldopate injection (generic for Aldomet® Injection) reserpine tablet (generic for Serpalan®) Tenex® Tablet
TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (Tricor®) fenofibric acid capsule / tablet (Trilipix®) gemfibrozil tablet (generic for Lopid®) Tricor® Tablet	Exemption for use of Lovaza® or generic in patients with triglycerides ≥500mg/dl Antara® Capsule fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)

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

Effective November 1, ~~2016~~ 2017

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

Trilipix® Capsule

fenofibrate tablet (generic for Fenoglide®)
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®)
Tricor® Tablet
Triglide® Tablet
Trilipix® Capsule
Vascepa® Capsule

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to triptans

Preferred

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

Non-Preferred

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

ANTINARCOLEPSY

Clinical criteria apply

Preferred

Nuvigil® Tablet
Provigil® Tablet

Non-Preferred

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

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®)

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®)

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

Effective November 1, ~~2016~~ 2017

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

selegiline capsule / tablet (generic for Emsam®)
trihexyphenidyl elixir / tablet (generic for Artane®)

Horizant®
Lodosyn® Tablet
Mirapex® Tablet / ER Tablet
Neupro® Patch
Parlodel® Capsule / Tablet
pramipexole ER tablet (generic for Mirapex ER®)
rasagiline (generic for Azilect®)
Requip® Tablet / XL Tablet
ropinirole ER tablet (generic for Requip XL®)
Rytary® ER Capsule
Sinemet® Tablet / CR Tablet
Stalevo® Tablet
Tasmar® Tablet
tolcapone tablet (generic for Tasmar®)
Xadago® (NR)
Zelapar® ODT

MULTIPLE SCLEROSIS

Preferred

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

Non-Preferred

Ampyra® Tablet
Aubagio® Tablet
Extavia® Kit / Vial
Glatopa® Syringe
Lemtrada® Vial
Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
Zinbryta® Injection
Ocrevus®

SEDATIVE HYPNOTICS

Quantity limits apply

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
estazolam tablet (generic for Prosom®)
eszopiclone tablet (generic for Lunesta®)
Halcion® Tablet
Hetlioz® Capsule
Intermezzo® SL Tablet
Lunesta® Tablet
Restoril® Capsule
Rozerem® Tablet
Silenor® Tablet
Sonata® Capsule
temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
triazolam tablet (generic for Halcion®)
zaleplon capsule (generic for Sonata®)
zolpidem ER tablet (generic for Ambien® CR)
zolpidem SL tablet (generic for Intermezzo®)
zolpimist oral spray

CENTRAL NERVOUS SYSTEM

SMOKING CESSATION

Preferred

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

Buproban® Tablet (branded generic for Zyban®)

Non-Preferred

Nicoderm® CQ Patch

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

Effective November 1, ~~2016~~ 2017

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

bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Spray
Chantix® Tablet / Starting Box / Continuation Month Box	Nicorette® Gum / Lozenge (Buccal)
Nicorelief® Gum	Zyban® SR Tablet
Nicorette® Gum / Lozenge	
nicotine gum / lozenge / patch	

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply

Preferred	Non-Preferred
Genotropin® Cartridge / Miniquick	Genotropin® Cartridge / Miniquick
Norditropin® Flexpro / Nordiflex	Humatrope® Cartridge / Vial
Nutropin® AQ Pen / Nuspin	Nutropin® AQ Pen / Nuspin
Serostim® Vial	Omnitrope® Cartridge / Vial
	Saizen® Click-Easy Cartridge / Vial
	TevTropin® Vial
	Zomacton® Vial
	Zorbtive® Vial

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Preferred	Non-Preferred
Humalog® Kwikpen	Humalog® Kwikpen
Humalog® Vial	Afrezza® Inhalation Powder
Novolog® Cartridge / Flexpen / Vial	Apidra® Solostar / Vial
	Humalog® Cartridge

Short Acting Insulin

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

Intermediate Acting Insulin

Preferred	Non-Preferred
Humulin® N Pen / Vial	Humulin® N Pen
	Novolin® N Vial / Relion Vial

Long Acting Insulin

Preferred	Non-Preferred
Trial and Failure of only 1 Preferred required	
Lantus® Solostar / Vial	Basaglar Kwikpen®
Levemir® FlexTouch / FlexPen / Vial	Tresiba® Flextouch
	Toujeo® Solostar

Premixed Rapid Combination Insulin

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

Premixed 70/30 Combination Insulin

Preferred	Non-Preferred
Humulin® 70/30 Pen / Vial	Humulin® 70/30 Pen
	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, ~~2016~~ 2017

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
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

Symlin® Pen Injector

Non-Preferred

GLP-1 Receptor Agonists 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

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

Non-Preferred

Continuation of therapy requires documentation that clinical goals have been met

Adlyxin® Injection
Soliqua® Injection
Trulicity® Pen
Victoza® Pen
Xultophy® Injection

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

Preferred

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

Non-Preferred

Alpha-Glucosidase Inhibitors

Preferred

acarbose tablet (generic for Precose®)
Glyset® Tablet

Non-Preferred

miglitol tablet (generic for Glyset®)
Precose® Tablet

Biguanides and Combinations

Preferred

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

Non-Preferred

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

DPP-IV Inhibitors and Combinations

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

Preferred

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

Non-Preferred

alogliptin tablet (generic for Nesina®)
alogliptin-metformin tablet (generic for Kazano®)
alogliptin-pioglitazone tablet (generic for Orseni®)
Glyxambi® Tablet
Jentadueto® XR Tablet

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, ~~2016~~ 2017

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

	Kazano® Tablet Kombiglyze® XR Tablet Nesina® Tablet Onglyza® Tablet Oseni® Tablet
ENDOCRINOLOGY	
HYPOGLYCEMICS - ORAL (continued)	
Meglitinides	
Preferred nateglinide tablet (generic for Starlix®) repaglinide tablet (generic for Prandin®)	Non-Preferred Prandin® Tablet Starlix® Tablet
Meglitinides Combinations	
Preferred Prandimet® Tablet	Non-Preferred 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 contraindication or adverse event even when using a preferred product	
Preferred Farxiga® Tablet Invokamet® Tablet Invokana® Tablet Jardiance® Tablet	Non-Preferred Farxiga® Tablet Invokamet® Tablet Invokamet® XR tablet Invokana® Tablet Jardiance® Tablet Synjardy® Tablet Xigduo® XR Tablet Synjardy® 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	Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch Sustol® Injection trimethobenzamide capsule (generic for Tigan®)

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, 2016-2017

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

Emend® Capsule / Trifold Pack Clinical criteria apply	Varubi® Tablet Zofran® Solution / ODT / Tablet Zuplenz® Soluble Film Clinical criteria apply aprepitant capsule/pack (generic for Emend®) Emend® Powder Packet Emend® Trifold Pack Exemption for Diagnosis of Pregnancy Diclegis® Tablet
BILE ACID SALTS	
Preferred ursodiol capsule (generic for Actigall®) ursodiol tablet (generic for Urso®)	Non-Preferred Actigall® Capsule Chenodal® Tablet Cholbam® Capsule Ocaliva® Tablet Urso® Tablet / Forte Tablet ursodiol capsule (generic for Actigall®) ursodiol tablet / forte tablet (generic for Urso® / Urso® Forte)
GASTROINTESTINAL	
H. PYLORI COMBINATIONS	
Preferred lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) Pylera® Capsule	Non-Preferred lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) Omeclamox-Pak® Combo Pack Prevpac® Patient 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 Pancrease® 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®) Protonix® Suspension	Non-Preferred 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

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, 2016-2017

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

	Prilosec® RX Capsule / Suspension Protonix® Tablet rabeprazole tablet (generic for Aciphex®) Zegerid® RX / OTC Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred Amitiza® Capsule Linzess® Capsule Movantik® Tablet	Non-Preferred alosetron tablet (generic for Lotronex® Tablet) Lotronex® Tablet Movantik® Tablet Relistor® Syringe / Vial Relistor® oral Tablet Trulance® Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D) Viberzi® Tablet
GASTROINTESTINAL	
ULCERATIVE COLITIS	
Oral	
Preferred Apriso® Capsule balsalazide capsule (generic for Colazal®) sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®) Sulfazine® (branded generic for Azulfidine®)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet Lialda® Tablet mesalamine tablet (generic for Asacol® HD) Pentasa® Capsule Uceris® TabletA
Rectal	
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®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodart®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®) terazosin capsule (generic for Hytrin®)	Non-Preferred Avodart® Softgel Cardura® Tablet / XL Tablet dutasteride/ tamsulosin capsule (generic Jalyn capsule®) dutasteride capsule (generic Avodart®) Flomax® Capsule Jalyn® Capsule Proscar® Tablet Rapaflo® Capsule Uroxatral® Tablet Clinical Criteria Apply Cialis® Tablet
ELECTROLYTE DEPLETERS	
Preferred	Non-Preferred

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

Effective November 1, ~~2016~~ 2017

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

calcium acetate capsule (generic for PhosLo®) calcium acetate tablet (generic for Eliphos®) Eliphos® Tablet Renagel® Tablet Renvela® Powder Pack	Exemption for use of Renvela Powder Pack in patients < 12 years old. Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack Magnebind® 400 RX Tablet PhosLo® Gelcap / Solution Phoslyra® Solution Renvela® Tablet / Powder Pack sevelamer tablet / powder pack (NR) (generic for Renvela®) Velphoro® Chewable
---	---

GENITOURINARY/RENAL

URINARY ANTISPASMODICS

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

GOUT

ANTIHYPERURICEMICS

Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®) colchicine tablet (generic for Colcrys®) colchicine capsule (generic for Mitigare®) probenecid tablet (generic for Benemid®) probenecid-colchicine tablet (generic for Col-Benemid®)	colchicine capsule (generic for Mitigare®) colchicine tablet (generic for Colcrys®) Colcrys® Tablet Mitigare® Capsule Uloric® Tablet Zyloprim® Tablet Zurampic® Tablet

HEMATOLOGIC

ANTICOAGULANTS

Injectable

Preferred	Non-Preferred
Fragmin® Syringe / Vial Lovenox® Syringe / Vial	Arixtra® Syringe enoxaparin syringe / vial (generic for Lovenox®) fondaparinux syringe (generic for Arixtra®)

Oral

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

HEMATOPOIETIC AGENTS

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

Effective November 1, ~~2016~~ 2017

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

Clinical criteria apply

Preferred

Aranesp® Syringe / Vial
Procrit® Vial

Non-Preferred

Epogen® Vial
Mircera® Syringe

THROMBOPOIESIS STIMULATING AGENTS

Preferred

Neumega® Vial- not available
Nplate® Vial
Promacta® Tablet

Non-Preferred

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred

cromolyn sodium drops (generic for CroLom®)
olopatadine drops (AG generic for Patanol®)
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®)
Lastacaft® Drops
olopatadine drops (generic for Pataday®) (NR)
Optivar® Drops
Patanol® Drops
Pataday® Drops
Pazeo® Drops

ANTIBIOTICS

Preferred

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

Non-Preferred

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

ANTIBIOTICS-STEROID COMBINATIONS

Preferred

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

Non-Preferred

Blephamide® Drops / S.O.P. Ointment
Maxitrol® Drops / Ointment
Neo-Polycin® HC (branded generic for Cortisporin®)
neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®)

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

Effective November 1, ~~2016~~ 2017

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

	Pred-G® S.O.P. Ointment / Suspension sulfacetamide-prednisolone drops (generic for Vasocidin®) Tobradex® ST Drops tobramycin-dexamethasone suspension (generic for Tobradex® Suspension) Zylet® Drops
OPHTHALMIC	
ANTI INFLAMMATORY	
Preferred dexamethasone drops (generic for Decadron®) diclofenac drops (generic for Voltaren®) Durezol® Drops Flarex® Drops fluorometholone drops (generic for FML®) flurbiprofen drops (generic for Ocufen®) FML® Forte Drops / S.O.P. Ointment ketorolac solution (generic for Acular® / LS) Lotemax® Drops Maxidex® Drops Pred Mild® Drops prednisolone acetate drops (generic for Pred Forte®) prednisolone sodium phosphate drops (generic for Inflamase Forte®)	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 Triescence® Vial Vexol® Drops
ANTI INFLAMMATORY/IMMUNOMODULATOR	
Preferred Restasis® Restasis® (multidose)	Non-Preferred Xiidra®
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 carteolol drops (generic for Ocupress®) Combigan® Drops Istalol® Drops levobunolol drops (generic for Betagan®) timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®)	Non-Preferred betaxolol drops (generic for Betoptic®) Betagan® Drops Betimol® Drops Betoptic® S Drops metipranolol drops (generic for OptiPranolol®) Timoptic® Drops / Ocudose Drops / XE Solution
Carbonic Anhydrase Inhibitors	
Preferred 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	Non-Preferred

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, ~~2016~~ 2017

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

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

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®) Evista® Tablet Fortical® Nasal Spray raloxifene tablet (generic for Evista®)	Actonel® Tablet 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®) Evista® Tablet Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Miacalcin® Nasal Spray Prolia® Syringe raloxifene tablet (generic for Evista®) risedronate tablet (generic for Actonel®) Tymlos™ (NR)

OTIC

ANTIBIOTICS

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

ANTI-INFECTIVES AND ANESTHETICS

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

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

Preferred	Non-Preferred
Foradil® Aerolizer Capsule <No longer made after January, 2016> Serevent® Diskus	Arcapta® Neohaler Striverdi® Respimat Inhalation Spray

BETA-ADRENERGIC HANDHELD, SHORT ACTING

Preferred	Non-Preferred
Proair® HFA Inhaler	Proair Respiclick® Ventolin® HFA Inhaler

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

Effective November 1, ~~2016~~ 2017

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

Proventil® HFA Inhaler	Xopenex® HFA Inhaler
BETA-ADRENERGIC NEBULIZERS	
Preferred	Non-Preferred
albuterol 0.63mg/3ml solution (generic for Accuneb®) albuterol 1.25mg/3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg/0.5ml solution albuterol sulfate 2.5mg/3ml solution albuterol sulfate 5mg/ml solution	Exemption for use of Accuneb/generic Accuneb in patients < 2 years old Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution Xopenex® Solution / Concentrate Solution
RESPIRATORY	
BETA-ADRENERGIC - ORAL	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs) albuterol syrup (generic for Ventolin® Syrup) metaproterenol syrup (generic for Alupent® Syrup) terbutaline tablet (generic for Brethine®)	albuterol ER tablets (generic for VoSpire® ER) metaproterenol tablet (generic for Alupent® Tablet) VoSpire® ER Tablet
COPD AGENTS	
Preferred	Non-Preferred
Atrovent® HFA Inhaler Combivent® Respimat Inhalation Spray ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution) ipratropium-albuterol solution (generic for Duoneb®) Spiriva® Handihaler Stiolto® Respimat Inhalation Spray	Failure of only Spiriva® required to obtain non-preferred medication Anoro® Elipta Inhaler Bevespi® Aerosphere Combivent® Respimat Inhalation Spray Daliresp® Tablet Incruse® Elipta Inhaler Seebri® Neohaler Spiriva® Respimat Inhalation Spray 2.5mcg Stiolto® Respimat Inhalation Spray Tudorza® Pressair Inhaler Utibron® Neohaler Spiriva Respimat Inhalation Spray 1.25mcg **Exemption from trial and failure of preferreds for Spiriva® Respimat 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination**
CORTICOSTEROIDS	
Clinical criteria apply	
Preferred	Non-Preferred
Pulmicort® Respules 0.25mg, 0.5mg, 1mg QVAR® Inhaler	Aerospa® Inhaler Alvesco® Inhaler Arnuity Elipta® Inhaler Asmanex® HFA Inhaler Asmanex® Twisthaler budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler Pulmicort® Flexhaler
CORTICOSTEROID COMBINATION	
Clinical criteria apply	
Preferred	Non-Preferred
Advair® Diskus / HFA Inhaler Dulera® Inhaler Symbicort® Inhaler	Advair® HFA Inhaler Breo Elipta® AirDuo® (NR) fluticasone/salmeterol (generic for AirDuo®) (NR)

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

Effective November 1, ~~2016~~ 2017

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

INTRANASAL RHINITIS AGENTS

Preferred

azelastine spray (generic for Astepro®)
Astepro® Nasal Spray
azelastine spray (generic for Astelin®)
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

Astepro® Nasal Spray
Astelin® Nasal Spray
Atrovent® Spray
~~azelastine spray (generic for Astepro®)~~
Beconase® AQ spray
budesonide nasal spray (generic for Rhinocort® Aqua)
Dymista® Nasal Spray
Flonase® Nasal Spray (RX ONLY)
flunisolide spray (generic for Nasalide®)
mometasone nasal spray (generic for Nasonex®)
Nasonex® Nasal Spray
olopatadine nasal spray (generic for Patanase®)
Omnaris® Nasal Spray
QNASL® Nasal Spray / Children's Spray
Rhinocort® Aqua Nasal Spray
Ticanase nasal spray
triamcinolone nasal spray (generic for Nasacort® AQ)
Veramyst® Nasal Spray
Zetonna® Nasal Spray

RESPIRATORY

LEUKOTRIENE MODIFIERS

Preferred

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

Non-Preferred

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

LOW SEDATING ANTIHISTAMINES

Preferred

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

Non-Preferred

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

Allegra® Allergy OTC Tablet
Allegra® Allergy Suspension OTC
~~cetirizine OTC chewable (generic for Zyrtec® OTC)~~
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)
cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
Clarinex® Syrup / Tablet
Claritin® Tablet OTC
desloratadine ODT / Tablet (generic for Clarinex®)
fexofenadine 60mg, 180 mg tablet (generic for Allegra®)
fexofenadine OTC suspension / tablet (generic for Allegra® OTC)
levocetirizine solution / tablet (generic for Xyzal®)
loratadine OTC ODT / solution (generic for Claritin® OTC)
Xyzal® Solution / Tablet
Zyrtec®

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

Allegra-D® 12 Hour OTC Tablet
~~Allegra-D® 24 Hour OTC Tablet~~
cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)
Clarinex-D® Tablet

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

Effective November 1, ~~2016~~ 2017

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

Claritin-D® 12 Hour OTC Tablet
Claritin-D® 24 Hour OTC Tablet
fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)
Semprex-D® Capsule
Zytec-D OTC Tablet

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
Retin-A® Cream / Gel

Non-Preferred

Acne Clearing System
Acanya® Gel Pump
Aczone® Gel
adapalene cream / gel / gel pump (generic for Differin®)
Atralin® Gel
Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads
Avar-E® Emollient Cream / Green Emollient Cream / LS Cream
Avita® Cream / Gel
Benzamycin® Gel / Pak Gel
Benzefoam Ultra
Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths
benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)
BP® 10-1 Wash / Cleansing Wash
Cleocin® T Gel / Lotion / Pledgets / Solution
Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
clindamycin phosphate gel / lotion (generic for Cleocin-T®)
clindamycin phosphate foam (generic for Evoclin®)
clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®)
clindamycin/benzoyl peroxide with pump (generic for Benzaclin®) (NR)
clindamycin/tretinoin (generic for Veltin®)
Duac® Gel
Epiduo® Gel / Gel Pump/ Forte
Ery® Pads
Erygel® Gel
erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®, A/T/S®, T-Stat®)
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)
Evoclin® Foam
Fabior® Foam
Inova® (4/1, 8/2)
Klaron® Lotion
Neuac® Gel / Kit
Onexton® Gel / Gel Pump
Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash
Promiseb® Complete
Retin-A® / Micro Gel / Micro Pump Gel
Rosula® Cloths / Wash
Seb-Prev® Wash
sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
sodium sulfacetamide lotion (generic for Klaron®)
sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
sodium sulfacetamide sulfur kit / wash (generic for Sumadan®)
sodium sulfacetamide sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
sodium sulfacetamide sulfur pad / suspension / wash (generic for Suamxin®)
SSS® 10-5 Cream / Foam
sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5)
Sulfacleanse® Suspension

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

Effective November 1, 2016-2017

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

	Sumadan® Kit / Wash / XLT Kit Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash tazarotene cream Tazorac® Cream / Gel tretinoin microsphere gel / gel pump (generic for Retin-A® Micro) tretinoin cream / gel (generic for Retin-A®) Veltin® Gel Virti-Sulf® Emollient Cream Ziana® Gel
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
NSAIDS	
Preferred Voltaren Gel®	Non-Preferred diclofenac solution (generic for Pennsaid®) diclofenac topical gel (generic for Voltaren ® Gel) Flector® Patch Pennsaid® Pump / Solution Pennsaid® Packet (NR) Klofensaid ® II Vopac® MDS Xrylix®
ANESTHETICS (See Neuropathic Pain and Topical NSAIDS)	
Preferred	Non-Preferred Clinical criteria apply to Lidoderm® and lidocaine patch diclofenac solution (generic for Pennsaid®)- diclofenac topical gel (generic for Voltaren ® Gel)- Dermacin RX® PHN-PAK- 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	Non-Preferred Cleocin® Vaginal Cream

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

Effective November 1, ~~2016~~ 2017

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

Clindese® Vaginal Cream	Clindese® Vaginal Cream
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Nuessa® Vaginal Gel
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Metrogel® Vaginal Gel
Vandazole® Vaginal Gel	

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®

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

ANTIPARASITICS

Preferred

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

Non-Preferred

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

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

ANTIVIRAL

Preferred

Zovirax® Cream

Non-Preferred

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

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

Effective November 1, 2016-2017

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

	Zovirax® Ointment
IMMUNOMODULATORS	
Atopic Dermatitis Clinical criteria apply	
Preferred Elidel® Cream	Non-Preferred Protopic® Ointment tacrolimus ointment (generic Protopic®) Dupixent® Eucrisa 2%® Ointment
Imidazoquinolinamines	
Preferred Aldara® Cream imiquimod cream packet (generic for Aldara®)	Non-Preferred Aldara® Cream imiquimod cream packet (generic for Aldara®) Zyclara® Cream / Cream Pump
TOPICALS	
PSORIASIS	
Preferred calcipotriene cream / ointment / solution (generic for Dovonex®)	Non-Preferred calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vectical® Ointment
ROSACEA AGENTS	
Preferred MetroGel® MetroCream® MetroLotion® metronidazole cream (generic for MetroCream®) metronidazole lotion (generic for MetroLotion®)	Non-Preferred Finacea® Gel MetroCream® metronidazole gel (generic for MetroGel®) Mirvaso® Gel metronidazole cream (generic for MetroCream®) metronidazole lotion (generic for MetroLotion®) Noritate® Cream Rosadan® Cream / Gel / Kit Soolantra® Cream Rhofade®
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 / gel / lotion / ointment (generic for Hytone®) hydrocortisone in absorbase	Non-Preferred Aqua Glycolic® HC Kit Capex® Shampoo Desonate® Gel desonide cream / ointment (generic for DesOwen®) desonide lotion (generic for DesOwen® Lotion) DesOwen® Lotion fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution

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

Effective November 1, ~~2016~~ 2017

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

Medium Potency

Preferred

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

Non-Preferred

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

TOPICALS

STEROIDS (Continued)

High Potency

Preferred

betamethasone valerate cream / lotion / ointment (generic for Valisone®)
fluciclonide 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
fluciclonide cream / emollient cream / gel (generic for Lidex® / Lidex® E)
fluciclonide ointment (generic for Lidex® Ointment)
Halog® Cream / Ointment
Kenalog® Spray
Sernivo® Spray
Dermacin Silapak®
Dermacin RX Silazone®
Sanaderm®RX Solution
Silazone®II
Topicort® Cream / Gel / Ointment / Spray / LP
triamcinolone spray (generic for Kenalog® Spray)
Trianex® Ointment
Vanos® Cream
Vanos® Cream
Ellzia®

Very High Potency

Preferred

clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)
clobetasol solution (generic for Cormax®)
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

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, ~~2016~~ 2017

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

	Olux® Foam / E-Foam Temovate® Cream / Emollient Cream / Ointment Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack Ultravate® Lotion
MISCELLANEOUS	
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
Acitretin (generic for Soriatane®)	Acitretin (generic for Soriatane®)
Methoxsalen Rapid (generic for Oxsoralen-Ultra®)	8-MOP®
Soriatane®	Methoxsalen Rapid (generic for Oxsoralen-Ultra®)
	Oxsoralen-Ultra®
	Soriatane®
EPINEPHRINE, SELF INJECTED	
Preferred	Non-Preferred
Adrenaclick® Auto Injector	Adrenaclick® Auto Injector
epinephrine auto injector (generic for Adrenaclick®)	Auvi-Q® Auto Injector
epinephrine auto injector/JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) 01/01/2017	epinephrine auto injector (generic for Adrenaclick®)
	Epi-Pen® Auto Injector / JR Auto Injector
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella® Tablet	Lopreeza® 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	
MISCELLANEOUS	
ESTROGEN AGENTS, ORAL/TRANSDERMAL	
Preferred	Non-Preferred
Cenestin® Tablet	Alora® Patch
Climara® Patch / Pro Patch	Divigel® Gel Packet
CombiPatch®	Duavee® Tablet
Enjuvia® Tablet	Elestrin® Gel
Estrace® Tablet	estradiol patch (generic for Vivelle-Dot®)
estradiol patch (generic for Climara®, Menostar®)	Menostar® Patch
estradiol tablet (generic for Estrace®)	Mini-Velle® Patch
estropipate tablet (generic for Ogen®)	
Evamist® Spray	
Menest® Tablet	
Premarin® Tablet	
Vivelle-Dot® Patch	
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream	Femring® Vaginal Ring
Vagifem® Vaginal Tablet	Yuvaferm®
	Intrarosa® (NR)

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

Effective November 1, ~~2016~~ 2017

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

GLUCOCORTICOID STEROIDS, ORAL

Preferred

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

Non-Preferred

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

IMMUNOMODULATORS, SYSTEMIC

Clinical criteria apply

Trial and failure of only one preferred agent required

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
Arcalyst® SQ Syringe
Cimzia® Starter Kit / Syringe Kit / Vial Kit
Cosentyx® Pen / Syringe
Entyvio® Vial
Ilaris® Injection
Inflectra™ Vial
Kevzara® (NR)
Orencia® SQ Syringe / Clickjet
Orencia® Vial
Otezla® Starter Pack / Tablet
Remicade® Injection
Simponi® Aria Vial / Pen Injector / Syringe
Stelara® Syringe
Taltz® Auto-injector/syringe
Xeljanz® Tablet/ Xeljanz®XR
Siliq®
Exemption for Diagnosis of Neonatal Onset: Multi-System Inflammatory Disease
Kineret® Syringe

MISCELLANEOUS

IMMUNOSUPPRESSANTS

Preferred

Astagraf® XL Capsule
Azasan® Tablet
azathioprine tablet (generic for Imuran®)
Cellcept® Capsule / Suspension / Tablet
cyclosporine capsule / solution (generic for Sandimmune®)
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)
Envarsus® XR Tablet
Gengraf® Capsule / Solution
Hecoria® Capsule
Imuran® Tablet

Non-Preferred

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, ~~2016~~ 2017

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

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

OPIOID ANTAGONIST

Preferred

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

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

DIABETIC SUPPLIES

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

Meters

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

Test Strips

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

North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
Effective November 1, ~~2016~~ 2017

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

ACCU-CHEK® AVIVA 50 ct test strips

ACCU-CHEK® AVIVA PLUS 50 ct test strips

ACCU-CHEK® SMARTVIEW 50 ct test strips

ACCU-CHEK® COMPACT Plus 51 ct test strips

ACCU-CHEK® Guide 50 ct test strips

Lancets

ACCU-CHEK® Multiclix 102 ct Lancets

ACCU-CHEK® Softclix 100 ct Lancets

ACCU-CHEK® Fastclix 102 ct Lancets

Control Solutions

ACCU-CHEK® Aviva glucose control solution (2 levels)

ACCU-CHEK® Compact blue glucose control solution (2 levels)

ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)

ACCU-CHEK® SmartView glucose control solution (1 level)

ACCU-CHEK® Guide 2-Level control solution (2-levels)