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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

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

Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified

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

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

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

ALZHEIMER'S AGENTS	
	-
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Aricept® Tablet
Exelon® Patch	donepezil 23mg tablet (generic for Aricept®)
memantine tablet / titration pack (generic for Namenda®)	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
rivastigmine capsule (generic for Exelon®)	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namenda Tablet
	Namzaric® Capsule / Titration Pack
	rivastigmine (Transdermal) (generic for Exelon® Patch)
	Razadyne [®] ER Capsule / Tablet
	ANALGESICS
	IOID ANALGESICS ong Acting Opioids
	ia apply to all drugs in this class
Preferred	Non-Preferred
	Arymo [®] ER
buprenorphine patch (generic for Butrans* Patch) OFF-CYCLE CHANGE	
Butrans® Patch OFF-CYCLE CHANGE Embeda® ER Capsule	Belbuca® (Buccal) Film
Embeda ER Capsule fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans® Patch) OFF-CYCLE CHANGE Butrans®-Patch-OFF-CYCLE CHANGE
morphine sulfate ER tablet (generic for MS Contin®)	Conzip® Capsule
OxyContin* Tablet OFF CYCLE CHANGE	Duragesic® Patch
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	Exalgo® Tablet
Xtampza® ER Capsule OFF-CYCLE CHANGE	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic [®])
Attampta ER Capsuic OFF-CT CLE CHANGE	hydrocodone ER capsule (generic for Zohydro® ER) NOT REVIEWED
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Kadian® Capsule
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MorphaBond® ER
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	OxyContin® Tablet OFF-CYCLE CHANGE
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip® Capsule) NOT REVIEWED
	Xtampza* ER Capsule OFF-CYCLE CHANGE
	Zohydro [®] ER Capsule
Orally Disintegration	ng / Oral Spray Schedule II Opioids
Clinical criteri	ia apply to all drugs in this class
Preferred	Non-Preferred
Actiq [®] Lozenge	Abstral [®] SL Tablet
	Dsuvia [™] SL Tablet NOT REVIEWED
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet
	Subsys® Spray
Short Ac	cting Schedule II Opioids
Clinical criteri	ia apply to all drugs in this class
Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	Apadaz [™] Tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	benzhydrocodone-acetaminophen tablet (generic for Apadaz [™] Tablet) NOT REVIEWED
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	codeine sulfate solution / tablet
hydromorphone tablet (generic for Dilaudid® Tablet)	Demerol [®] Tablet
morphine solution / tablet (generic for MSIR®)	Dilaudid [®] Liquid / Tablet
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone-acetaminophen capsules (generic for Tylox®)	Ibudone® Tablet
oxycodone-acetaminophen tablets (generic for Percocet®)	Lazanda® Nasal Spray
Xylon® (branded generic for Reprexain®) Tablet	levorphanol tablet (generic for Levo-Dromoran®)
	Lorcet® Tablet / HD Tablet / Plus Tablet
	Lortab [®] Elixir
	managidina salutian / tahlat (sanagia fan Damagal®)

meperidine solution / tablet (generic for Demerol®)

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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	P
	morphine suppositories (generic for Roxanol®)
	Nalocet® Tablet
	Norco® Tablet
	Nucynta® Tablet
	Opana® Tablet
	Oxaydo® Tablet
	oxycodone/APAP suspension
	oxycodone-aspirin tablet (generic for Endodan®, Percodan®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-ibuprofen tablet (generic for Combunox®)
	oxycodone oral syringe
	oxymorphone tablet (generic for Opana®)
	oxycodone capsule (generic for OxyIR®)
	Percocet® Tablet
	Primlev® Tablet
	Roxicodone® Tablet
	RoxyBond® Tablet
	Vicodin [®] Tablet / ES Tablet / HP Tablet
Short Acting Schedule III	- IV Opioids / Analgesic Combinations
Clinical criteria	apply to all drugs in this class
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine*)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (generic for Ultram®)	butalbital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet®)	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
	butorphanol spray (generic for Stadol®)
	Capital® with Codeine Suspension
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®)
	Fiorinal with Codeine *Capsule
	pentazocine-naloxone tablet (generic for Talwin NX [®])
	Tylenol with Codeine® Tablet
	Tylenol with Codeine® Tablet
	Tylenol with Codeine® Tablet Ultracet® Tablet
	Tylenol with Codeine® Tablet Ultracet® Tablet
Preferred	Tylenol with Codeine® Tablet Ultracet® Tablet Ultram® Tablet NSAIDS
Preferred ibunration suspension / tablet (generic for Matrin®)	Tylenol with Codeine® Tablet Ultracet® Tablet Ultram® Tablet NSAIDS Non-Preferred
ibuprofen suspension / tablet (generic for Motrin®)	Tylenol with Codeine® Tablet Ultracet® Tablet Ultram® Tablet NSAIDS Non-Preferred Arthrotec® Tablet
ibuprofen suspension / tablet (generic for Motrin*) indomethacin capsule (generic for Indocin*)	Tylenol with Codeine® Tablet Ultracer® Tablet Ultram® Tablet NSAIDS Non-Preferred Arthrotec® Tablet Daypro® Caplet
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North Carolina Medicaid and Health Choice Preferred Drug List (PDL)

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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

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

	v/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	Tivorbex® Capsule
	tolmetin capsule / tablet (generic for Tolectin®)
	Vivlodex® Capsule Zipsor® Capsule
	Zorvolex® Capsule
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex®) - Clinical criteria apply	Celebrex® Capsule - Clinical criteria apply
	Duexis® Tablet - Trial and failure of celecoxib required
	Vimovo® Tablet - Trial and failure of celecoxib required
NEUF	OPATHIC PAIN
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	Dermacin Rx [®] PHN Pak [™]
pregabalin capsule /solution (generic for Lyrica® Capsule / Solution) NOT REVIEWED	Drizalma [™] Sprinkle NOT REVIEWED
	Gabacaine™ Kit NOT REVIEWED
	Gralise® Starter Pack / Tablet
	Horizant® Tablet Lyrica® Capsule / Solution
	Lyrica® CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin capsule/solution (generic for Lyrica*-Capsule/Solution) NOT REVIEWED
	Qutenza® Kit
	Savella® Tablet / Titration Pack
	lidocaine patch (generic for Lidoderm®) - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply
	LidoPure [™] Patch Clinical criteria apply NOT REVIEWED Zilacaine [™] Patch Clinical criteria apply NOT REVIEWED
	ZTLido™ Patch - Clinical criteria apply
	ZIERO I aten • Chinear Cheeria appry
ANTIO	CONVULSANTS
CARBAMAZ	EPINE DERIVATIVES
Patients with a diagnosis of seizure disorder are exempt fr	om trial and failure criteria and may use any carbamazepine product.
Preferred	Non-Preferred
Aptiom® Tablet	Carbatrol® Capsule
carbamazepine chewable tablet (generic for Tegretol®)	carbamazepine suspension / tablet (generic for Tegretol®)
carbamazepine ER capsule (generic for Carbatrol®) Equetro® Capsule	carbamazepine XR tablet (generic for Tegretol XR*) Epitol* Tablet
oxcarbazepine tablet / suspension (generic for Trileptal®)	Trileptal® Tablet / Suspension (oral)
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
	GENERATION
·	om trial and failure criteria and may use any first generation product.
Preferred	Non-Preferred
Celontin® Kapseal	Depakene® Capsule / Solution
Dilantin® Capsule / Infatab / Suspension	Depakene* Capsule / Solution Depakote* ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet
Dilantin® Capsule / Infatab / Suspension	Depakene* Capsule / Solution Depakote* ER Tablet / Sprinkle Capsule
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®)
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet
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Dilantin* Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote* / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin*) phenobarbital tablet / elixir / solution Phenytek* Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin*) phenytoin extended capsules (generic for Phenytek*) primidone Tablet (generic for Mysoline*) valproic acid capsule / solution (generic for Depakene*)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution
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Dilantin* Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote* / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin*) phenobarbital tablet / elixir / solution Phenytek* Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin*) phenytoin extended capsules (generic for Phenytek*) primidone Tablet (generic for Mysoline*) valproic acid capsule / solution (generic for Depakene*) SECON Patients with a diagnosis of seizure disorder are exempt fro	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product.
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Dilantin* Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote* / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin*) phenobarbital tablet / elixir / solution Phenytek* Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin*) phenytoin extended capsules (generic for Phenytek*) primidone Tablet (generic for Mysoline*) valproic acid capsule / solution (generic for Depakene*) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred
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Dilantin* Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote* / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin*) phenobarbital tablet / elixir / solution Phenytek* Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin*) phenytoin extended capsules (generic for Phenytek*) primidone Tablet (generic for Mysoline*) valproic acid capsule / solution (generic for Depakene*) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin*) Diastat* Acudial* / Pedi System gabapentin capsule / solution (generic for Neurontin*) gabapentin tablet (generic for Neurontin* Tablet) Gabitril* Tablet	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension / tablet (generic for Onfi® Suspension / Tablet) clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
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Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®) primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin®) Diastat® Acudial® / Pedi System gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet lamotrigine chewable / tablet (generic for Lamietal®) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Barviact® Tablet and Solution clobazam suspension / Tablet (generic for Onfi® Suspension / Tablet) clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Diacomit® Capsule / Powder Pack NOT REVIEWED Epidiolex® Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®) primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin®) Diastat® Acudial® / Pedi System gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitri® Tablet Iamotrigine chewable / tablet (generic for Lamictal®) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Roweepra™ Tablet / XR Tablet	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbanate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension / Tablet (generic for Onfi® Suspension / Tablet) clonazepam ODT (generic for Klonopin® Wafer) diazepam retal / system (generic for Nort REVIEWED Epidiolex® Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome Fycompa® Tablet / Suspension
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®) primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin®) Diastat® Acudial® / Pedi System gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet Iamotrigine chewable / tablet (generic for Lamictal®) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Roweepra™ Tablet / XR Tablet Sabril® Powder Packet	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbanate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension / tablet (generic for Onfi® Suspension / Tablet) Briviact® Tablet and Solution clobazam suspension / tablet (generic for Onfi® Suspension / Tablet) diazepam PODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Diacomit® Capsule / Powder Pack NOT REVIEWED Epidiolex® Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome Fycompa® Tablet / Suspension Gralise® Starter Pack / Tablet
Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®) primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin®) Diastat® Acudial® / Pedi System gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitril® Tablet Iamotrigine chewable / tablet (generic for Lamictal®) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Roweepra™ Tablet / XR Tablet	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbanate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Zarontin® Capsule / Solution D GENERATION n trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension / Tablet (generic for Onfi® Suspension / Tablet) clonazepam ODT (generic for Klonopin® Wafer) diazepam retal / system (generic for Diareta & Accudial / Pedi System) Diacomit® Capsule / Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome Fycompa® Tablet / Suspension
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Dilantin® Capsule / Infatab / Suspension divalproex capsule/ sprinkle / ER tablet / tablet (generic for Depakote® / ER / Sprinkle) ethosuximide capsule / solution (generic for Zarontin®) phenobarbital tablet / elixir / solution Phenytek® Capsule phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) phenytoin extended capsules (generic for Phenytek®) primidone Tablet (generic for Mysoline®) valproic acid capsule / solution (generic for Depakene®) SECON Patients with a diagnosis of seizure disorder are exempt fro Preferred clonazepam tablet (generic for Klonopin®) Diastat® Acudial® / Pedi System gabapentin capsule / solution (generic for Neurontin®) gabapentin tablet (generic for Neurontin® Tablet) Gabitri® Tablet lamotrigine chewable / tablet (generic for Lamictal®) levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) Roweepra™ Tablet / XR Tablet Sabril® Powder Packet topiramate sprinkle capsule / tablet (generic for Topamax®)	Depakene® Capsule / Solution Depakote® ER Tablet / Sprinkle Capsule Depakote® Tablet felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet Mysoline® Tablet Peganone® Tablet Peganone® Tablet Zarontin® Capsule / Solution Diacomit® Capsule / Solution Trial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact® Tablet and Solution clobazam suspension / tablet (generic for Onfi® Suspension / Tablet) clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Diacomit® Capsule / Powder Pack NOT REVIEWED Epidolex® Solution - Exception for ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome Fycompa® Tablet / Suspension Gralis® Starter Pack / Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

is.gov/providers/programs-services/prescription-drugs/outpatient-priarmacy-services
lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) ODT NOT REVIEWED
Lyrica® Capsule / Solution
Nayzilam® Nasal Spray NOT REVIEWED Neurontin® Capsule / Solution / Tablet
Onfi® Suspension / Tablet
Potiga® Tablet
Qudexy [®] XR Capsule
Sabril® Tablet
Spritam® Tablet
Sympazan® Film NOT REVIEWED
tiagabine tablet (generic for Gabitril®)
Topamax® Sprinkle Capsule / Tablet
topiramate ER capsule (generic for Qudexy®)
Trokendi® XR Capsule
vigabatrin powder packet / tablet (generic for Sabril® Powder Packet / Tablet)
Vimpat® Solution / Starter Kit / Tablet
NFECTIVES - SYSTEMIC
ANTIBIOTICS
as, Cephalosporins and Related
Non-Preferred
amoxicillin-clavulanate chewable tablet (generic for Augmentin*)
Auementin® Suspension XR Tablet
cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
cefadroxil tablet (generic for Duricef®)
cefixime capsule / suspension (generic for Suprax* Capsule / Suspension) CAPSULE NOT REVIEWED
cefpodoxime suspension / tablet (generic for Vantin®)
Daxbia [™] Capsule
Keflex® Capsule
· ·
samides and Oxazolidinones
Non-Preferred
Cleocin® Capsules / Injection
clindamycin injection (generic for Cleocin® Injection)
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Lincoin® Vial
Lincocin® Vial
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Lincocin® Vial lincomycin injection (generic for Lincocin Vial®) linezolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid® Vial Zyvox® Tablet / IV Solution / Suspension acrolides and Ketolides Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin e.s. 200mg suspension (generic for E.E.S.® Suspension)
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Lincocin® Vial lincomycin injection (generic for Lincocin Vial®) linezolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid® Vial Zyvox® Tablet / IV Solution / Suspension acrolides and Ketolides Non-Preferred clarithromycin Ext tablet (generic for Biaxin XL®) erythromycin e.s. 200mg suspension (generic for E.E.S.® Suspension) Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitromidazoles Non-Preferred Alinia® Suspension / Tablet Dificid® Tablet - Trial and failure of vancomycin only for treatment of Clostridium difficile
Lincocin® Vial lincomycin injection (generic for Lincocin Vial®) linczolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid® Vial Zyvox® Tablet / IV Solution / Suspension acrolides and Ketolides Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin e.s. 200mg suspension (generic for E.E.S.® Suspension) Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitromidazoles Non-Preferred Alinia® Suspension / Tablet Dificid® Tablet - Trial and failure of vancomycin only for treatment of Clostridium difficile Firvanq™ Solution
Lincocin® Vial lincomycin injection (generic for Lincocin Vial®) linezolid IV solution (generic for Zyvox®) Sivextro® Tablet / Vial Synercid® Vial Zyvox® Tablet / IV Solution / Suspension acrolides and Ketolides Non-Preferred clarithromycin ER tablet (generic for Biaxin XL®) erythromycin es. 200mg suspension (generic for E.E.S.® Suspension) Ery-Tab® Tablet Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak Nitromidazoles Non-Preferred Alinia® Suspension / Tablet Difficid® Tablet - Trial and failure of vancomycin only for treatment of Clostridium difficile Firvanq ™ Solution Flagyl® Capsule / Tablet

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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More information on the PDL can be found at: https://medica	id.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	Solosec [™] Granules
	Tindamax® Tablet
	tinidazole tablet (generic for Tindamax®)
	Vancocin [®] Capsule
	Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
	Quinolones
Preferred	Non-Preferred
Cipro® Suspension	Avelox® Tablet
ciprofloxacin tablet (generic for Cipro®)	Baxdela [™] Tablet
levofloxacin tablet (generic for Levaquin®)	Cipro® Tablet / XR Tablet
moxifloxacin tablet (generic for Avelox®)	ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)
	Levaquin® Tablet
	levofloxacin solution (generic for Levaquin® Solution)
	ofloxacin tablet (generic for Floxin®)
	Tetracycline Derivatives
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	demeclocycline tablet (generic for Declomycin®)
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx® DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx® DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea*) doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	Minocin® Capsule
	minocycline ER tablet (generic for Solodyn® ER)
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet NOT REVIEWED
	Morgidox [®] Capsule / Kit
	Nuzyra [™] Tablet
	Oracea® Capsule
	tetracycline capsule (generic for Sumycin®)
	Vibramycin [®] Capsule Suspension / Syrup
	Ximino [™] ER Capsule
	doxycycline suspension (generic for Vibramycin Suspension*) - Exemption for patients < 12 years of age
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to 12 week supply.
	Antifungals
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex® Troche)	Ancobon® Capsule
fluconazole suspension / tablet (generic for Diflucan®)	Cresemba® Capsule
griseofulvin suspension (generic for Grifulvin V*)	Diflucan® Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg*)	flucytosine capsule (generic for Ancobon*) griseofulvin micro tablets (generic for Grifulvin V*)
nystatin suspension (generic for Nilstat®) nystatin tablet (generic for Mycostatin®)	itraconazole capsule / solution (generic for Sporanox®)
terbinafine tablet (generic for Lamisil®)	ketoconazole tablet (generic for Nizorat [®])
teromanne taote (generie for Lamisir)	Noxafil® Suspension / Tablet
	Onmel® Tablet
	Oravig® Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil®) NOT REVIEWED
	Sporanox® Capsule / Solution
	Tolsura [™] Capsule
	Vfend® Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend®)
	voiconazore suspension / tablet (generic for vicing)
	Antivirals (Hepatitis B Agents)
Preferred	Antivirals (Hepatitis B Agents) Non-Preferred
entecavir tablet (generic for Baraclude®)	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®)
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV)	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Vircad [®])	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV)	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®])	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®])	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®]) Viread [®] Powder / Tablet	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents)
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®]) Viread [®] Powder / Tablet Preferred	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®]) Viread [®] Powder / Tablet Preferred Moderiba [®] Dosepack (branded generic for Ribasphere [®] Ribapak)	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®]) Viread [®] Powder / Tablet Preferred Moderiba [®] Dosepack (branded generic for Ribasphere [®] Ribapak) Moderiba [®] Tablet (branded generic for Copegus [®])	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial Pegintron® Kit
entecavir tablet (generic for Baraclude [®]) lamivudine HBV tablet (generic for Epivir [®] HBV) tenofovir tablet (generic for Viread [®]) Viread [®] Powder / Tablet Preferred Moderiba [®] Dosepack (branded generic for Ribasphere [®] Ribapak)	Antivirals (Hepatitis B Agents) Non-Preferred adefovir tablet (generic for Hepsera®) Baraclude® Solution / Tablet Epivir® HBV Tablet / Solution Hepsera® Tablet Vemlidy® tablet Antivirals (Hepatitis C Agents) Non-Preferred Pegasys® Vial

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

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

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

Clinited activity	and to all dance Food below
	pply to all drugs listed below
All genotypes without cirrhosis	Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA
Mavyret [™] Tablet (8 weeks of therapy)	Epclusa® Tablet
	Harvoni® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	ledipasvir-sofosbuvir tablet (generic for Harvoni® Tablet)
Mavyret [™] Tablet (Up to 12 weeks of therapy)	Sovaldi [®] Tablet
· · · · · · · · · · · · · · · · · · ·	Viekira [™] Pak
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. Vosevi TM	Zepatier® Tablet
10001	
All genotypes with decompensated cirrhosis	
sofobuvir-velpatasvir tablet (generic for Epclusa® Tablet)	
soloduvii-veipatasvii tabiet (generic ioi Epciusa Tabiet)	
Antiviral	(Herpes Treatments)
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig [®] Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	Zovirax® Capsule / Tablet / Suspension
	: 1 (7 (1)
	virals (Influenza)
Preferred	Non-Preferred
oseltamivir phosphate capsule (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
oseltamivir phosphate suspension (generic for Tamiflu®) OFF-CYCLE CHANGE	oseltamivir phosphate capsule (generic for Tamiflu*)
rimantadine tablet (generic for Flumadine®)	Relenza® Diskhaler
Tamiflu*-Capsule	Tamiflu® Capsule
	Tamiflu® Suspension OFF-CYCLE CHANGE
	Xofluza [™] Tablet
Ant	biotics, Inhaled
Trial and failure of	only one preferred drug required
Preferred	Non-Preferred
Kitabis [™] Pak (tobramycin inhalation solution)	Arikayce® Vial
Bethkis® (tobramycin inhalation solution)	Cayston® Solution
	tobramycin solution / pak
	Tobi [™] Podhaler M / Solution
BEHAV	IORAL HEALTH
	DEPRESSANTS
	Other
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Trintellix® Tablet
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
maprotiline tablet (generic for Ludiomil®)	desvenlafaxine ER tablet (generic for Khedezla®)
mirtazapine ODT / tablet (generic for Remeron®)	Effexor® XR Capsule
phenelzine tablet (generic for Nardil*) tranylcypromine tablet (generic for Parnate*)	Emsam® Patch
	Fetzima® Cancule / Titration Pak
trazadane tablet (generic for Desural®)	Fetzima® Capsule / Titration Pak English % YI Tablet
trazodone tablet (generic for Desyrel®)	Forfivo® XL Tablet
trazodone tablet (generic for Desyrel®) venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Forfivo [®] XL Tablet Khedezla [®] Tablet
	Forfivo [®] XL Tablet Khedezla [®] Tablet Marplan [®] Tablet
	Forfivo [®] XL Tablet Khedezla [®] Tablet Marplan [®] Tablet Nardii [®] Tablet
	Forfivo [®] XL Tablet Khedezla [®] Tablet Marplan [®] Tablet Nardii [®] Tablet nefazodone tablet (generic for Serzone [®])
	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet
	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet
	Forfivo* XL Tablet Khedezla* Tablet Marplan* Tablet Nardil* Tablet nefazodone tablet (generie for Serzone*) Pristiq* ER Tablet Remeron* Soltab** / Tablet Savella* Tablet / Titration Pack
	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet
	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet
	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristig® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR) Selective Serotor	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristig® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet Wellbutrin® SR / XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardi® Tablet nefazodone tablet (generic for Serzone®) Pristi® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet Non-Preferred
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR) Selective Serotor	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristig® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet Wellbutrin® SR / XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR) Selective Serotor Preferred	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardi® Tablet nefazodone tablet (generic for Serzone®) Pristi® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet Non-Preferred
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR) Selective Serotor Preferred citalopram solution / tablet (generic for Celexa®)	Forfive® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet in Reuptake Inhibitor (SSRI) Non-Preferred Brisdelle® Capsule
venlafaxine tablet / ER capsules (generic for Effexor*, Effexor* XR) Selective Serotor Preferred citalopram solution / tablet (generic for Celexa*) escitalopram tablet (generic for Lexapro*)	Forfive® XL Tablet Khedezla® Tablet Marplam® Tablet Nardi® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet wellbutrin® SR / XL Tablet In Reuptake Inhibitor (SSRI) Non-Preferred Brisdelle® Capsule Celexa® Tablet
venlafaxine tablet / ER capsules (generic for Effexor*, Effexor* XR) Selective Serotor Preferred citalopram solution / tablet (generic for Celexa*) escitalopram tablet (generic for Lexapro*) fluoxetine capsule / solution (generic for Prozac*)	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet in Reuptake Inhibitor (SSRI) Non-Preferred Brisdelle® Capsule Celexa® Tablet escitalopram solution (generic for Lexapro® Solution)
venlafaxine tablet / ER capsules (generic for Effexor*, Effexor* XR) Selective Serotor Preferred citalopram solution / tablet (generic for Celexa*) escitalopram tablet (generic for Lexapro*) fluoxetine capsule / solution (generic for Prozac*) fluvoxamine tablet (generic for Luvox*)	Forfivo® XL Tablet Khedezla® Tablet Marplan® Tablet Nardil® Tablet nefazodone tablet (generic for Serzone®) Pristiq® ER Tablet Remeron® Soltab™ / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablet Viibryd® Starter Pack / Tablet Wellbutrin® SR / XL Tablet in Reuptake Inhibitor (SSRI) Non-Preferred Brisdelle® Capsule Celexa® Tablet escitalopram solution (generic for Lexapro® Solution) fluoxetine tablet (generic for Prozac®) - Exemption for children < 12 years of age
venlafaxine tablet / ER capsules (generic for Effexor*, Effexor* XR) Selective Serotor Preferred citalopram solution / tablet (generic for Celexa*) escitalopram tablet (generic for Lexapro*) fluoxetine capsule / solution (generic for Prozac*) fluvoxamine tablet (generic for Paxil*)	Forfivo* XL Tablet Khedezla* Tablet Marplan* Tablet Nardil* Tablet nefazodone tablet (generic for Serzone*) Pristiq* ER Tablet Remeron* Soltab* / Tablet Savella* Tablet / Titration Pack venlafaxine ER tablet Viibryd* Starter Pack / Tablet Wellbutrin* SR / XL Tablet In Reuptake Inhibitor (SSRI) Non-Preferred Brisdelle* Capsule Celexa* Tablet escitalopram solution (generic for Lexapro* Solution) fluoxetine tablet (generic for Prozac*) - Exemption for children < 12 years of age fluoxetine DR capsules (generic for Prozac* Weekly)

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

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

More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
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More information on the PDL can be found at: https://medicaid.ncdhhs.go	//providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine CR tablet (generic for Paxil CR®)
	Paxii® Suspension / Tablet / CR Tablet
	Pexeva® Tablet
	Prozac® Pulvule / Weekly Capsule
	Sarafem® Tablet
	Zoloft® Solution / Tablet
ANTENNA	EDVDUIGIO (ADMD
	ERKINESIS / ADHD
Preferred	Non-Preferred
Aptensio® XR Capsule	Adderall® Tablet (Generic Product Per FDA)
Adderall® XR Capsule	Adhansia XR Capsule NOT REVIEWED Adzenys® XR ODT / ER suspension
amphetamine salt combo tablet (generic for Adderall®) atomoxetine capsule (generic for Strattera®)	amphetamine ER suspension (generic for Adzenys®) NOT REVIEWED
clonidine ER tablet (generic for Kapvay*)	amphetamine salt combo XR capsule (generic for Adderall® XR)
Concerta® Tablet	Cotempla [™] XR-ODT
Daytrana® Patch	Desoxyn® Tablet
dextroamphetamine tablet (generic for Dexedrine®)	Dexedrine [®] Spansule [®]
Dyanavel® XR Suspension	dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)
Focalin® Tablet / XR Capsule	dextroamphetamine solution (generic for ProCentra®)
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansule®)
Methylin [®] Solution	Evekeo® Tablet / Evekeo® ODT Tablet ODT Tablet NOT REVIEWED
methylphenidate tablet (generic for Methylin®, Ritalin®)	Intuniv® Tablet
Quillichew® ER Tablet	Jornay PM [™] Capsule NOT REVIEWED
Quillivant® XR Suspension	Metadate® ER Tablet NOT REVIEWED
Vyvanse® Capsule / Chewable Tablet	methamphetamine tablet (generic for Desoxyn*)
	methylphenidate CD capsule (generic for Metadate® CD)
	methylphenidate chewable / solution (generic for Methylin [®]) methylphenidate ER tablet
	methylphenidate LA capsule (generic for Ritalin® LA)
	Mydayis® ER Capsule
	ProCentra® Solution
	Relexxii [™] ER Tablet NOT REVIEWED
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Strattera® Capsule Zenzedi® Tablet
	Zenzedi* Tablet
	Zenzedi* Tablet ANTIPSYCHOTICS
Injecta	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting
Injects Trial and failure of o	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injecte Trial and failure of o	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting
Injects Trial and failure of o Preferred Abilify Maintena* Syringe / Vial	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injects Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injects Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injects Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injects Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injects Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injecta Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustema Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injecta Trial and failure of o Preferred Ability Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required
Injecta Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperiod decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred
Injecta Trial and failure of or Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred ANTIPSYCHOTICS ANTIPSYCHOTICS
Injecta Trial and failure of o Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred ANTIPSYCHOTICS ANTIPSYCHOTICS ral / Topical
Injecta Trial and failure of o Preferred Ability Maintena® Syringe / Vial Aristada® / Initio™ Syringe Illuphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of o	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical sly one preferred drug required
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Injecta Trial and failure of o Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule Haldol® decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Sustema Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) FazaClo® ODT Latuda® Tablet	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting aly one preferred drug required Non-Preferred Non-Preferred ANTIPSYCHOTICS and Topical aly one preferred drug required Ability* Tablet / Ability* MyCite* Tablet aripirazole ODT (generic for Abilify* Discmelt*)
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Injecta Trial and failure of o Preferred Abilify Maintena® Syringe / Vial Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Syringe Zyprexa® Relprevv™ Vial Kit ATYPICAL O Trial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify®) elozapine tablet (generic for Clozaril®) FazaClo® ODT Latuda® Tablet olanzapine ODT / tablet (generic for Invega®)	Zenzedi* Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred Non-Preferred ANTIPSYCHOTICS ral / Topical sly one preferred drug required Non-Preferred Non-Preferred Ability* Tablet / Ability* MyCite* Tablet arripirazole ODT (generic for Abilify* Discmelt*) clozapine ODT (generic for FazaClo*) Clozaril* Tablet / Titration Pack Geodon* Capsule
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Injecta Trial and failure of o Preferred Abilify Maintena® Syringe / Vial Aristada® / Initito™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldof® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Sustenna Prefilled Syringe / Invega® Trinza Syringe Perseris® Syringe Risperdat® Consta Syringe Zyprexa® Relprewv™ Vial Kit ATYPICAL OTrial and failure of o Preferred aripiprazole Tablet / Solution (generic for Abilify®) elozapine tablet (generic for Clozarii®) FazaClo® ODT Lattuda® Tablet olanzapine ODT / tablet (generic for Invega®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdat®) Saphris® SL Tablet Symbyax® Capsule	Zenzedi® Tablet ANTIPSYCHOTICS ble Long Acting sly one preferred drug required Non-Preferred ANTIPSYCHOTICS ANTIPSYCHOTICS ral / Topical sly one preferred drug required Non-Preferred Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripirazole ODT (generic for Ability® Discmelt®) clozapine ODT (generic for FazaClo®) Clozari® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Nuplazid® Tablet Nuplazid® Tablet Nuplazid® Tablet Secuado® Jablet / Tablet / Secuado® Jablet / Secuado® Jab

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html

	providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	OVASCULAR
ACE	INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Accupril® Tablet
enalapril tablet (generic for Vasotec®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace®)	Epaned® Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	moexipril tablet (generic for Univasc®)
	Qbrelis® Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	Prinivil® Tablet
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Vasotec® Tablet
	Zestri® Tablet
	Zestin Tablet
ACE INHIBITOR / CALCIUM (HANNEL BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule
	Tarka® ER Tablet
	trandolapril-verapamil ER tablet (generic for Tarka®)
ACE INHIRITOR / I	OURETIC COMBINATIONS
	Non-Preferred
Preferred	
enalapril-HCTZ tablet (generic for Vascretic*)	Accuretic Tablet
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
	captopril-HCTZ tablet (generic for Capozide®)
	fosinopril-HCTZ tablet (generic for Monopril® HCT)
	Lotensin® HCT Tablet
	moexipril-HCTZ tablet (generic for Uniretic®)
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)
	Vascretic [®] Tablet
	Zestoretie [®] Tablet
ANGIOTENSIN I	RECEPTOR BLOCKERS
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro®)	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
valsartan tablet (generic for Diovan®)	Benicar® Tablet
	candesartan tablet (generic for Atacand $^{\circledast}$)
	Cozaar® Tablet
	Diovan [®] Tablet
	Edarbi® Tablet
	eprosartan tablet (generic for Teveten®)
	irbesartan tablet (generic for Avapro*)
	Micardis [®] Tablet
	olmesartan tablet (generic for Benicar® Tablet) NOT REVIEWED
	telmisartan tablet (generic for Micardis®)
	telmisartan tablet (generic for Micardis [®])
ANGIOTENSIN II RECEP	telmisartan tablet (generic for Micardis [®]) FOR BLOCKER COMBINATIONS
ANGIOTENSIN II RECEP Preferred	
Preferred	TOR BLOCKER COMBINATIONS Non-Preferred
	TOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®)
Preferred	FOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet
Preferred	FOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet
Preferred	TOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet
Preferred	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®)
Preferred	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet
Preferred	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®)
Preferred amlodipine-valsartan tablet (generic for Exforge®)	TOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®)	TOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I	TOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet LOCKER DIURETIC COMBINATIONS
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet BLOCKER DIURETIC COMBINATIONS Non-Preferred
Preferred amlodipine-valsartan tablet (generic for Exforge*) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge* HCT)	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet SLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet BLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Avalide® Tablet Benicar® HCT Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®)	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet BLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Availde® Tablet Benicar® HCT Tablet (generic for Atacand® HCT)
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet SLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Avalide® Tablet Benica® HCT Tablet (generic for Atacand® HCT) Diovan® HCT Tablet (generic for Atacand® HCT) Diovan® HCT Tablet
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet LOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Astacand® HCT Tablet Benicar® HCT Tablet (generic for Atacand® HCT) Diovar® HCT Tablet Edarbyclor® Tablet
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Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet LOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Avalide® Tablet Benicar® HCT Tablet (generic for Atacand® HCT) Diovan® HCT Tablet Exforge® HCT Tablet Exforge® HCT Tablet Exforge® HCT Tablet
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Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet BLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Avalide® Tablet Benicar® HCT Tablet (generic for Atacand® HCT) Diovar® HCT Tablet Edarbyclor® Tablet Edarbyclor® Tablet Edarbyclor® Tablet Hyzaar® Tablet ### Tablet #### Tablet ##### Tablet ##### Tablet ##### Tablet ###################################
Preferred amlodipine-valsartan tablet (generic for Exforge®) ANGIOTENSIN II RECEPTOR I Preferred amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) irbesartan-HCTZ tablet (generic for Avalide®) losartan-HCTZ tablet (generic for Hyzaar®)	IOR BLOCKER COMBINATIONS Non-Preferred amlodipine-olmesartan tablet (generic for Azor®) Azor® Tablet Exforge® Tablet Prestalia® Tablet telmisartan-amlodipine tablet (generic for Twynsta®) Tribenzor® Tablet Twynsta® Tablet BLOCKER DIURETIC COMBINATIONS Non-Preferred Atacand® HCT Tablet Avalide® Tablet Benicar® HCT Tablet candesartan-HCTZ tablet (generic for Atacand® HCT) Diovar® HCT Tablet Exforge® HCT Tablet Exforge® HCT Tablet Hyzaar® Tablet irbesartan-HCTZ tablet (generic for Avalide®)

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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

more mismation on the P2 can be lead at majorithe and attached	
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
	TOD (AUTODIA MORAL DI COMPRIA TIONA
	TOR / NEPRILYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred
Entresto® - Clinical Criteria Apply	
	ANTI-ARRHYTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multaq [®] Tablet
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacerone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Rythmol SR [®] Capsule
propafenone tablet (generic for Rythmol®)	Tikosyn® Capsule
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	
	BETA BLOCKERS
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
carvedilol tablet (generic for Coreg*)	Betapace® Tablet / AF Tablet
labetalol tablet (generic for Trandate®)	betaxolol tablet (generic for Kerlone®)
metoprolol succinate XL tablet (generic for Toprol XL®)	bisoprolol tablet (generic for Zebeta*)
	bisoproiol tablet (generic for Zebeta) Bystolic [®] Tablet
metoprolol tartrate tablet (generic for Lopressor®)	
propranolol solution / tablet / ER capsule (generic for Inderal®)	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
Sorine® Tablet	Coreg® Tablet / CR Capsule
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Corgard® Tablet
	Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma
	Inderal® LA Capsule / XL Capsule
	Innopran® XL Capsule
	Kapspargo [™] Sprinkle - Exemption for children < 12 years of age
	Lopressor® Tablet
	nadolol tablet (generic for Corgard®)
	pindolol tablet (generic for Visken®)
	Sotylize [®] Solution
	Tenormin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
BETA BLO	CKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	Corzide® Tablet
bisoprolol-HCTZ tablet (generic for Ziac®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
	nadolol-bendroflumethiazide tablet (generic for Corzide®)
	propranolol-HCTZ tablet (generic for Inderide®)
	Tenoretic® Tablet
	Ziac® Tablet
BI	LE ACID SEQUESTRANTS
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchol®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	colestipol granules (generic for Colestid® Granules)
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
CHOLE	STEROL LOWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Caduet® Tablet
pravastatin tablet (generic for Pravachol®)	Crestor® Tablet
rosuvastatin tablet (generic for Crestor®)	Ezallor Capsule NOT REVIEWED
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Lescol® Capsule / XL Tablet
	Lipitor® Tablet
	Livalo® Tablet
	Pravachol® Tablet
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
<u></u>	
	Zypitanag Tablet Juxtapid* Capsule - Clinical criteria apply

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

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https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

1	
CC	DRONARY VASODILATORS
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Dilatrate [®] SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Gonitro® Sublingual Powder
Minitran® Patch	Isordil® Tablet / Titradose® Tablet
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , Nitrolingual [®] , Ni	ituania (s)
introgrycerii Ek capsate / pateii / spray / saoringaai (generie for Mito-Dai , Ministaii , Mitostat , Mitolingaai , M	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Nitromist [®] Spray
DIHYDROPYRI	IDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	Adalat [®] CC Tablet
nifedipine capsule (generic for Procardia *)	felodipine ER tablet (generic for Plendil®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	isradipine capsule (generic for Dynacire®)
interprite ER about (generic for Adams CC / Florandia AE)	Katerzia [™] Suspension NOT REVIEWED
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular*)
	Norvasc® Tablet
	Norvasc Tablet Nymalize® Solution
	Procardia® Capsule / XL Tablet
	Procardia Capsule / XL Tablet Sular® Tablet
	Sular Tablet
T.	NIDECT DENIN INHIDITOR
	DIRECT RENIN INHIBITOR
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet) NOT REVIEWED
Tekturna® HCT Tablet	
	HELIN RECEPTOR ANTAGONISTS
Covered for diagr	nosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred
Letairis® Tablet	ambrisentan tablet (generic for Letairis® Tablet) NOT REVIEWED
Tracleer® Tablet	bosentan tablet (generic for Tracleer® Tablet) NOT REVIEWED
	Opsumit [®] Tablet
L	Tracleer® Suspension
	Tracleer® Suspension
INHAL	Tracleer* Suspension ED PROSTACYCLIN ANALOGS
INHAL Preferred	
	ED PROSTACYCLIN ANALOGS
Preferred Tyvaso® Refill Kit / Solution / Starter Kit	ED PROSTACYCLIN ANALOGS
Preferred	ED PROSTACYCLIN ANALOGS
Preferred Tyvaso* Refill Kit / Solution / Starter Kit	ED PROSTACYCLIN ANALOGS Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	ED PROSTACYCLIN ANALOGS Non-Preferred NIACIN DERIVATIVES
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred	ED PROSTACYCLIN ANALOGS Non-Preferred NIACIN DERIVATIVES Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	Non-Preferred NIACIN DERIVATIVES Non-Preferred Niacor® Tablet
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred	ED PROSTACYCLIN ANALOGS Non-Preferred NIACIN DERIVATIVES Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet	Non-Preferred Niacin Derivatives Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®)
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet	Non-Preferred Niacin Derivatives Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred	Non-Preferred Niacin Derivatives Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®)
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet	Non-Preferred Niacin Derivatives Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Preferred Preferred Preferred	Non-Preferred Niacin Derivatives Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Preferred Preferred Non-Dihydropy	Non-Preferred Niacin Derivatives Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred Non-Preferred Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Preferred Niaspan® Description Preferred Non-Dihydropy Preferred	Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Preferred Non-Dihydropy Preferred Calan® Tablet	ED PROSTACYCLIN ANALOGS Non-Preferred NIACIN DERIVATIVES Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Niaspan® ER Tablet Preferred Non-Dihydropy Preferred Calan® Tablet Cartia XT® Capsule (branded generic for Cardizem CD®)	ED PROSTACYCLIN ANALOGS Non-Preferred NIACIN DERIVATIVES Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet Cardizen CD® Capsule
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Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Niaspan® ER Tablet Preferred Bidil® Tablet NON-DIHYDROPY 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®)	Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet Cardizem CD® Capsule Cardizem CD® Capsule Cardizem LA tablet (generic for Cardizem LA®)
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Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Bidil® Tablet NON-DIHYDROPY 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 tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR) Taztia XT® Capsule (branded generic for Tiazac®)	Non-Preferred Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet Cardizem CD® Capsule Cardizem CD® Capsule Cardizem Tablet / LA Tablet dititazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazac® Capsule
Preferred Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution Preferred Niaspan® ER Tablet Preferred Bidil® Tablet NON-DIHYDROPY 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 tablet / CD capsule / ER 12 hour capsule (generic for Cardizem® / CD / SR) Taztia XT® Capsule (branded generic for Tiazac®)	ED PROSTACYCLIN ANALOGS Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet Cardizem CD® Capsule Cardizem CD® Capsule diltiazem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazae® Capsule verapamil 360 mg capsule
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Preferred Tyvaso* Refill Kit / Solution / Starter Kit Ventavis* Solution Preferred Niaspan* ER Tablet Preferred Niaspan* Tablet Preferred NON-DIHYDROPY Preferred Calian* Tablet Carlia XT* Capsule (branded generic for Cardizem CD*) Dilt XR* Capsule (branded generic for Dilacor XR*) diltiazem ER 24 hour capsule (generic for Dilacor XR*) diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem* / CD / SR) Taztia XT* Capsule (branded generic for Tiazac*)	ED PROSTACYCLIN ANALOGS Non-Preferred Niacor® Tablet niacin ER tablet (generic for Niaspan®) NITRATE COMBINATION Non-Preferred YRIDINE CALCIUM CHANNEL BLOCKERS Calan SR® Caplet Cardizem CD® Capsule Cardizem © Capsule Cardizem LA tablet (generic for Cardizem LA®) Matzim® LA Tablet (generic for Cardizem LA®) Tiazae® Capsule verapamil 360 mg capsule verapamil 360 mg capsule verapamil 560 mg capsule (generic for Verelan® / Verelan® PM)

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

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ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertens	ion (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only
Preferred	Non-Preferred
sildenafil (generic for Revatio®) Tablet	Adcirca® Tablet
	Adempas [®] Tablet
	Alyq® Tablet NOT REVIEWED
	Orenitram® ER Tablet
	Revatio Suspension / Tablet
	sildenafil suspension (generic for Revatio® Suspension) NOT REVIEWED
	tadalafil tablet (generic for Adcirca® Tablet) NOT REVIEWED
	Uptravi® Tablet
D	LATELET INHIBITORS
	Non-Preferred
Preferred Aggrenox® Capsule	aspirin'dipyridamole ER capsule (generic for Aggrenox®)
Brilinta® Tablet	Efficit [®] Tablet
clopidogrel tablet (generic for Plavix®)	Plavix® Tablet
dipyridamole tablet (generic for Persantine®)	Yosprala® Tablet
prasugrel tablet (generic for Efficit [®] Tablet)	Zontivity® Tablet
ANTIA	NGINAL & ANTI-ISCHEMIC
Preferred	Non-Preferred
Ranexa [®] -Tablet	Ranexa® Tablet
ranolazine ER tablet (generic for Ranexa® Tablet) NOT REVIEWED	ranolazine ER tablet (generic for Ranexa* Tablet) NOT REVIEWED
SYMPATH	OLYTICS AND COMBINATIONS
Preferred	Non-Preferred
Catapres®-TTS Patch	Catapres® Tablet
clonidine tablets (generic for Catapres®)	clonidine patch (generic for Catapres®-TTS)
guanfacine tablet (generic for Tenex®)	methyldopa-HCTZ tablet (generic for Aldoril®)
methyldopa tablet (generic for Aldomet®)	methyldopa injection (generic for Aldomet® Injection)
	CERIDE LOWERING AGENTS
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)	Antara® Capsule
gemfibrozil tablet (generic for Lopid®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®)
	fenofibrate tablet (generic for Fenoglide®, Triglide®)
	fenofibric acid tablet (generic for Fibricor®)
	fenofibric acid capsule (generic for Trilipix®)
	Fenoglide® Tablet Fibricor® Tablet
	Lipofen® Capsule
	Lopid® Tablet
	Loyaza® Capsule - Exemption for patients with triglycerides ≥ 500mg/dl
	omega-3 acid ethyl esters capsule (generic for Lovaza [®]) - Exemption for patients with triglycerides ≥ 500mg/dl
	Tricor® Tablet
	Triglide® Tablet
	Trilipix® Capsule
	Vascepa® Capsule
CEN	TRAL NERVOUS SYSTEM
Al	NTIMIGRAINE AGENTS
	ntity limits apply to all triptans
Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt MLT®)	almotriptan tablet (generic for Axert®)
rizatriptan tablet (generic for Maxalt®)	Amerge® Tablet
sumatriptan nasal spray / tablet / vial (generic for Imitrex®)	Cambia® Powder Packet
	eletriptan (generic for Relpax® Tablet)
	frovatriptan tablet (generic for Frova®)
	Frova® Tablet
	Imitrex® Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt® Tablet / MLT Tablet
	Migranow® Kit
	naratriptan tablet (generic for Amerge [®]) Onzetra [™] Xsail [™] Nasal Powder
	Relpax [®] Tablet Reyvow [™] Tablet NOT REVIEWED
	sumatriptan injection kit / refill / syringe (generic for Imitrex*) sumatriptan/naproxen (generic for Treximet* Tablet)
	Sumatriptan/naproxen (generic for Freximet Tablet) Sumavel® DosePro® Syringe
	Tosymra Nasal Spray NOT REVIEWED
	Treximet® Tablet
	Zembrace® SymTouch®

zolmitriptan ODT / tablet (generic for Zomig®)

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Zomig[®] Nasal Spray / Tablet / ZMT[®] Tablet

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ANTIMIGRAINE AGENTS CGRP Blockers / Modulators Clinical criteria apply to all drugs in this class Preferred Non-Preferred Ajovy Th Emgality ANTI-NARCOLEPSY Clinical criteria apply to all drugs in this class Preferred Non-Preferred modafinil tablet (generic for Nuvigil®) Provigil® Tablet modafinil tablet (generic for Provigil®) Sunosi Tablet NOT REVIEWED ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS Preferred Non-Preferred amantadine capsule / solution (generic for Symmetrel®) Azilect® Tablet benztropine tablet (generic for Cogentin®) carbidopa tablet (generic for Lodosyn®) bromocriptine tablet (generic for Parlodel®) carbidopa-levodopa-entacapone tablet (generic for Stalevo®) carbidopa-levodopa ODT (generic for Parcopa®) Comtan® Tablet carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR) Duopa® Suspension entacapone tablet (generic for Comtan®) pramipexole tablet (generic for Mirapex®) ropinirole tablet (generic for Requip®) Gocovri® Capsule - Clinical criteria app Horizant® Tablet selegiline capsule / tablet (generic for Emsam®) Inbrija[™] Inhalation NOT REVIEWED trihexyphenidyl elixir / tablet (generic for Artane®) Lodosyn® Tablet Mirapex® Tablet / ER Tablet Neupro® Patch Nourianz Tablet NOT REVIEWED Osmolex ER[™] Tablet - Clinical criteria apply Parlodel® Capsule / Tablet pramipexole ER tablet (generic for Mirapex ER®) rasagiline tablet (generic for Azilect®) Requip® Tablet / XL Tablet ropinirole ER tablet (generic for Requip XL®) Rytary[®] ER Capsule Sinemet® Tablet / CR Tablet Stalevo® Tablet Tasmar[®] Tablet tolcapone tablet (generic for Tasmar®) Xadago® Tablet Zelapar® ODT MULTIPLE SCLEROSIS Preferred Non-Preferred Ampyra® Tablet Avonex® Pack / Pen / Syringe Betaseron® Kit / Vial Aubagio® Tablet Copaxone® Syringe Extavia® Kit / Vial dalfampridine ER tablet (generic for Ampyra®) glatiramer syringe (generic for Copaxone® Syringe) Glatopa® Syringe Gilenya[®] Capsule Rebif® Ribidose® / Titration Pack / Syringe Lemtrada® Vial Mavenclad[®] Tablet NOT REVIEWED Mayzent[®] Starter Pack / Tablet NOT REVIEWED Tecfidera® Capsule / Starter Pack Ocrevus® Vial

SEDATIVE HYPNOTICS

Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack

Vumerity[™] Capsule **NOT REVIEWED**

Quantity	limits	apply	to a	all se	dative	hypnotics

Quantity mints apply to an security enyphotics		
Preferred	Non-Preferred	
flurazepam capsule (generic for Dalmane®)	Ambien® Tablet / CR Tablet	
temazepam 15mg, 30mg capsule (generic for Restoril®)	Belsomra® Tablet	
zolpidem tablet (generic for Ambien®)	doxepin tablet (generic for Silenor®) NOT REVIEWED	
	Edluar® SL Tablet	
	estazolam tablet (generic for Prosom®)	
	eszopiclone tablet (generic for Lunesta®)	
	Halcion® Tablet	
	Hetlioz® Capsule	

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	Intermezzo [®] SL Tablet
	Lunesta® Tablet
	ramelteon tablet (generic for Rozerem® Tablet) NOT REVIEWED
	Restoril® Capsule
	Rozerem® Tablet
	Silenor® Tablet
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®)
	triazolam tablet (generic for Halcion [®])
	zaleplon capsule (generic for Sonata®)
	zolpidem ER tablet (generic for Ambien® CR)
	zolpidem SL tablet (generic for Intermezzo®)
	Zolpimist [™] oral spray
CMO	VINC CESS ATION
	KING CESSATION
Preferred	Non-Preferred
propion SR tablet (generic for Zyban® Tablet)	NicoDerm® CQ Patch
hantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months	Nicotrol® Inhaler / NS Spray
icorelief Gum cotine gum / lozenge (buccal) / patch	Nicorette® Gum / Lozenge (Buccal) Zuhan® S.D. Tahler
come gum / rozenge (ouccar) / paten	Zyban [®] SR Tablet
DAIL	OCRINOLOGY
	WTH HORMONE
	apply to all drugs in this class
Preferred	Non-Preferred
enotropin® Cartridge / MiniQuick®	Humatrope® Cartridge / Vial
orditropin® Flexpro®	Nutropin® AQ / NuSpin®
erostim [®] Vial	Omnitrope® Cartridge / Vial
- Tali	Omnitrope Cartridge / Vial Saizen® Click-Easy® Cartridge / Vial
	Zonacton [®] Vial
	Zorbtive® Vial
	Zorotive viai
HYPOGLY	CEMICS - INJECTABLE
	oid Acting Insulin
	only one preferred drug required
Preferred	Non-Preferred
umalog® U-100 KwikPen® / Vial	Admelog® SoloStar® / Vial
ovolog® U-100 Cartridge / FlexPen® / Vial	Afrezza Inhalation Powder
ovolog 0-100 Catalogo/ Hoxfoii / Viai	Apidra® SoloStar® / Vial
	Fiasp® FlexTouch® / Penfill® / Vial PENFILL NOT REVIEWED
	Humalog [®] U-100 Cartridge / U-100 Junior KwikPen [®]
	Humalog [®] U-200 KwikPen [®]
	insulin aspart U-100 cartridge / FlexPen* / vial (generic for Novolog*) NOT REVIEWED
	insulin lispro U-100 KwikPen* / vial (generic for Humalog*) NOT REVIEWED
	1
Sho	ort Acting Insulin
Preferred	Non-Preferred
umulin [®] R Vial	Humulin R. U-500 KwikPen®
umulin® R U500 KwikPen® / Vial	Myxredlin [™] Injection NOT REVIEWED
	Novolin® R Vial / ReliOn® R Vial
Interne	Lediate Acting Insulin
	ediate Acting Insulin Non-Preferred
Preferred	Non-Preferred
Preferred	Non-Preferred Humulin® N KwikPen®
Preferred	Non-Preferred
Preferred umulin® N Vial	Non-Preferred Humulin® N KwikPen®
Preferred umulin* N Vial Loi	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial ng Acting Insulin
Preferred umulin* N Vial Lot Trial and failure of	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial ng Acting Insulin only one preferred drug required
Preferred umulin® N Vial Lot Trial and failure of Preferred	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial ng Acting Insulin only one preferred drug required Non-Preferred
Preferred umulin® N Vial Lot Trial and failure of Preferred antus® SoloStar® / Vial	Non-Preferred Humulin* N KwikPen* Novolin* N Vial / ReliOn* N Vial pa Acting Insulin only one preferred drug required Basaglar* KwikPen*
Preferred umulin® N Vial Lot Trial and failure of Preferred untus® SoloStar® / Vial	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial ng Acting Insulin only one preferred drug required Non-Preferred
Preferred umulin® N Vial Lot Trial and failure of Preferred untus® SoloStar® / Vial	Non-Preferred Humulin* N KwikPen* Novolin* N Vial / ReliOn* N Vial pa Acting Insulin only one preferred drug required Basaglar* KwikPen* Toujeo* SoloStar* / Max SoloStar*
Preferred umulin* N Vial Lot Trial and failure of Preferred antus* SoloStar* / Vial evemir* FlexTouch* / Vial	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial 103 Acting Insulin 104 only one preferred drug required Non-Preferred Basaglar® KwikPen® Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial
Preferred Lot Trial and failure of Preferred antus* SoloStar*/Vial evemir* FlexTouch*/Vial Premixed R	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial pa Acting Insulin only one preferred drug required Basaglar® KwikPen® Toujco® SoloStar® / Max SoloStar®
Preferred Lot Trial and failure of Preferred antus* SoloStar* / Vial evemir* FlexTouch* / Vial Premixed R Preferred	Non-Preferred Humulin* N KwikPen* Novolin* N Vial / ReliOn* N Vial g Acting Insulin only one preferred drug required Non-Preferred Basaglar* KwikPen* Toujee* SoloStar* / Max SoloStar* Tresiba* FlexTouch* / Vial apid Combination Insulin Non-Preferred
Preferred Lot Trial and failure of Preferred antus* SoloStar* / Vial evemir* FlexTouch* / Vial Premixed R Preferred umalog* 50/50 Mix KwikPen* / Vial	Non-Preferred Humulin* N KwikPen* Novolin* N Vial / ReliOn* N Vial g Acting Insulin only one preferred drug required Non-Preferred Basaglar* KwikPen* Toujec* SoloStar* / Max SoloStar* Tresiba* FlexTouch* / Vial apid Combination Insulin
Preferred Lot Trial and failure of Preferred antus* SoloStar*/Vial evemir* FlexTouch*/Vial Premixed R Preferred Iumalog* 50/50 Mix KwikPen*/Vial Iumalog* 75/25 Mix KwikPen*/Vial	Non-Preferred Humulin* N KwikPen* Novolin* N Vial / ReliOn* N Vial g Acting Insulin only one preferred drug required Non-Preferred Basaglar* KwikPen* Toujee* SoloStar* / Max SoloStar* Tresiba* FlexTouch* / Vial apid Combination Insulin Non-Preferred
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Preferred Lot Trial and failure of Preferred antus* SoloStar* / Vial evemir* FlexTouch* / Vial Premixed R Preferred Iumalog* 50/50 Mix KwikPen* / Vial Iumalog* 75/25 Mix KwikPen* / Vial Iumalog* 75/25 Mix KwikPen* / Vial Iumalog* Mix 70/30 FlexPen* / Vial Iovolog* Mix 70/30 FlexPen* / Vial	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial g Acting Insulin only one preferred drug required Non-Preferred Basaglar® KwikPen® Toujec® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial apid Combination Insulin Non-Preferred
Preferred Lot Trial and failure of Preferred Antus SoloStar / Vial Levemir FlexTouch / Vial Premixed R Preferred Iumalog 50/50 Mix KwikPen / Vial Iumalog 75/25 Mix KwikPen / Vial Sovolog Mix 70/30 FlexPen / Vial	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial apid Acting Insulin Non-Preferred Non-Preferred Non-Preferred Basagla® KwikPen® Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial apid Combination Insulin Non-Preferred insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) NOT REVIEWED
Preferred Lunulin® N Vial Lor Trial and failure of Preferred .antus® SoloStar® / Vial .evemir® FlexTouch® / Vial Premixed R Preferred	Non-Preferred Humulin® N KwikPen® Novolin® N Vial / ReliOn® N Vial ag Acting Insulin only one preferred drug required Non-Preferred Basaglar® KwikPen® Toujeo® SoloStar® / Max SoloStar® Tresiba® FlexTouch® / Vial apid Combination Insulin Non-Preferred insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) NOT REVIEWED

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

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Amylin Analogs

Preferred	Non-Preferred	
Symlin® Pen Injector		
CLD 1 December A continued Conditional		

GLP-1 Receptor Agonists and Combinations

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

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

HYPOGLYCEMICS - ORAL

Non Professed

2nd Generation Sulfonylureas

Droforrod

Treierred	140II-1 Teleffeu
Amaryl [®] Tablet	
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® Tablet / XL Tablet	
glyburide micronized tablet (generic for Micronase®, Glynase®)	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	

Alpha-Glucosidase Inhibitors

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

Biguanides and Combinations

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

DPP-IV Inhibitors and Combinations

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

Preferred	Non-Preferred
Glyxambi® Tablet	alogliptin tablet (generic for Nesina®)
Janumet [®] Tablet	alogliptin-metformin tablet (generic for Kazano®)
Janumet® XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni®)
Januvia® Tablet	Jentadueto® XR Tablet
Jentadueto® Tablet	Kazano® Tablet
Tradjenta® Tablet	Kombiglyze® XR Tablet
	Nesina® Tablet
	Onglyza [®] Tablet
	Oseni® Tablet
	Qtern® Tablet
	Steglujan® Tablet
N	leglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	Prandin® Tablet
repaglinide tablet (generic for Prandin®)	Starlix® Tablet
	repaglinide-metformin tablet (generic for Prandimet®)

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

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

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

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Steglatro [™] Tablet Synjardy [®] Tablet / XR Tablet Xigduo [®] XR Tablet
Xigduo® XR Tablet
nediones and Combinations
Non-Preferred
ActoPlus Met® Tablet / XR Tablet Actos® Tablet
Avandia® Tablet
Duetact® Tablet
pioglitazone-glimepiride tablet (generic for Duetact®)
pioglitazone-metformin tablet (generic for ActoPlus Met®)
TROINTESTINAL
C-ANTIVERTIGO AGENTS
Non-Preferred
Akynzeo [®] Capsule / Vial VIAL IS NOT REVIEWED
Anzemet Tablet
Bonjesta® Tablet
Cesamet® Capsule
Cinvanti® Injectable Emulsion
Compro® Rectal doxylamine-pyridoxine tablet (generic for Diclegis® Tablet) NOT REVIEWED
dronabinol capsule (generic for Marinol®)
fosaprepitant vial (generic for Emend®) NOT REVIEWED
granisetron tablets (generic for Kytril®)
Marinol® Capsule
metoclopramide ODT (generic for Metozolv®)
metoclopramide ODT (generic for Reglan*)
palonosetron injection (generic for Aloxi®)
promethazine 50 mg rectal (generic for Phenergan®)
prochlorperazine rectal (generic for Compazine®)
Reglan® Tablet
Sancuso® Patch
scopolamine patch (generic for Transderm-Scop®)
Sustol® Injection
Syndros® Solution
trimethobenzamide capsule (generic for Tigan*)
Varubi [®] Tablet Zofran [®] Solution / ODT / Tablet
Zuplenz® Soluble Film
Edphalz Soldon Film
aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply
Emend® Powder Packet - Clinical criteria apply
Emend® Trifold Pack - Clinical criteria apply
ILE ACID SALTS
Non-Preferred
Actigall® Capsule
Chenodal® Tablet
Cholbam® Capsule
Ocaliva® Tablet
Urso® Tablet / Urso® Forte Tablet
ursodiol capsule (generic for Actigall [®])
ROLYTE DEPLETERS
Non-Preferred Aurxia® Tablet
Auryxia® Tablet
Auryxia® Tablet Fosrenol® Chewable
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renagel® Tablet
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renagel® Tablet Renvela® Tablet
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Dowder Pack Mapslyia® 400 Rx Tablet Mapslyia® Solution Rengel® Tablet Renvela® Powder Pack
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renagel® Tablet Renvela® Tablet Renvela® Tablet Velphoro® Chewable
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renage® Tablet Renvela® Tablet Renvela® Tablet Servelame tablet / powder pack (generic for Renvela®) Velphoro® Chewable ORI COMBINATIONS
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renagel® Tablet Renvela® Tablet Renvela® Tablet Velphoro® Chewable ORI COMBINATIONS Non-Preferred
Auryxia* Tablet Fosrenol* Chewable Fosrenol* Powder Pack MagneBind* 400 Rx Tablet Phoslyra* Solution Renagel* Tablet Renvela* Tablet Renvela* Tablet Velphoro* Chewable ORI COMBINATIONS Non-Preferred lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac*)
Auryxia® Tablet Fosrenol® Chewable Fosrenol® Powder Pack MagneBind® 400 Rx Tablet Phoslyra® Solution Renagel® Tablet Renvela® Tablet Renvela® Tablet Velphoro® Chewable ORI COMBINATIONS Non-Preferred

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Preferred	Non-Preferred	
famotidine tablet / suspension (generic for Pepcid®)	cimetidine solution / tablet (generic for Tagamet*)	
ranitidine capsule / syrup / tablet (generic for Zantac®)	nizatidine capsule / solution (generic for Axid*)	
	Pepcid® Tablet	
	PANCREATIC ENZYMES	
Preferred	Non-Preferred	
Creon® Capsule	Pancreaze® Capsule	
Zenpep [®] Capsule	Pertzye [®] Capsule	
	Viokase® Tablet	

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

Effective Date: 2020 PDL Panel Recommendations

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

	PROGESTINS USED FOR CACHEXIA
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	Megace® ES Suspension
	megestrol ES suspension (generic for Megace® ES)
	PROTON PUMP INHIBITORS
Preferred	Non-Preferred
	Exemption for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Sprinkle Capsules / Tablets
esomeprazole magnesium capsule OTC (generic for Nexium® OTC)	Dexilant® Capsule
lansoprazole capsule (generic for Prevacid® Rx)	esomeprazole strontium
Nexium® Rx Packet	Esomep EZS® Kit
omeprazole Rx capsule (generic for Prilosec® Rx)	lansoprazole capsule (generic for Prevacid [®] OTC)
pantoprazole tablet (generic for Protonix®)	lansoprazole ODT (generic for Prevacid [®] SoluTab [™]) NOT REVIEWED
Protonix® Suspension	Nexium® Rx Capsule
Totolia Suspension	omeprazole OTC capsule / tablet (generic for Prilosec® OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid® Rx / OTC)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosee® Rx Suspension
	Protonix® Tablet
	rabeprazole tablet (generic for Aciphex*)
	Zegerid [®] Rx / Capsule / Packet
	CILICATIVE CONCEINATION A CENTE
	SELECTIVE CONSTIPATION AGENTS
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex® Tablet)
Linzess® Capsule	Lotronex® Tablet
Movantik® Tablet	Motegrity Tablet NOT REVIEWED
	Relistor® Syringe / Vial / Oral Tablet
	Symproic [®] Tablet
	Trulance [®]
	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
	ULCERATIVE COLITIS
	Oral
Preferred	Oral Non-Preferred
Preferred Apriso® Capsule	
Apriso [®] Capsule	Non-Preferred
	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®)
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidinc® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet)
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet)
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®]) Lialda [®] Tablet sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Non-Preferred Asacol® HD Tablet Azulfidinc® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®)	Non-Preferred Asacol* HD Tablet Azulfidine* Entab / Tablet budesonide ER tablet (generic for Uceris*) Colazal* Capsule Delzicol* Capsule Dipentum* Capsule Giazo* Tablet mesalamine DR capsule (generic for Delzicol* Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso* Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol* HD / Lialda* Tablet) Pentasa* Capsule Uceris* Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required Non-Preferred
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®) Ti Preferred Canasa® Suppository	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required Non-Preferred mesalamine kit (generic for Rowasa® Kit)
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®)	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required Mon-Preferred mesalamine kit (generic for Rowasa® Kit) mesalamine suppository (generic for Canasa® Suppository)
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®) To Preferred Canasa® Suppository	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required Mon-Preferred mesalamine kit (generic for Rowasa® Kit) mesalamine suppository (generic for Canasa® Suppository) Rowasa® Kit
Apriso® Capsule balsalazide capsule (generic for Colazal®) Lialda® Tablet sulfasalazine DR tablet (generic for Azulfidine® Entab) sulfasalazine IR tablet (generic for Azulfidine®) To Preferred Canasa® Suppository	Non-Preferred Asacol® HD Tablet Azulfidine® Entab / Tablet budesonide ER tablet (generic for Uceris®) Colazal® Capsule Delzicol® Capsule Dipentum® Capsule Giazo® Tablet mesalamine DR capsule (generic for Delzicol® Capsule) NOT REVIEWED mesalamine ER capsule (generic for Apriso® Capsule) NOT REVIEWED mesalamine tablet (generic for Asacol® HD / Lialda® Tablet) Pentasa® Capsule Uceris® Tablet ULCERATIVE COLITIS Rectal rial and failure of only one preferred drug required Mon-Preferred mesalamine kit (generic for Rowasa® Kit) mesalamine suppository (generic for Canasa® Suppository)

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

Effective Date: 2020 PDL Panel Recommendations

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	GENITOURINARY/RENAL
ВІ	ENIGN PROSTATIC HYPERPLASIA TREATMENTS
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral®)	Avodart [®] Sofigel
doxazosin tablet (generic for Cardura®)	Cardura® Tablet / XL Tablet
dutasteride capsule (generic Avodart®)	dutasteride/ tamsulosin capsule (generic Jalyn capsule [®])
finasteride tablet (generic for Proscar®)	Flomax [®] Capsule
tamsulosin capsule (generic for Flomax®)	Jalyn [®] Capsule
terazosin capsule (generic for Hytrin®)	Proscar® Tablet
	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo®)
	Cialis® Tablet - Clinical criteria apply
	tadalafil tablet (generic for Cialis®) - Clinical criteria apply
	URINARY ANTISPASMODICS
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®)	darifenacin ER tablet (generic for Enablex*)
oxybutynin ER tablet (generic for Ditropan XL®)	Detrof® Tablet / LA Capsule
Toviaz® Tablet	Ditropan® XL Tablet
Vesicare [®] Tablet	Enablex Tablet
	flavoxate tablet (generic for Urispas®)
	Gelnique® Gel / Gel Sachets
	Myrbetriq* Tablet
	Oxytrol [®] Patch
	solifenacin tablet (generic for Vesicare® Tablet) NOT REVIEWED
	tolterodine tablet / ER capsule(generic for Detrol® / LA)
	trospium tablet / ER capsule (generic for Sanctura® / XR)
	GOUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	colchicine tablet (generic for Colcrys®)
Mitigare® Capsule	colchicine capsule (generic for Mitigare*)
probenecid tablet(generic for Benemid®)	Colorys® Tablet
probenecid-colchicine tablet (generic for Col-Benemid®)	febuxostat tablet (generic for Uloric® Tablet) NOT REVIEWED
proteinent tablet (generic for Cor-Benefina)	Gloperba® Solution NOT REVIEWED
	Krystexxa® Injection
	Uloric® Tablet
	Zyloprim® Tablet
	HEMATOLOGIC
	ANTICOAGULANTS
	Injectable
Preferred	Non-Preferred
enoxaparin syringe (generic for Lovenox®)	Arixtra® Syringe
enoxaparin vial (generic for Lovenox®)	enoxaparin vial (generic for Lovenox*)
Fragmin® Syringe / Vial	fondaparinux syringe (generic for Arixtra®)
Lovenox* Vial	Lovenox* Syringe
	Lovenox* Vial
	Oral
Preferred	Non-Preferred
Eliquis® Tablet and Starter Dose Pack	Bevyxxa® Capsule NOT REVIEWED
Jantoven® (branded generic for Coumadin®)	Coumadin [®] Tablet
Pradaxa® Capsule	Savaysa® Tablet
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	
	COLONY STIMULATING FACTORS
Preferred	Non-Preferred
Granix [®] Injection	Fulphila™ Syringe / Vial NOT REVIEWED
Fulphila™ Syringe / Vial NOT REVIEWED	Neulasta* Syringe / Kit
Leukine® Injection	Nivestym [™] Syringe / Vial NOT REVIEWED
Neulasta [®] -Syringe / Kit	Udenyea - Syringe
Neupogen® Vial / Syringe	Ziextenzo® Syringe NOT REVIEWED
Udenyca [™] Syringe	
Zarxio [®] Injection	
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North Carolina Medicaid and Health Choice Preferred Drug List (PDL)

Effective Date: 2020 PDL Panel Recommendations

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	HEMATOPOIETIC AGENTS
Clir	nical criteria apply to all drugs in this class
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Epogen® Vial
Procrit [®] Vial	Mircera [®] Syringe
	Reblozyl® Vial NOT REVIEWED
	Retacrit [®] Vial
THRO	DMBOPOIESIS STIMULATING AGENTS
Preferred	Non-Preferred
Nplate® Vial	Tavalisse [™] Tablet
Promacta® Suspension / Tablet	
	OPHTHALMIC
AL	LERGIC CONJUNCTIVITIS AGENTS
Preferred	Non-Preferred
cromolyn sodium drops (generic for Crolom®)	Alocril® Drops
Pataday* Drops	Alomide® Drops
Pazeo [®] Drops	Alrex® Drops
	azelastine drops (generic for Optivar®)
	Bepreve® Drops
	epinastine drops (generic for Elestat*) Lastacaft* Drops
	olopatadine drops (generic for Pataday*)
	olopatadine drops (generic for Patanol®)
	Pataday® Drops
	Patanol® Drops
	ANTIBIOTICS
Preferred	Non-Preferred
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	bacitracin ointment (generic for AK-Tracin®)
Azasite [®] Drops	Besivance [®] Suspension
bacitracin-polymyxin ointment (generic for Polysporin®)	Bleph-10 [®] Drops
ciprofloxacin solution drops (generic for Ciloxan®)	Ciloxan® Drops / Ointment
erythromycin ointment (generic for Ilotycin*)	gatifloxacin drops (generic for Zymaxid®)
Gentak® Ointment (branded generic for Garamycin®)	levofloxacin drops (generic for Quixin*)
gentamicin drops (generic for Garamycin®)	Moxeza® Drops
Moxeza* Drops moxifloxacin ophthalmic solution (generic for Vigamox* Drops)	moxifloxacin ophthalmic solution (generic for Vigamox® Drops) Natacyn® Drops
ofloxacin drops (generic for Ocuflox®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
Polycin® Ointment (branded generic for Polysporin®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
sulfacetamide drops (generic for Bleph-10®)	Ocuflox® Drops
sulfacetamide drops (generic for Bleph-10 [®]) tobramycin drops (generic for Tobrex [®])	Ocuflox® Drops Polytrim® Drops
tobramycin drops (generic for Tobrex®)	Polytrim [®] Drops
tobramycin drops (generic for Tobrex®)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®)
tobramycin drops (generic for Tobrex®)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops
tobramycin drops (generic for Tobrex®) Vigamox* Drops	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops
tobramycin drops (generic for Tobrex®) Vigamox® Drops ANT	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops TIBIOTICS-STEROID COMBINATIONS
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS Non-Preferred
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops IIBIOTICS-STEROID COMBINATIONS Non-Preferred Blephamide® Drops / S.O.P. Ointment
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS Non-Preferred Blephamide® Drops / S.O.P. Ointment Maxitrol® Drops / Ointment
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops TIBIOTICS-STEROID COMBINATIONS Non-Preferred Blephamide® Drops / S.O.P. Ointment Maxitrot® Drops / Ointment Neo-Polycin® HC (branded generic for Cortisporin®)
tobramycin drops (generic for Tobrex*) Vigamox*-Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS 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®)
tobramycin drops (generic for Tobrex*) Vigamox*-Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS 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 Coutricin®)
tobramycin drops (generic for Tobrex*) Vigamox*-Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS Non-Preferred Blephamide® Drops / S.O.P. Ointment Maxitrol® Drops / S.O.P. Ointment Neo-Polycin® HC (branded generic for Cortisporin®) neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®) neomycin-polymyxin-HC drops / ointment (generic for Cortisporin®) Pred-G® S.O.P. Ointment / Suspension
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS Ron-Preferred Blephamide® Drops / S.O.P. Ointment Maxitrol® Drops / Ointment Maxitrol® Drops / Ointment Neo-Polycin® HC (branded generic for Cortisporin®) neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®) neomycin-polymyxin-HC drops / ointment (generic for Cortisporin®) Pred-G® S.O.P. Ointment / Suspension sulfacetamide-prednisolone drops (generic for Vasocidin®)
tobramycin drops (generic for Tobrex*) Vigamox* Drops ANT Preferred neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrof*)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®) Tobrex® Ointment/ Drops Vigamox® Drops Zymaxid® Drops Zymaxid® Drops IBIOTICS-STEROID COMBINATIONS Non-Preferred Blephamide® Drops / S.O.P. Ointment Maxitrol® Drops / S.O.P. Ointment Neo-Polycin® HC (branded generic for Cortisporin®) neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®) neomycin-polymyxin-HC drops / ointment (generic for Cortisporin®) Pred-G® S.O.P. Ointment / Suspension
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North Carolina Medicaid and Health Choice Preferred Drug List (PDL)

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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

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

prednisolone acetate drops (generic for Pred Forte®)

Lotemax® Gel / Ointment

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wore information on the PDE can be found at. intps://medicaid.incums.gov	/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	loteprednol drops (generic for Lotemax* Drops) NOT REVIEWED
	Maxidex® Drops
	Nevanac® Droptainer Omnipred® Drops
	Ozurdex® Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflamase Forte®)
	Prolensa® Drops
	Retisert [®] Implant
	Triesence® Vial
	Yutiq [™] Implant
	DRY/IMMUNOMODULATOR
Preferred	Non-Preferred
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	Cequa [™] Drops
	Xiidra [®] Drops
ΔΙΡΗΔ 2 ΔΓ	RENERGIC AGENTS
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
ormonante diops (genere to: repnagai)	Iopidine® Drops
	,
BETA BLOCKER A	AGENTS / COMBINATIONS
Preferred	Non-Preferred
Combigan [®] Drops	betaxolol drops (generic for Betoptic*)
timolol drops / GFS gel-solution (generic for Timoptic * / Timoptic XE*)	Betoptic® S Drops
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol drop (generic for Istalol® Drops)
	Timoptic [®] Drops / Ocudose [®] Drops / XE [®] Solution
GARDONG ANDRONG	D NAME TO DO A COLUMN A TROUGH
	E INHIBITORS / COMBINATIONS
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt® Drops
dorzolamide-timolol drops (generic for Cosopt*) Simbrinza* Drops	Cosopt® Drops / PF Drops dorzolamide-timolol PF drops (generic for Cosopt® PF)
Simorinza Diops	Trusopt® Drops
	Trustpt Drops
PROSTAGI	ANDIN AGONISTS
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan® Z) NOT REVIEWED
	Vyzulta® Drops
	Xalatan [®] Drops
	Xelpros [®] Drops
	Zioptan® Drops
DIIO VINACE MOI	DIFFERE / COMPINATIONS
	DIFIERS / COMBINATIONS
Preferred Rhopressa® Drops	Non-Preferred
Rocklatan® Drops	
Rockatan Diops	
OST	EOPOROSIS
	RESSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia® Tablet
	D: 8 DM
	Binosto® Effervescent Tablet
	Boniva® Tablet
	Boniva [®] Tablet calcitonin salmon nasal spray (generic for Miacalcin [®])
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®)
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity™ Syringe NOT REVIEWED
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity™ Syringe NOT REVIEWED Evista® Tablet
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity™ Syringe NOT REVIEWED Evista® Tablet Forteo® Pen Injection
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity® Syringe NOT REVIEWED Evista® Tablet Forco® Pon Injection Fosamax® Tablet / Plus D Tablet
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity® Syringe NOT REVIEWED Evista® Tablet Forco® Pon Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®)
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity™ Syringe NOT REVIEWED Evista® Tablet Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Prolia® Syringe
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) citicronate tablet (generic for Didronel®) Evenity® Syringe NOT REVIEWED Evista® Tablet Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Prolia® Syringe risedronate tablet (generic for Actonel®)
	Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Evenity™ Syringe NOT REVIEWED Evista® Tablet Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Prolia® Syringe

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

Effective Date: 2020 PDL Panel Recommendations

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More information on		OTIC
	AN	TIBIOTICS
	Preferred	Non-Preferred
Ciprodex® Suspension		Cipro® HC Suspension
eomycin-polymyxin-hydrocortisone solution / suspension	n (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)
		ciprofloxacin-fluocinolone drops (generic for Otovel®) NOT REVIEWED
		Coly-Mycin® S Drops
		Cortisporin-TC® Suspension
		ofloxacin drops (generic for Floxin®)
		Otiprio Suspension
		Otovel® Drops
	ANTLINEECTIV	ES AND ANESTHETICS
	Preferred	Non-Preferred
cetic acid solution (generic for Vosol®)	Trecticu	acetic acid-hydrocortisone solution (generic for Vosol® HC)
ectic acid solution (generic for vosor)		accide actid-inflatocortisorie solution (generic tot 10501 110)
	ANTI-IN	FLAMMATORY
:	Preferred	Non-Preferred
Dermotic [®] Oil	110.000	fluocinolone 0.01% oil (generic for Dermotic®)
Almone on		Indeanosale 6.6179 on (genera to Defineda)
	RES	PIRATORY
		HANDHELD, LONG ACTING
	Preferred	Non-Preferred
Gerevent® Diskus®		Arcapta® Neohaler®
		Striverdi® Respimat® Inhalation Spray
	BETA-ADRENERGIC	HANDHELD, SHORT ACTING
	Trial and failure of or	ly one preferred drug required
	Preferred	Non-Preferred
Proair® HFA Inhaler		albuterol HFA inhaler (generic for Proair® HFA Inhaler / Ventolin® HFA Inhaler)
Proventil® HFA Inhaler		albuterol HFA inhaler (generic for Proventil® HFA Inhaler) NOT REVIEWED
		levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
		Proair® Digihaler™ NOT REVIEWED
		Proair® RespiClick®
		n 0 rm - r 1 1
		Proventil® HFA Inhaler
		Ventolin® HFA Inhaler
	DET. ADDED	Ventolin® HFA Inhaler Xopenex® HFA Inhaler
		Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS
	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS dy one preferred drug required
		Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS dy one preferred drug required Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb®)	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS dy one preferred drug required Non-Preferred Brovana® Solution
lbuterol 0.63mg / 3ml solution (generic for Accuneb®) lbuterol 1.25mg / 3ml solution (generic for Accuneb®)	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS dy one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
albuterol 0.63mg / 3ml solution (generic for Accuneb®) albuterol 1.25mg / 3ml solution (generic for Accuneb®) albuterol sulfate 2.5mg / 0.5ml solution	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS lay one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution
libuterol 0.63mg / 3ml solution (generic for Accuneb*) libuterol 1.25mg / 3ml solution (generic for Accuneb*) libuterol sulfate 2.5mg / 0.5ml solution libuterol sulfate 2.5mg / 3ml solution	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS dy one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
libuterol 0.63mg / 3ml solution (generic for Accuneb*) libuterol 1.25mg / 3ml solution (generic for Accuneb*) libuterol sulfate 2.5mg / 0.5ml solution libuterol sulfate 2.5mg / 3ml solution	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS lay one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution
libuterol 0.63mg / 3ml solution (generic for Accuneb*) libuterol 1.25mg / 3ml solution (generic for Accuneb*) libuterol sulfate 2.5mg / 0.5ml solution libuterol sulfate 2.5mg / 3ml solution	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS sly one preferred drug required Non-Preferred Brovana® Solution Levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforemis® Solution / Concentrate Solution Xopenex® Solution / Concentrate Solution
libuterol 0.63mg / 3ml solution (generic for Accuneb®) libuterol 1.25mg / 3ml solution (generic for Accuneb®) libuterol sulfate 2.5mg / 0.5ml solution libuterol sulfate 2.5mg / 3ml solution libuterol sulfate 5mg / ml solution	Trial and failure of or Preferred BETA-AD	Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS sly one preferred drug required Non-Preferred Brovana® Solution Levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforemist® Solution Xopenex® Solution / Concentrate Solution
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	Trial and failure of or	Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS sly one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution Xopenex® Solution / Concentrate Solution RENERGIC, ORAL Non-Preferred
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libuterol 0.63mg / 3ml solution (generic for Accuneb®) ilbuterol 1.25mg / 3ml solution (generic for Accuneb®) ilbuterol sulfate 2.5mg / 0.5ml solution ilbuterol sulfate 2.5mg / 3ml solution ilbuterol sulfate 5mg / ml solution ilbuterol sulfate 5mg / ml solution ilbuterol sulfate 5mg / ml solution ilbuterol syrup (generic for Ventolin® Syrup) netaproterenol syrup (generic for Alupent® Syrup)	Trial and failure of or Preferred BETA-AD	Ventolin® HFA Inhaler Xopenex® HFA Inhaler ERGIC, NEBULIZERS lay one preferred drug required Non-Preferred Brovana® Solution levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution Xopenex® Solution / Concentrate Solution RENERGIC, ORAL Non-Preferred albuterol tablets (generic for Proventil® Repetabs)
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Ibuterol 0.63mg / 3ml solution (generic for Accuneb®) Ibuterol 1.25mg / 3ml solution (generic for Accuneb®) Ibuterol sulfate 2.5mg / 0.5ml solution Ibuterol sulfate 2.5mg / Janl solution Ibuterol sulfate 5mg / ml solution Ibuterol sulfate 5mg / ml solution Ibuterol sulfate 5mg / ml solution Ibuterol syrup (generic for Ventolin® Syrup) netaproterenol syrup (generic for Alupent® Syrup) probability tablet (generic for Brethine®)	Trial and failure of or Preferred BETA-AD Preferred ORALLY INHALED ANTI Trial and failure of either Spiriva® Handihaler® or Stiolto®	Ventolin® HFA Inhaler Xopenex® HFA Inhaler IERGIC, NEBULIZERS Idy one preferred drug required Non-Preferred Brovana® Solution Ievalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) Perforomist® Solution Xopenex® Solution / Concentrate Solution Xopenex® Solution / Concentrate Solution RENERGIC, ORAL Non-Preferred albuterol tablets (generic for Proventif® Repetabs) albuterol ER tablets (generic for VoSpire® ER) metaproterenol tablet (generic for Alupent® Tablet) CHOLINERGICS / COPD AGENTS Respimat® only required to obtain a non-preferred drug in this class Non-Preferred
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North Carolina Medicaid and Health Choice Preferred Drug List (PDL)

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

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

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LOW SEDATING ANTIHISTAMINES Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine of C syrup Img/Iml (generic for Zyrtec® OTC Syrup) cetirizine of C syrup Smg/Sml (generic for Zyrtec® OTC Syrup) cetirizine Rx syrup (generic for Zyrtec® OTC Syrup) cetirizine Rx syrup (generic for Zyrtec® OTC Syrup) cetirizine Rx stablet (generic for Zyrtec® OTC Syrup) cetirizine Rx tablet (generic for Zyrtec® OTC Syrup) cetirizine Rx tablet (generic for Zyrtec® OTC Syrup) cetirizine Rx stablet (generic for Zyrtec® OTC Syrup) cetirizine Rx sublet (generic for Claritin® OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)		
Preferred cetirizine tablets OTC (generic for Zyrtee® OTC Tablets) cetirizine OTC syrup Img/Iml (generic for Zyrtee® OTC Syrup) cetirizine OTC syrup Img/Iml (generic for Zyrtee® OTC Syrup) cetirizine Rx syrup (generic for Zyrtee® OTC Syrup) cetirizine Rx syrup (generic for Zyrtee® OTC Syrup) Clarines® Tablet - Exemption for children < 2 years of age levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) desloratadine tablet OTC (generic for Clarine® OTC) fexofenadine OTC suspension / OTC tablet (generic for Ayzal® Rx Solution) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)		Zyno CK rabict/ r minao
cetirizine tablets OTC (generic for Zyrtee® OTC Tablets) cetirizine OTC syrup 1mg/1ml (generic for Zyrtee® OTC Syrup) cetirizine OTC syrup 5mg/5ml (generic for Zyrtee® OTC Syrup) cetirizine Rx syrup (generic for Zyrtee® Syrup) Clarinex® Tablet - Exemption for children < 2 years of age levocetirizine Rx tablet (generic for Claritin® OTC) desloratadine OTC (generic for Claritin® OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)	LOW SEDATIN	NG ANTIHISTAMINES
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup) cetirizine Rx syrup (generic for Zyrtec® Syrup) Clarinex® Tablet - Exemption for children < 2 years of age levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) loratadine tablet OTC (generic for Claritin® OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)	Preferred	Non-Preferred
cetirizine Rx syrup (generic for Zyrtec* Syrup) Clarinex* Tablet - Exemption for children < 2 years of age levocetirizine Rx tablet (generic for Xyzal* Rx Tablet) desloratadine ODT / Tablet (generic for Clarinex*) loratadine tablet OTC (generic for Claritin* OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra* OTC) levocetirizine Rx solution (generic for Xyzal* Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin* OTC)	tirizine tablets OTC (generic for Zyrtec® OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablets)
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) loratadine tablet OTC (generic for Claritin® OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)	tirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
loratadine tablet OTC (generic for Claritin® OTC) fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC) levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)		
levocetirizine Rx solution (generic for Xyzal® Rx Solution) loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)		
loratadine OTC chewable ODT / solution / soft gel (generic for Claritin® OTC)	ratadine tablet OTC (generic for Claritin® OTC)	
Opposition Viral NIOT DEVIEWED		Oratadine OTC chewable ODT / solution / soft get (generic for Claritin OTC) Quzyttir Vial NOT REVIEWED
Quzyuir viai NOT REVIEWED		Queyun viai iiQ i AEVIEWED
LOW SEDATING ANTIHISTAMINE COMBINATIONS	LOW SEDATING ANTI	HISTAMINE COMBINATIONS
Quantity limit of 102 days supply per 12 months apply to all drugs in this class		
Preferred Non-Preferred		
loratadine-D OTC tablet (generic for Claritin-D® OTC) cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)		
Clarinex-D [®] Tablet		Clarinex-D [®] Tablet
fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D* 12 Hour OTC)		fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D* 12 Hour OTC)
Semprex-D [®] Capsule		
MONGLY 6		Semprex-D ⁻ Capsule
TOPICALS ACNIE ACENTE		
ACNE AGENTS		OPICALS
	ACN	DPICALS E AGENTS
	ACN Preferred	DPICALS TE AGENTS Non-Preferred
	ACN Preferred zelex® Cream	DPICALS TE AGENTS Non-Preferred Acanya® Gel Pump
anaparite reams for Genera for Date 1	ACN Preferred zelex® Cream indamyein-benzoyl peroxide gel (generic for Benzaelin*)	DPICALS IE AGENTS Non-Preferred Acanya® Gel Pump Aczone® Gel
elindamyein benzoyl peroxide with pump (generic for Benzaelin*) adapalene / benzoyl peroxide (generic for Epiduo* Gel)	ACN Preferred zelex* Cream indamyein-benzoyl peroxide gel (generie for Benzaelin*) indamycin-benzoyl peroxide gel (generic for Duac*)	DPICALS IE AGENTS Non-Preferred Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump / solution (generic for Differin®)

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

More information on the FDE daily be found at: Interpolational Control	TWO TO THE TOTAL TO THE TOTAL THE TO
Differin [®] Cream / Gel Pump / Lotion	Amzeeq [™] Foam NOT REVIEWED
Epiduo [®] Gel	Atralin® Gel
erythromycin-benzoyl peroxide gel (generic for Benzamycin*)	Avar® Cleanser / Cleansing Pads / Foam FOAM IS NOT REVIEWED
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, A/T/S®, T-Stat®)	Avar® LS Cleanser / LS Cleansing Pads / LS Foam FOAM IS NOT REVIEWED
Retin-A® Cream / Gel Retin-A® / Micro Gel / Micro Gel Pump	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream Avita [®] Cream / Gel
Retii:-A / Micto Get / Micto Get Funip	Benzaclin® Gel / Pump
	Benzamycin [®] Gel
	benzoyl peroxide foam (generic for Benzac®, et. al)
	BP® 10-1 Wash / Cleansing Wash
	Cleocin® T Gel / Lotion / Pledgets
	Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel® Gel NOT REVIEWED
	clindamycin phosphate gel / lotion (generic for Cleocin-T®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel (generic for Benzaclin®)
	clindamycin-benzoyl peroxide with pump (generic for Benzaclin® Pump)
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide with pump (generic for Acanya®)
	clindamycin / tretinoin (generic for Veltin®)
	dapsone gel (generic for Aczone® Gel)
	Duac® Gel
	Epiduo® Forte
	Ery® Pads
	Erygel [®] Gel
	erythromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®])
	erythromycin benzeyl peroxide gel (generic for Benzamycin [®])
	Evoclin® Foam
	Fabior® Foam
	Klaron [®] Lotion
	Neuac [®] Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash FOAM IS NOT REVIEWED Plixda® Swabs
	Promiseb* Complete / Topical Cream
	Retin A*/Micro Gel/Micro Pump Gel
	Rosula® Cloths / Wash
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide cleanser / cream (generic for Ovace / First)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan®)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sumadan® Kit / Wash / XLT Kit
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac®)
	Tazorac® Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A® Micro)
	tretinoin cream / gel (generic for Retin-A®)
	Ziana [®] Gel
(370)	DOCENIC ACENTS
	ROGENIC AGENTS
Preferred	Non-Preferred
Androgel® Pump	Androderm® Patch
testosterone gel pump (generic for Androgel®) PUMP ONLY RECOMMENDED TO MOVE	Androgel® Packet
	Androgel® Pump Axiron® Topical Gel / Solution
	Axiron 1 Topical Gel / Solution Fortesta © Gel Pump
	Testim® Gel
	testosterone gel / packet / pump (generic for Androgel* , Testim*, Vogelxo*) PUMP ONLY RECOMMENDED TO MOVE
	testosterone gel / pump / solution (generic for Axiron®, Fortesta®)
	Vogelxo® Gel / Packet / Pump
	,
	ANTIBIOTICS
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin®)	Bactroban® Nasal Ointment
mupirocin ointment (generic for Bactroban® Ointment)	Centany® AT Ointment Kit / Ointment
	mupirocin cream (generic for Bactroban® Cream)
ANTII	BIOTICS - VAGINAL
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
· · · · · · · · · · · · · · · · · · ·	

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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

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

Clindesse® Vaginal Cream	clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Metrogel [®] Vaginal Gel
Vandazole [®] Vaginal Gel	Nuvessa [®] Vaginal Gel
	ANTIFUNGALS
Preferred	Non-Preferred
ciclopirox cream (generic for Loprox® Cream)	Bensal HP® Ointment
ciclopirox solution (generic for Penlac® Solution)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole Rx cream (generic for Lotrimin® Rx)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
clotrimazole-betamethasone cream (generic for Lotrisone® cream)	ciclopirox treatment kit (generic for Ciclodan® Kit)
ketoconazole cream / shampoo (generic for Nizoral®)	clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)
Nyamyc® Powder (branded generic for Nystop®)	clotrimazole Rx solution (generic for Lotrimin * Rx)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	Dermacin [®] Rx Therazole PAK [®]
Nystop® Powder	econazole cream (generic for Spectazole®)
	Ertaczo [®] Cream
	Exelderm® Cream / Solution
	Extina [®] Foam
	Jublia® Topical Solution
	Kerydin® Topical Solution
	ketoconazole foam (generic for Extina® Foam)
	Loprox [®] shampoo / suspension / cream / kit
	Lotrisone [®] Cream
	luliconazole cream (generic for Luzu® Cream)
	Luzu [®] Cream
	Mentax [®] Cream
	naftifine cream / gel (generic for Naftin® Cream / Gel)
	Naftin [®] Cream / Gel
	Nizoral® Rx Shampoo
	nystatin-triamcinolone cream / ointment (generic for Mycolog Π^*)
	oxiconazole cream (generic for Oxistat*)
	Oxistat® Cream / Lotion
	Penlac [®] Solution
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply
	miconazole / zine oxide / petrolatum ointment (generie for Vusion*) - Clinical criteria apply Vusion* Ointment - Clinical criteria apply
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion*) - Clinical criteria apply Vusion* Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required
Preferred	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred
Natroba® Topical Suspension	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream
Natroba® Topical Suspension	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®)
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion
Natroba® Topical Suspension permethrin cream (generic for Elimite®)	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®)
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment)
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan® Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment)
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Skilice® Lotion Skilice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xeresc® Cream IMMUNOMODULATORS
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice®-Lotion Preferred Zovirax® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Cream Zovirax® Ointment	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Cream Zovirax® Ointment Preferred	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® (ream / Lotion indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Non-Preferred
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Cream Zovirax® Ointment Preferred Elidel® Cream	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Non-Preferred Dupixent® Injection
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Orintment Preferred Elidel® Cream Euerisa® 2% Orintment OFF CYCLE CHANGE	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan® Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Non-Preferred Dupixent® Injection Eucrisa® 2% Ointment OFF-CYCLE CHANGE
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Cream Zovirax® Ointment Preferred Elidel® Cream	miconazole / zine oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Crotan™ Lotion Elimite® Cream Eurax® Cream / Lotion lindane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion Sklice® Lotion Sklice® Lotion ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Non-Preferred Dupixent® Injection Euerisa® 2% Ointment OFF-CYCLE CHANGE pimecrolimus cream (generic for Elidel® Cream)
Natroba® Topical Suspension permethrin cream (generic for Elimite®) Sklice® Lotion Preferred Zovirax® Orintment Preferred Elidel® Cream Euerisa® 2% Orintment OFF CYCLE CHANGE	miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply Vusion® Ointment - Clinical criteria apply ANTIPARASITICS Trial and failure of only one preferred drug required Non-Preferred Crotan® Lotion Elimite® Cream Eurax® Cream / Lotion Indane shampoo malathion lotion (generic for Ovide®) Ovide® Lotion Sklice® Lotion spinosad topical suspension (generic for Natroba®) ANTIVIRAL Non-Preferred acyclovir cream (generic for Zovirax® Cream) NOT REVIEWED acyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Xerese® Cream IMMUNOMODULATORS Atopic Dermatitis Clinical criteria apply to all drugs in this class Non-Preferred Dupixent® Injection Eucrisa® 2% Ointment OFF-CYCLE CHANGE

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

Effective Date: 2020 PDL Panel Recommendations

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

more information on the FBE can be found at: integratine dis	zaid.ncdms.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services
	Imidazoquinolinamines
Preferred	Non-Preferred
miquimod cream packet (generic for Aldara®)	Aldara® Cream
niquimod cream pump	Condylox® Gel NOT REVIEWED
	Veregen® Ointment
	Zyclara® Cream / Cream Pump
	NIC A IDC
Dunfarmad	NSAIDS Non-Busfamed
Preferred liclofenac topical gel (generic for Voltaren® Gel)	Non-Preferred DermacinRx® Lexitral PharmaPak®
Voltaren Gel®	diclofenac epolamine patch (generic for Flector® Patch) NOT REVIEWED
	diclofenac solution (generic for Pennsaid®)
	diclofenae topical gel (generic for Voltaren Gel)
	Diclofex [™] DC Pack NOT REVIEWED
	Flector® Patch
	Pennsaid® Solution Packet / Pump
	Voltaren Gel [®] Vopac [®] MDS Spray
	Xrylix® Solution
	Thy a bounds
	PSORIASIS
Preferred	Non-Preferred
Dovonex® Cream	calcipotriene-betamethasone suspension / ointment (generic for Talconex®) SUSPENSION NOT REVIEWED
	calcipotriene cream / ointment / solution (generic for Dovonex®)
	Calcitrene® Ointment (branded generic for Dovonex®)
	calcitriol ointment (generic for Vectical®)
	Duobrii Lotion NOT REVIEWED Enstilar® Foam
	Sorilux® Foam
	Taclonex® Ointment / Suspension
	Vectical® Ointment
	ROSACEA AGENTS
Preferred	Non-Preferred
MetroCream®	azelaic acid gel (generic for Finacea*)
MetroGel®	Finacca® Foam / Gel FOAM IS NOT REVIEWED
MetroLotion®	ivermectin cream (generic for Soolantra®) NOT REVIEWED metronidazole cream (generic for MetroCream®)
	metronidazole gel / pump[(generic for MetroGel®)
	metronidazole lotion (generic for MetroLotion®)
	Mirvaso® Gel / Pump
	Noritate [®] Cream
	Rhofade® Cream
	Rosadan [®] Cream / Gel / Kit
	Soolantra® Cream
	STEROIDS
	Low Potency
Preferred	Non-Preferred
DermaSmoothe® FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)
hydrocortisone cream / lotion / ointment (generic for Hytone®)	Aqua Glycolic® HC Kit
hydrocortisone in Absorbase®	Capex® Shampoo
	Dermasorb [™] HC Lotion
	Desonate [®] Gel
	1 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
	desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
	desonide lotion (generic for DesOwen® Lotion)
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency
Preferred	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / Kit NOT REVIEWED
	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / Kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®)
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser® Lotion / Kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / Kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser® Lotion / Kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Ointment
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion
fluticasone cream / ointment (generic for Cutivate®)	desonide lotion (generic for DesOwen® Lotion) DesOwen® Cream fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) Micort® HC Cream Texacort® Solution Medium Potency Non-Preferred Beser™ Lotion / Kit NOT REVIEWED clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Ointment Elocon® Cream / Lotion / Ointment

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

Effective Date: 2020 PDL Panel Recommendations

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Mara information on the DDI can be found

More information on the PDL can be found at: <u>https://medicaid.ncdnis</u>	s.gov/providers/programs-services/prescription-drugs/outpatient-pnarmacy-services
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)
	hydrocortisone valerate cream / ointment (generic for Westcort®)
	Locoid® Lotion
	Luxiq [®] Foam
	Pandel® Cream
	prednicarbate cream / ointment (generic for Dermatop®)
	Synalar® Cream / Ointment / Kit / Solution / TS Kit
	High Potency
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide cream / lotion (generic for Cyclocort®)
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)

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More information on the PDL can be found at. intps://medicaid.incums.gc	
_	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)
	betamethasone valerate foam (generic for Valisone*) betamethasone valerate lotion (generic for Valisone*)
	Dermacin Rx® Silapak® / Silazone®
	Dermasorb [™] TA Cream
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone®)
	Diprolene [®] Ointment
	Ellzia® Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex Lidex E)
	fluocinonide ointment (generic for Lidex ® Ointment)
	fluocinonide solution (generic for Lidex* / Lidex*)
	halcinonide cream (generic for Halog [®]) NOT REVIEWED Halog [®] Cream / Ointment
	Kenalog® Spray
	Sanaderm® Rx Solution
	Sernivo [®] Spray
	Silazone® II
	Topicort® Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog® Spray)
	Trianex® Ointment
	Vanos [®] Cream
	- III-la December
	ry High Potency
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	Apexicon E [®] Cream
clobetasol solution (generic for Cormax*) Clobex* Shampoo	Bryhali ** Lotion clobetasol foam / emollient foam / emulsion foam (generic for Olux ** / Olux-E**)
halobetasol propionate cream / ointment (generic for Ultravate*)	clobetasol lotion / shampoo (generic for Clobex®)
manocembor propromite vicami / caminent (generic for citatiane)	clobetasol propionate spray (generic for Clobex® spray)
	Clobex® Lotion / Spray
	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette® Foam)
	Lexette® Foam
	Olux® Foam / E-Foam
	Temovate® Cream / Ointment
	Tovet Foam / Foam Kit NOT REVIEWED
	Ultravate® Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack
MIS	CELLANEOUS
	SORIATICS, ORAL
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsoralen-Ultra®)
<i>'</i>	Oxsoralen-Ultra®
,	Oxsoralen-Ultra® Soriatane®
	Soriatane [®]
EPINEPHR	Soriatane® LINE, SELF INJECTED
EPINEPHR Quantity limits :	Soriatane® LINE, SELF INJECTED apply to all drugs in this class
EPINEPHR Quantity limits: Preferred	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred
EPINEPHR Quantity limits :	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®)
EPINEPHR Quantity limits: Preferred	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector
EPINEPHR Quantity limits: Preferred	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®)
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector)	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi ^{NM} GENTS, COMBINATIONS
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred	Soriatane® LINE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®)	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaelick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jinteil® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®)	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaelick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jinteli® (Tanded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Premphase® Tablet	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jinteil® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®)	Soriatane® INE, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for FemHRT®) Premphase® Tablet Premphase® Tablet Premphase® Tablet Prempro® Tablet	Soriatane® Sine, SELF INJECTED apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecza® Tablet Prefest® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jintel® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Premphase® Tablet Prempro® Tablet Prempro® Tablet PROGES'	Soriatane Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bjjuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecza® Tablet Prefest® Tablet Prefest® Tablet
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A Preferred Activella® Tablet estradio/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) Premphase® Tablet Premphase® Tablet Prempro® Tablet PROGES® Preferred	Soriatane® Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bjuva® Capsule NOT REVIEWED FemHR® Tablet Lopreca® Tablet Prefest® Tablet Prefest® Tablet Non-Preferred IATIONAL AGENTS Non-Preferred
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Premphase® Tablet Prempro® Tablet PROGES' Preferred Compounded 17 P	Soriatane Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bjjuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecza® Tablet Prefest® Tablet Prefest® Tablet
EPINEPHR Quantity limits : Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv ™ Tablet Jevantique™ Lo Tablet Jinteli® (branded generic for FemHRT®) Minwey® / Lo (branded generic for Activella®) premphase® Tablet Premphase® Tablet Prempro® Tablet Prempro® Tablet Preferred Compounded 17 P hydroxyprogesterone caproate injection (generic for Makena®) single dose vial	Soriatane® Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Ejiwa® Capsule NOT REVIEWED FemHR* Tablet Lopreca® Tablet Prefest® Tablet Prefest® Tablet Prefest® Tablet Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred Non-Preferred
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN A: Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) Fyavolv™ Tablet Jevantique™ Lo Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Premphase® Tablet Prempro® Tablet PROGES' Preferred Compounded 17 P	Soriatane Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi Symjepi Symjepi Non-Preferred Bjuva® Capsule NOT REVIEWED FemHRT® Tablet Loprecas® Tablet Prefest® Tablet Prefest® Tablet Non-Preferred Non-Preferred Non-Preferred
EPINEPHR Quantity limits: Preferred epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) ESTROGEN Autor	Soriatane® Sine, SELF INJECTED Apply to all drugs in this class Non-Preferred epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector Symjepi™ GENTS, COMBINATIONS Non-Preferred Bijuva® Capsule NOT REVIEWED FemHRT® Tablet Lopreca® Tablet Prefest® Tablet Prefest® Tablet Non-Preferred IATIONAL AGENTS Non-Preferred

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

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

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

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

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are resulted and so not only one Preferred option is listed or is otherwise indicated.

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

	SUPPRESSANTS
Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan® Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
Gengraf Capsule / Solution	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic [®] Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet GRANULE PACKET NOT REVIEWED	
Rapamune® Solution / Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune® Solution / Tablet)	
tacrolimus capsule (generic for Hecoria®, Prograf®)	
Zortress [®] Tablet	
Zordess Tablet	
MOVEM	ENT DISORDERS
	ply to all drugs in this class
Preferred	Non-Preferred
Austedo [™] Tablet	Austedo [™] Tablet
tetrabenazine tablet	Ingrezza® Capsule (Trial and failure of Preferred not required. Only clinical criteria apply)
Xenazine* Tablet	tetrabenazine tablet
	Xenazine [®] Tablet
OPIOIT	ANTAGONIST
Preferred	Non-Preferred
	Pon-Freered
naloxone ampule / syringe / vial (generic for Narcan®)	
naltrexone (oral)	
Narcan® Nasal Spray	
Vivitrol® Injection	
OPIOID	DEPENDENCE
Clinical criteria a	and the second of the second o
	ply to all drugs in this class
Trial and failure of Suboxone® SL film	required for coverage of non-preferred options
Trial and failure of Suboxone® SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init	required for coverage of non-preferred options iated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a
Trial and failure of Suboxone [®] SL fin For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu	required for coverage of non-preferred options iated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days.
Trial and failure of Suboxone [®] SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred	required for coverage of non-preferred options iated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred
Trial and failure of Suboxone [®] SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred Suboxone [®] SL Film	required for coverage of non-preferred options iated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavail® Film
Trial and failure of Suboxone [®] SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*)
Trial and failure of Suboxone [®] SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred Suboxone [®] SL Film	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*)
Trial and failure of Suboxone [®] SL film For coverage of Sublocade TM - must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred Suboxone [®] SL Film	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*)
Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimt Preferred Suboxone® SL Film Sublocade™ Sublocade™	required for coverage of non-preferred options integrated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a mof seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*) Zubsolv* Tablet SL
Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimt Preferred Suboxone® SL Film Sublocade™ Sublocade™	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*)
Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimt Preferred Suboxone® SL Film Sublocade™ Sublocade™	required for coverage of non-preferred options integrated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a mof seven days. Non-Preferred Bunavail* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*) Zubsolv* Tablet SL
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Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimt Preferred Suboxone® SL Film Sublocade™ SKELETAL N Preferred	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a mof seven days. Non-Preferred Bunavait® Film buprenorphine sl tablet (generic for Subutex®) buprenorphine-naloxone sl tablet and film (generic for Suboxone®) Zubsolv® Tablet SL USCLE RELAXANTS Non-Preferred
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Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimu Preferred Suboxone® SL Film Sublocade™ SKELETAL № Preferred baclofen tablet (generic for Lioresal®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine tablet (generic for Flexeril®)	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavaii* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*) Zubsolv* Tablet SL USCLE RELAXANTS Non-Preferred Amrix* ER Capsule cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) NOT REVIEWED Dantrium* Capsule / Vial
Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimum Preferred Suboxone® SL Film Sublocade™ Sublocade™ SKELETAL M Preferred baclofen tablet (generic for Lioresal®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine tablet (generic for Robaxin®) methocarbamol tablet (generic for Robaxin®)	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavaii* Film buprenorphine sl tablet (generic for Subutex*) buprenorphine-naloxone sl tablet and film (generic for Suboxone*) Zubsolv* Tablet SL USCLE RELAXANTS Non-Preferred Amrix* ER Capsule cyclobenzaprine ER capsule (generic for Amrix* ER Capsule) NOT REVIEWED Dantrium* Capsule / Vial dantrolene sodium capsule (generic for Dantrium*)
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Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimum Preferred Suboxone® SL Film Sublocade™ Sublocade™ SKELETAL M Preferred baclofen tablet (generic for Lioresal®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine tablet (generic for Robaxin®) methocarbamol tablet (generic for Robaxin®)	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavait® Film buprenorphine sl tablet (generic for Subutex®) buprenorphine-naloxone sl tablet and film (generic for Suboxone®) Zubsolv® Tablet SL USCLE RELAXANTS Non-Preferred Amrix® ER Capsule eyelobenzaprine ER capsule (generic for Amrix® ER Capsule) NOT REVIEWED Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Lorzone® Tablet metaxalone tablet (generic for Skelaxin®)
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Trial and failure of Suboxone® SL film For coverage of Sublocade™- must have diagnosis of moderate to severe opioid use disorder and have init minimum Preferred Suboxone® SL Film Sublocade™ Sublocade™ SKELETAL M Preferred baclofen tablet (generic for Lioresal®) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine tablet (generic for Robaxin®) methocarbamol tablet (generic for Robaxin®)	required for coverage of non-preferred options inted treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a m of seven days. Non-Preferred Bunavaii® Film buprenorphine sl tablet (generic for Subutex®) buprenorphine-naloxone sl tablet and film (generic for Suboxone®) Zubsolv® Tablet SL USCLE RELAXANTS Non-Preferred Amrix® ER Capsule eyelobenzaprine ER capsule (generic for Amrix® ER Capsule) NOT REVIEWED Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Lorzone® Tablet metaxalone tablet (generic for Skelaxin®) Norgesic® Forte Tablet NOT REVIEWED orphenadrine citrate ampule / tablet / vial (generic for Norflex®) Parafon® Forte Caplet
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North Carolina Medicaid and Health Choice Preferred Drug List (PDL)

Effective Date: 2020 PDL Panel Recommendations

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until

reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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

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

DIABETIC SUPPLIES

Roche Diagnostics Corporation is N.C. Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted under the pharmacy point-of-sale system with a prescription. Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Health Benefits at 919-527-7659 (DME), 919-527-7654 (Point of Sale Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.

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