

This document has been reposted from the 5/7/2020 original posting to include recent changes/updates to recommendations. The changes include 1) updates to the Respiratory/Beta-Adrenergic Handheld, Short Acting Inhaler category due to market shortages 2) recommendation to move Eucrisa Ointment from Non-Preferred to Preferred status 3) recommendation to move Ingrezza from Non-Preferred to Preferred status 4) addition of the new PDL category, Continuous Glucose Monitors.

North Carolina Division of Health Benefits
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

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

buprenorphine patch (generic for Butrans® Patch) OFF-CYCLE CHANGE	Arymo® ER
Butrans® Patch OFF-CYCLE CHANGE	Belbuca® (Buccal) Film
Embeda® ER Capsule	buprenorphine patch (generic for Butrans® Patch) OFF-CYCLE CHANGE
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	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®)
	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 Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

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

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Non-Preferred

Endocet® Tablet (branded generic for Percocet®)	Apadaz™ Tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet) NOT REVIEWED
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	codeine sulfate solution / tablet
hydromorphone tablet (generic for Dilaudid® Tablet)	Demerol® Tablet
morphine solution / tablet (generic for MSIR®)	Dilaudid® Liquid / Tablet
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)

North Carolina Division of Health Benefits
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>

oxycodone-acetaminophen capsules (generic for Tylox [®])	Ibudone [®] Tablet
oxycodone-acetaminophen tablets (generic for Percocet [®])	Lazanda [®] Nasal Spray
Xylon [®] (branded generic for Reprexain [®]) Tablet	levorphanol tablet (generic for Levo-Dromoran [®])
	Lorcet [®] Tablet / HD Tablet / Plus Tablet
	Lortab [®] Elixir
	meperidine solution / tablet (generic for Demerol [®])
	morphine oral syringe NOT REVIEWED
	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
	Ultracet [®] Tablet
	Ultram [®] Tablet

NSAIDS

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

North Carolina Division of Health Benefits
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>

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

North Carolina Division of Health Benefits
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>

	Nayzilam [®] Nasal Spray NOT REVIEWED
	Neurontin [®] Capsule / Solution / Tablet
	Onfi [®] Suspension / Tablet
	Potiga [®] Tablet
	Qudexy [®] XR Capsule
	Sabril [®] Tablet
	Spritam [®] Tablet
	Sympazan [®] Film NOT REVIEWED
	tiagabine tablet (generic for Gabitril [®])
	Topamax [®] Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Qudexy [®])
	Trokendi [®] XR Capsule
	vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet)
	Vimpat [®] Solution / Starter Kit / Tablet
ANTI-INFECTIVES - SYSTEMIC	
ANTIBIOTICS	
Penicillins, Cephalosporins and Related	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	Augmentin [®] Suspension XR Tablet
ampicillin capsule / injection / vial	cefalor [®] capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef [®])
Bicillin C-R injection	cefixime capsule / suspension (generic for Suprax[®] Capsule / Suspension) CAPSULE NOT REVIEWED
cefadroxil capsule / suspension (generic for Duricef [®])	cefepodime suspension / tablet (generic for Vantin [®])
cefdinir capsule / suspension (generic for Omnicel [®])	Daxbia [™] Capsule
cefprozil suspension / tablet (generic for Cefzil [®])	Keflex [®] Capsule
Ceftin [®] Suspension / Tablet	
cefuroxime tablet (generic for Ceftin [®])	
cephalexin capsule / suspension / tablet (generic for Keflex [®])	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen [®] injection / vial	
Suprax [®] Capsule / Chewable / Suspension	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
Cleocin [®] Granules	Cleocin [®] Capsules / Injection
clindamycin capsules / solution (generic for Cleocin [®])	clindamycin injection (generic for Cleocin [®] Injection)
linezolid suspension (oral) / tablet (generic for Zyvox [®])	Lincocin [®] Vial
	lincomycin injection (generic for Lincocin Vial [®])
	linezolid IV solution (generic for Zyvox [®])
	Sivextro [®] Tablet / Vial
	Synercid [®] Vial
	Zyvox [®] Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax [®])	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin [®])	erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension)
E.E.S. [®] Granules / Filmtab	Ery-Tab [®] Tablet
Eryped [®] Suspension	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
Erythrocin [®] Filmtab	
erythromycin EC capsule (generic for Eryc [®])	
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S. [®] Filmtab)	
Nitrimidazoles	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Alinia [®] Suspension / Tablet
vancomycin capsule (generic for Vancocin [®])	Difcid [®] Tablet - Trial and failure of vancomycin only for treatment of Clostridium difficile
	Firvanq [™] Solution
	Flagyl [®] Capsule / Tablet
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	paromomycin capsule (generic for Humatin [®])
	Solosec [™] Granules
	Tindamax [®] Tablet
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule

North Carolina Division of Health Benefits
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>

	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 [®])	Cresamba [®] Capsule
griseofulvin suspension (generic for Grifulvin V [®])	Diflucan [®] Suspension / Tablet
griseofulvin ultra tablet (generic for Gris-Peg [®])	flucytosine capsule (generic for Ancobon [®])
nystatin suspension (generic for Nilstat [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
nystatin tablet (generic for Mycostatin [®])	itraconazole capsule / solution (generic for Sporanox [®])
terbinafine tablet (generic for Lamisil [®])	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet
	Onmel [®] Tablet
	Oravig [®] Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil[®]) NOT REVIEWED
	Sporanox [®] Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend [®])
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread [®])	Epivir [®] HBV Tablet / Solution
Viread [®] Powder / Tablet	Hepsera [®] Tablet
	Vemlidy [®] tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Moderiba [®] Dosepack (branded generic for Ribasphere [®] Ribapak)	Pegasys [®] Vial
Moderiba [®] Tablet (branded generic for Copegus [®])	Pegintron [®] Kit
Pegasys [®] ProClick [™] / Syringe	Rebetol [®] Solution
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	Ribasphere [®] Capsule / Tablet / RibaPak [™]

North Carolina Division of Health Benefits
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>

Clinical criteria apply to all drugs listed below

All genotypes without cirrhosis	Daklinza [®] Tablet (for genotype 3) - must request Sovaldi[®] in addition to Daklinza[®] with a separate PA
Mavyret [™] Tablet (8 weeks of therapy)	Epclusa [®] Tablet
	Harvoni [®] Tablet
All genotypes with compensated cirrhosis (Child Push-A)	Iedipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet)
Mavyret [™] Tablet (Up to 12 weeks of therapy)	Sovaldi [®] Tablet
	Viekira [™] Pak
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	Zepatier [®] Tablet
Vosevi [™]	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	

Antivirals (Herpes Treatments)

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

Antivirals (Influenza)

Preferred	Non-Preferred
oseltamivir phosphate 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 [®] Suspension OFF-CYCLE CHANGE
	Xofluza [™] Tablet

Antibiotics, Inhaled

Trial and failure of only one preferred drug required

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

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

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

Selective Serotonin Reuptake Inhibitor (SSRI)

Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Brisdelle [®] Capsule
escitalopram tablet (generic for Lexapro [®])	Celexa [®] Tablet
fluoxetine capsule / solution (generic for Prozac [®])	escitalopram solution (generic for Lexapro [®] Solution)
fluvoxamine tablet (generic for Luvox [®])	fluoxetine tablet (generic for Prozac [®]) - Exemption for children < 12 years of age
paroxetine tablet (generic for Paxil [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly)
sertraline concentrated solution / tablet (generic for Zoloft [®])	fluvoxamine ER capsule (generic for Luvox CR [®])
	Lexapro [®] Tablet

North Carolina Division of Health Benefits
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>

	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine CR tablet (generic for Paxil CR®)
	Paxil® Suspension / Tablet / CR Tablet
	Pexeva® Tablet
	Prozac® Pulvule / Weekly Capsule
	Sarafem® Tablet
	Zoloft® Solution / Tablet

ANTIHYPERKINESIS / ADHD

Preferred	Non-Preferred
Aptensio® XR Capsule	Adderall® Tablet (Generic Product Per FDA)
Adderall® XR Capsule	Adhansia™ XR Capsule NOT REVIEWED
amphetamine salt combo tablet (generic for Adderall®)	Adzenys® XR ODT / ER suspension
atomoxetine capsule (generic for Strattera®)	amphetamine 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
	Relexxi™ ER Tablet NOT REVIEWED
	Ritalin® LA Capsule
	Ritalin® Tablet
	Strattera® Capsule
	Zenzedi® Tablet

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Trial and failure of only one preferred drug required

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

ATYPICAL ANTIPSYCHOTICS

Oral / Topical

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify®)	Abilify® Tablet / Abilify® MyCite® Tablet
clozapine tablet (generic for Clozaril®)	aripiprazole ODT (generic for Abilify® Discmelt®)
FazaClo® ODT	clozapine ODT (generic for FazaClo®)
Latuda® Tablet	Clozaril® Tablet
olanzapine ODT / tablet (generic for Zyprexa®)	Fanapt® Tablet / Titration Pack
paliperidone ER tablet (generic for Invega®)	Geodon® Capsule
quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Invega® Tablet
risperidone ODT / solution / tablet (generic for Risperdal®)	Nuplazid® Tablet
Saphris® SL Tablet	olanzapine-fluoxetine capsule (generic for Symbyax®)
Symbyax® Capsule	Rexulti® Tablet
ziprasidone capsule (generic for Geodon®)	Risperdal® Solution / Tablet
	Secuado® Patch NOT REVIEWED
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule
	Zyprexa® Tablet / Zydys® Tablet

North Carolina Division of Health Benefits
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>

CARDIOVASCULAR	
ACE INHIBITORS	
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule
lisinopril tablet (generic for Prinvil [®] 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 [®])
	Obrelis [®] Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Aceon [®])
	Prinvil [®] Tablet
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Vasotec [®] Tablet
	Zestril [®] Tablet
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule
	Tarka [®] ER Tablet
	trandolapril-verapamil ER tablet (generic for Tarka [®])
ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic [®])	Accuretic [®] Tablet
lisinopril-HCTZ tablet (generic for Prinzi [®] , Zestoretic [®])	benazepril-HCTZ tablet (generic for Lotensin [®] HCT)
	captopril-HCTZ tablet (generic for Capozide [®])
	fosinopril-HCTZ tablet (generic for Monopril [®] HCT)
	Lotensin [®] HCT Tablet
	moexipril-HCTZ tablet (generic for Uniretic [®])
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
	Vaseretic [®] Tablet
	Zestoretic [®] Tablet
ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
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 [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	irbesartan tablet (generic for Avapro [®])
	Micardis [®] Tablet
	olmesartan tablet (generic for Benicar [®] Tablet) NOT REVIEWED
	telmisartan tablet (generic for Micardis [®])
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-valsartan tablet (generic for Exforge [®] HCT)	amlodipine-olmesartan tablet (generic for Azor [®])
	Azor [®] Tablet
	Exforge [®] Tablet
	Prestalia [®] Tablet
	telmisartan-amlodipine tablet (generic for Twynsta [®])
	Tribenzor [®] Tablet
	Twynsta [®] Tablet
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Atacand [®] HCT Tablet
irbesartan-HCTZ tablet (generic for Avalide [®])	Avalide [®] Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Exforge [®] HCT Tablet
	Hyzaar [®] Tablet
	irbesartan-HCTZ tablet (generic for Avalide [®])
	Micardis [®] HCT Tablet
	olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet) NOT REVIEWED
	olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet) NOT REVIEWED
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)

North Carolina Division of Health Benefits
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>

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

North Carolina Division of Health Benefits
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>

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

North Carolina Division of Health Benefits
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>

ORAL PULMONARY HYPERTENSION

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

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

PLATELET INHIBITORS

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

ANTIANGINAL & ANTI-ISCHEMIC

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

SYMPATHOLYTICS AND COMBINATIONS

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

TRIGLYCERIDE LOWERING AGENTS

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

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt [®] MLT [®])	almotriptan tablet (generic for Axert [®])
rizatriptan tablet (generic for Maxalt [®])	Amerge [®] Tablet
sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	Cambia [®] Powder Packet
	eletriptan (generic for Relpax [®] Tablet)
	frovatriptan tablet (generic for Prova [®])
	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)
	Sumavel [®] DosePro [®] Syringe
	Tosymra [™] Nasal Spray NOT REVIEWED
	Treximet [®] Tablet
	Zembrace [®] SymTouch [®]
	zolmitriptan ODT / tablet (generic for Zomig [®])
	Zomig [®] Nasal Spray / Tablet / ZMT [®] Tablet

North Carolina Division of Health Benefits
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>

ANTIMIGRAINE AGENTS CGRP Blockers / Modulators Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aimovig™	Ajovy™
Emgality®	
ANTI-NARCOLEPSY Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Provigil® Tablet	modafinil tablet (generic for Provigil®)
	Sunosi™ Tablet NOT REVIEWED
	Wakix® Tablet NOT REVIEWED
ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS	
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Azilect® Tablet
benzotropine tablet (generic for Cogentin®)	carbidopa tablet (generic for Lodosyn®)
bromocriptine tablet (generic for Parlodel®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
carbidopa-levodopa ODT (generic for Parcopa®)	Comtan® Tablet
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	Duopa® Suspension
pramipexole tablet (generic for Mirapex®)	entacapone tablet (generic for Comtan®)
ropinirole tablet (generic for Requip®)	Gocovri® Capsule - Clinical criteria apply
selegiline capsule / tablet (generic for Emsam®)	Horizant® Tablet
trihexyphenidyl elixir / tablet (generic for Artane®)	Inbrija™ Inhalation NOT REVIEWED
	Lodosyn® Tablet
	Mirapex® Tablet / ER Tablet
	Neupro® Patch
	Nourianz™ Tablet NOT REVIEWED
	Osmolex ER™ Tablet - Clinical criteria apply
	Parlodel® Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	Requip® Tablet / XL Tablet
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet / CR Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Xadago® Tablet
	Zelapar® ODT
MULTIPLE SCLEROSIS	
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Ampyra® Tablet
Betaseron® Kit / Vial	Aubagio® Tablet
Copaxone® Syringe	Extavia® Kit / Vial
dalfampridine ER tablet (generic for Ampyra®)	glatiramer syringe (generic for Copaxone® Syringe)
Gilenya® Capsule	Glatopa® Syringe
Rebif® Ribidose® / Titration Pack / Syringe	Lemtrada® Vial
Tecfidera® Capsule / Starter Pack	Mavenclad® Tablet NOT REVIEWED
	Mayzent® Starter Pack / Tablet NOT REVIEWED
	Ocrevus® Vial
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
	Vumerity™ Capsule NOT REVIEWED
SEDATIVE HYPNOTICS Quantity limits apply to all sedative hypnotics	
Preferred	Non-Preferred
flurazepam capsule (generic for Dalmane®)	Ambien® Tablet / CR Tablet
temazepam 15mg, 30mg capsule (generic for Restoril®)	Belsomra® Tablet
zolpidem tablet (generic for Ambien®)	doxepin tablet (generic for Silenor®) NOT REVIEWED
	Edluar® SL Tablet
	estazolam tablet (generic for Prosom®)
	eszopiclone tablet (generic for Lunesta®)
	Halcion® Tablet
	Hetlioz® Capsule

North Carolina Division of Health Benefits
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>

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

SMOKING CESSATION

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

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply to all drugs in this class

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

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Trial and failure of only one preferred drug required

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

Short Acting Insulin

Preferred	Non-Preferred
Humulin [®] R Vial	Humulin R U-500 KwikPen [®]
Humulin [®] R U500 KwikPen [®] / Vial	Myxredlin [™] Injection NOT REVIEWED
	Novolin [®] R Vial / ReliOn [®] R Vial

Intermediate Acting Insulin

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

Long Acting Insulin

Trial and failure of only one preferred drug required

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

Premixed Rapid Combination Insulin

Preferred	Non-Preferred
Humalog [®] 50/50 Mix KwikPen [®] / Vial	insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] / vial (generic for Novolog [®] Mix 70/30) NOT REVIEWED
Humalog [®] 75/25 Mix KwikPen [®] / Vial	
Novolog [®] Mix 70/30 FlexPen [®] / Vial	

Premixed 70/30 Combination Insulin

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

North Carolina Division of Health Benefits
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/prescription-drugs/outpatient-pharmacy-services>

Amylin Analogs

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

Preferred

Non-Preferred

Symlin[®] Pen Injector

GLP-1 Receptor Agonists and Combinations

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

Preferred

Non-Preferred

Continuation of therapy requires documentation that clinical goals have been met

Bydureon[®] Pen / Vial

Adlyxin[®] Injection

Byetta[®] Pen

Ozempic[®] Injection

Victoza[®] Pen

Rybelsus[®] Tablet **NOT REVIEWED**

Soliqua[®] Injection

Trulicity[®] Pen

Xultophy[®] Injection

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

Preferred

Non-Preferred

Amaryl[®] Tablet

glimepiride tablet (generic for Amaryl[®])

glipizide tablet / ER tablet (generic for Glucotrol[®] / XL)

Glucotrol[®] Tablet / XL Tablet

glyburide micronized tablet (generic for Micronase[®], Glynase[®])

glyburide tablet (generic for Diabeta[®])

Glynase[®] Tablet

Alpha-Glucosidase Inhibitors

Preferred

Non-Preferred

acarbose tablet (generic for Precose[®])

miglitol tablet (generic for Glyset[®])

Glyset[®] Tablet

Precose[®] Tablet

Biguanides and Combinations

Preferred

Non-Preferred

glipizide-metformin tablet (generic for Metaglip[®])

Fortamet[®] Tablet

glyburide-metformin tablet (generic for Glucovance[®])

Glucophage[®] Tablet / ER Tablet

metformin tablet / ER tablet (generic for Glucophage[®] / ER)

Glumetza[®] Tablet **** requires documentation as to why the beneficiary cannot use preferred long acting metformin product**

metformin ER tablet (generic for Fortamet[®])

metformin ER tablet (generic for Glumetza[®])

Riomet[®] Solution / 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

Jentaduo[®] XR Tablet

Jentaduo[®] Tablet

Kazano[®] Tablet

Tradjenta[®] Tablet

Kombiglyze[®] XR Tablet

Nesina[®] Tablet

Onglyza[®] Tablet

Osem[®] Tablet

Qtern[®] Tablet

Steglujan[®] Tablet

Meglitinides

Preferred

Non-Preferred

nateglinide tablet (generic for Starlix[®])

Prandin[®] Tablet

repaglinide tablet (generic for Prandin[®])

Starlix[®] Tablet

repaglinide-metformin tablet (generic for Prandimet[®])

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

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

Preferred

Non-Preferred

Farxiga[®] Tablet

Invokamet[®] Tablet / XR Tablet

Jardiance[®] Tablet

Invokana[®] Tablet

Segluromet[™] Tablet

North Carolina Division of Health Benefits
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>

	Steglatro [™] Tablet
	Synjardy [®] Tablet / XR Tablet
	Xigduo [®] XR Tablet
Thiazolidinediones and Combinations	
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet / XR Tablet
	Actos [®] Tablet
	Avandia [®] Tablet
	Duetact [®] Tablet
	pioglitazone-glimepiride tablet (generic for Duetact [®])
	pioglitazone-metformin tablet (generic for ActoPlus Met [®])
GASTROINTESTINAL	
ANTIEMETIC-ANTIVERTIGO AGENTS	
Preferred	Non-Preferred
Diclegis [®] Tablet	Akynzeo [®] Capsule / Vial VIAL IS NOT REVIEWED
dimenhydrinate vial (generic for Dramamine [®])	Anzemet [®] Tablet
meclizine tablet (generic for Antivert [®])	Bonjesta [®] Tablet
metoclopramide / solution / tablet (generic for Reglan [®])	Cesamet [®] Capsule
ondansetron ODT / solution / tablet (generic for Zofran [®])	Cinvanti [®] Injectable Emulsion
prochlorperazine tablet (generic for Compazine [®])	Compro [®] Rectal
promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®])	doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet) NOT REVIEWED
promethazine syrup / tablet (generic for Phenergan [®])	dronabinol capsule (generic for Marinol [®])
promethazine ampule/vial (generic for Phenergan [®])	fosaprepitant vial (generic for Emend [®]) NOT REVIEWED
Transderm-Scop [®] Patch	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
	aprepitant capsule/pack (generic for Emend [®]) - Clinical criteria apply
	Emend [®] Powder Packet - Clinical criteria apply
Emend [®] Capsule - Clinical criteria apply	Emend [®] Trifold Pack - Clinical criteria apply
BILE ACID SALTS	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®])	Actigall [®] Capsule
ursodiol tablet (generic for Urso [®])	Chenodal [®] Tablet
	Cholbam [®] Capsule
	Ocaliva [®] Tablet
	Urso [®] Tablet / Urso [®] Forte Tablet
	ursodiol capsule (generic for Actigall [®])
ELECTROLYTE DEPLETERS	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	Fosrenol [®] Chewable
Renagel [™] Tablet	Fosrenol [®] Powder Pack
Renvela [™] Powder Pack	MagneBind [®] 400 Rx Tablet
sevelamer tablet / powder pack (generic for Renvela [®])	Phoslyra [®] Solution
	Renagel [®] Tablet
	Renvela [®] Tablet
	Renvela [®] Powder Pack
	sevelamer tablet / powder pack (generic for Renvela [®])
	Velphoro [®] Chewable
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera [®] Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
	Omeclamox-Pak [®] Combo Pack

North Carolina Division of Health Benefits
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>

HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid [®])	cimetidine solution / tablet (generic for Tagamet [®])
ranitidine capsule / syrup / tablet (generic for Zantac [®])	nizatidine capsule / solution (generic for Axid [®])
	Pepcid [®] Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon [®] Capsule	Pancreaze [®] Capsule
Zenpep [®] Capsule	Pertzye [®] Capsule
	Viokase [®] Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace [®])	Megace [®] ES Suspension
	megestrol ES suspension (generic for Megace [®] ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
	Exemption for children < 12 years of age
esomeprazole magnesium capsule (generic for Nexium [®] Rx)	Aciphex [®] Sprinkle Capsules / Tablets
esomeprazole magnesium capsule OTC (generic for Nexium [®] OTC)	Dexilant [®] Capsule
lansoprazole capsule (generic for Prevacid [®] Rx)	esomeprazole strontium
Nexium [®] Rx Packet	Esomep EZS [®] Kit
omeprazole Rx capsule (generic for Prilosec [®] Rx)	lansoprazole capsule (generic for Prevacid [®] OTC)
pantoprazole tablet (generic for Protonix [®])	lansoprazole ODT (generic for Prevacid[®] SoluTab[™]) NOT REVIEWED
Protonix [®] Suspension	Nexium [®] Rx Capsule
	omeprazole OTC capsule / tablet (generic for Prilosec [®] OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid [®] Rx / OTC)
	Prevacid [®] Rx / OTC Capsule / Solutab
	Prilosec [®] Rx Suspension
	Protonix [®] Tablet
	rabeprazole tablet (generic for Aciphex [®])
	Zegerid [®] Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza [®] Capsule	alosetron tablet (generic for Lotronex [®] Tablet)
Linzess [®] Capsule	Lotronex [®] Tablet
Movantik [®] Tablet	Motegrity[™] Tablet NOT REVIEWED
	Relistor [®] Syringe / Vial / Oral Tablet
	Symproic [®] Tablet
	Trulance [®]
	Viberzi [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol [®] HD Tablet
balsalazide capsule (generic for Colazal [®])	Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Colazal [®] Capsule
sulfasalazine IR tablet (generic for Azulfidine [®])	Delzicol [®] Capsule
	Dipentum [®] Capsule
	Giazo [®] Tablet
	mesalamine 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	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Canasa [®] Suppository	mesalamine kit (generic for Rowasa [®] Kit)
mesalamine enema (generic for Rowasa [®] Enema)	mesalamine suppository (generic for Canasa [®] Suppository)
	Rowasa [®] Kit
	SF Rowasa [®] Enema
	Uceris [®] Rectal Foam

North Carolina Division of Health Benefits
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>

GENITOURINARY/RENAL	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Avodart [®] Softgel
doxazosin tablet (generic for Cardura [®])	Cardura [®] Tablet / XL Tablet
dutasteride capsule (generic Avodart [®])	dutasteride/ tamsulosin capsule (generic Jalyn capsule [®])
finasteride tablet (generic for Proscar [®])	Flomax [®] Capsule
tamsulosin capsule (generic for Flomax [®])	Jalyn [®] Capsule
terazosin capsule (generic for Hytrin [®])	Proscar [®] Tablet
	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo [®])
	Cialis [®] Tablet - Clinical criteria apply
	tadalafil tablet (generic for Cialis [®]) - Clinical criteria apply
URINARY ANTISPASMODICS	
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin ER tablet (generic for Ditropan XL [®])	Detrol [®] Tablet / LA Capsule
Toviaz [®] Tablet	Ditropan [®] XL Tablet
Vesicare [®] Tablet	Enablex [®] Tablet
	flavoxate tablet (generic for Urispas [®])
	Gelnique [®] Gel / Gel Sachets
	Myrbetriq [®] Tablet
	Oxytrol [®] Patch
	solifenacin tablet (generic for Vesicare[®] Tablet) NOT REVIEWED
	tolterodine tablet / ER capsule (generic for Detrol [®] / LA)
	tropium tablet / ER capsule (generic for Sanctura [®] / XR)
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	colchicine tablet (generic for Colcrys [®])
Mitigare [®] Capsule	colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probenecid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric[®] Tablet) NOT REVIEWED
	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	Nivistym [™] Syringe / Vial NOT REVIEWED
Neulasta[™] Syringe / Kit	Udenyca[™] Syringe
Neupogen [®] Vial / Syringe	Zicxtenzo[®] Syringe NOT REVIEWED
Udenyca [™] Syringe	
Zarxio [®] Injection	

North Carolina Division of Health Benefits
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>

HEMATOPOIETIC AGENTS	
Clinical 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
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate [®] Vial	Tavalisse [™] Tablet
Promacta [®] Suspension / Tablet	
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol [®])	Alocril [®] Drops
Pataday [®] Drops	Alomide [®] Drops
Pazeo [®] Drops	Alex [™] Drops
	azelastine drops (generic for Optivar [®])
	Bepreve [®] Drops
	epinastine drops (generic for Elestat [®])
	Lastacaft [®] Drops
	olopatadine drops (generic for Pataday [®])
	olopatadine drops (generic for Patanol [®])
	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)	Natacyl [®] 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
tobramycin drops (generic for Tobrex [®])	Polytrim [®] Drops
Vigamox [®] Drops	sulfacetamide ointment (generic for Cetamide [®])
	Tobrex [®] Ointment/ Drops
	Vigamox [®] Drops
	Zymaxid [®] Drops
ANTIBIOTICS-STEROID COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®])	Blephamide [®] Drops / S.O.P. Ointment
Tobradex [®] Drops / Ointment	Maxitrol [®] Drops / Ointment
	Neo-Polycin [®] HC (branded generic for Cortisporin [®])
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®])
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin [®])
	Pred-G [®] S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin [®])
	Tobradex [®] ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex [®] Suspension)
	Zylet [®] Drops
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular [®] Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvaal [®] Solution
Durezol [®] Drops	bromfenac drops (generic for Xibrom [®])
Flarex [®] Drops	Bromsite [™] Solution
fluorometholone drops (generic for FML [®])	Dextenza [™] Insert NOT REVIEWED
flurbiprofen drops (generic for Ocufen [®])	Dexycu [™] Vial
Illevro [®] Drops	FML [®] Forte Drops / S.O.P. Ointment
ketorolac solution (generic for Acular [®] / LS)	FML [®] Liquifilm [®] Drops
Lotemax [®] Drops	Iluvien [™] Implant
Pred Mild [®] Drops	Inveltyl [™] Drops
prednisolone acetate drops (generic for Pred Forte [®])	Lotemax [®] Gel / Ointment

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

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>

	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 Inflammase Forte [®])
	Prolensa [®] Drops
	Retisert [®] Implant
	Triescence [®] Vial
	Yutiq [™] Implant
ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	Cequa [™] Drops
	Xiidra [®] Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan [®] P Drops	apraclonidine drops (generic for Iopidine [®])
brimonidine drops (generic for Alphagan [®])	brimonidine P drops (generic for Alphagan [®] P)
	Iopidine [®] Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan [®] Drops	betaxolol drops (generic for Betoptic [®])
timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®])	Betoptic [®] S Drops
	carteolol drops (generic for Ocupress [®])
	Istalol [®] Drops
	levobunolol drops (generic for Betagan [®])
	timolol drop (generic for Istalol [®] Drops)
	Timoptic [®] Drops / Ocadose [®] Drops / XE [®] Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt [®])	Azopt [®] Drops
dorzolamide-timolol drops (generic for Cosopt [®])	Cosopt [®] Drops / PF Drops
Simbrinza [®] Drops	dorzolamide-timolol PF drops (generic for Cosopt [®] PF)
	Trusopt [®] Drops
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan [®])	bimatoprost 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
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa [®] Drops	
Rocklatan [®] Drops	
OSTEOPOROSIS	
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax [®])	Actonel [®] Tablet
raloxifene tablet (generic for Evista [®])	alendronate solution (generic for Fosamax [®] Solution)
	Atelvia [®] Tablet
	Binosto [®] Effervescent Tablet
	Boniva [®] Tablet
	calcitonin salmon nasal spray (generic for Miacalcin [®])
	etidronate tablet (generic for Didronel [®])
	Eventy [™] Syringe NOT REVIEWED
	Evista [®] Tablet
	Forteo [®] Pen Injection
	Fosamax [®] Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva [®])
	Prolia [®] Syringe
	risedronate tablet (generic for Actonel [®])
	Tymlos [®] Injection

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

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>

OTIC	
ANTIBIOTICS	
Preferred	Non-Preferred
Ciprodex [®] Suspension	Cipro [®] HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (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
ANTI-INFECTIVES AND ANESTHETICS	
Preferred	Non-Preferred
acetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
Dermotic [®] Oil	fluocinolone 0.01% oil (generic for Dermotic [®])
RESPIRATORY	
BETA-ADRENERGIC HANDHELD, LONG ACTING	
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Arcapta [®] Neohaler [®]
	Striverdi [®] Respimat [®] Inhalation Spray
BETA-ADRENERGIC HANDHELD, SHORT ACTING	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Proair [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
Proventil[®] HFA Inhaler	albuterol HFA inhaler (generic for Proventil[®] HFA Inhaler) NOT REVIEWED
	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
	Proair[®] Digihaler[™] NOT REVIEWED
	Proair [®] RespiClick [®]
	Proventil[®] HFA Inhaler
	Ventolin [®] HFA Inhaler
	Xopenex [®] HFA Inhaler
<p>The PDL was temporarily changed on 03/25/2020 to offer the Preferred and Non-Preferred options directly below due to shortages in the handheld inhaler marketplace. The listing directly above is the Division of Health Benefits proposed 2020 PDL recommendations once the shortages are resolved.</p>	
albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler) generic for Proventil HFA NOT REVIEWED	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Proair [®] HFA Inhaler	Proair [®] Digihaler [™] NOT REVIEWED
Proair [®] RespiClick [®]	
Proventil [®] HFA Inhaler	
Ventolin [®] HFA Inhaler	
Xopenex [®] HFA Inhaler	
BETA-ADRENERGIC, NEBULIZERS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb [®])	Brovana [®] Solution
albuterol 1.25mg / 3ml solution (generic for Accuneb [®])	levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate)
albuterol sulfate 2.5mg / 0.5ml solution	Perforomist [®] Solution
albuterol sulfate 2.5mg / 3ml solution	Xopenex [®] Solution / Concentrate Solution
albuterol sulfate 5mg / ml solution	
BETA-ADRENERGIC, ORAL	
Preferred	Non-Preferred
albuterol syrup (generic for Ventolin [®] Syrup)	albuterol tablets (generic for Proventil [®] Repetabs)
metaproterenol syrup (generic for Alupent [®] Syrup)	albuterol ER tablets (generic for VoSpire [®] ER)
terbutaline tablet (generic for Brethine [®])	metaproterenol tablet (generic for Alupent [®] Tablet)
ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS	
Trial and failure of either Spiriva[®] Handihaler[®] or Stiolto[®] Respimat[®] only required to obtain a non-preferred drug in this class	
Preferred	Non-Preferred
Atrovent [®] HFA Inhaler	Anoro [®] Ellipta [®] Inhaler
Bevespi [®] Aerosphere [®]	Daliresp [®] Tablet
Combivent [®] Respimat [®] Inhalation Spray	Duaklir[®] Pressair[®] NOT REVIEWED
ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	Incruse [®] Ellipta [®] Inhaler
ipratropium-albuterol solution (generic for Duoneb [®])	Lonhala [®] Magnair [®]
Spiriva [®] Handihaler [®]	Seebri [®] Neohaler [®]
Stiolto [®] Respimat [®] Inhalation Spray	Spiriva [®] Respimat [®] Inhalation Spray 2.5mcg
	Tudorza [®] Pressair [®] Inhaler

North Carolina Division of Health Benefits
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>

	Utibron [®] Neohaler [®]
	Yupelri [™] Solution
	Spiriva [®] Respimat [®] Inhalation Spray 1.25mcg **Exemption from trial and failure of preferred drugs for Spiriva[®] Respimat[®] 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination**
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Flovent [®] HFA Inhaler	Alvesco [®] Inhaler
Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg	ArmonAir [™] RespiClick [®]
	Arnuity [®] Ellipta [®] Inhaler
	Asmanex [®] HFA Inhaler
	Asmanex [®] Twisthaler [®]
	budesonide suspension (generic for Pulmicort [®] Respules)
	Flovent [®] Diskus
	Pulmicort [®] Flexhaler
	QVAR [®] ReditHaler [™]
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair [®] Diskus [®]	Advair [®] HFA Inhaler
Dulera [®] Inhaler	AirDuo [®] RespiClick [®]
Symbicort [®] Inhaler	Breo [®] Ellipta [®]
	budesonide/formoterol inhalation (generic for Symbicort[®]) NOT REVIEWED
	fluticasone/salmeterol inhalation (generic for Advair [®] Diskus [®])
	fluticasone/salmeterol inhalation (generic for AirDuo [®])
	Trelegy [®] Ellipta [®]
	Wixela [™] Inhub [™]
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
Astepro [®] Nasal Spray	Exemption for steroids applies to children < 4 years of age
azelastine spray (generic for Astelin [®])	azelastine spray (generic for Astepro [®])
fluticasone spray (generic for Flonase [®])	Beconase [®] AQ spray
ipratropium spray (generic for Atrovent [®] Nasal)	Dymista [®] Nasal Spray
olopatadine nasal spray (generic for Patanase [®])	flunisolide spray (generic for Nasalide [®])
	mometasone nasal spray (generic for Nasonex [®])
	Nasonex [®] Nasal Spray
	Omnaris [®] Nasal Spray
	Patanase [®] Nasal Spray
	QNasal [®] Nasal Spray / Children's Spray
	Sinuva [™] Implant
	Ticanase [®] Nasal Spray Kit
	Veramyst [®] Nasal Spray
	Xhance [™] Nasal Spray
	Zetonna [®] Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair [®])	Accolate [®] Tablet
	montelukast granules (generic for Singulair [®])
	Singulair [®] Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate [®])
	zileuton tablet (generic for Zylflo [®])
	Zyflo [®] CR Tablet / Filmtab
LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets)
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	Clarinet [®] Tablet - Exemption for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet [®])
loratadine tablet OTC (generic for Claritin [®] OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC)
	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC)
	Quzytur[™] Vial NOT REVIEWED
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
Quantity limit of 102 days supply per 12 months apply to all drugs in this class	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)
	Clarinet-D [®] Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	Semprex-D [®] Capsule

North Carolina Division of Health Benefits
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>

TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
Azelex [®] Cream	Acanya [®] Gel Pump
clindamycin-benzoyl peroxide gel (generic for Benzacim [®])	Aczone [®] Gel
clindamycin-benzoyl peroxide gel (generic for Duac [®])	adapalene cream / gel / gel pump / solution (generic for Differin [®])
clindamycin-benzoyl peroxide with pump (generic for Benzacim [®])	adapalene / benzoyl peroxide (generic for Epiduo [®] Gel)
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	Aklief [®] Cream NOT REVIEWED
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	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream
Retin-A [®] / Micro Gel / Micro Gel Pump	Avita [®] Cream / Gel
	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 Benzacim [®])
	clindamycin-benzoyl peroxide with pump (generic for Benzacim [®] Pump)
	clindamycin-benzoyl peroxide gel (generic for Neuc [®])
	clindamycin-benzoyl peroxide with pump (generic for Acanya [®])
	clindamycin / tretinoin (generic for Veltin [®])
	dapsone gel (generic for Aczone [®] Gel)
	Duac [®] Gel
	Epiduo [®] Forte
	Ery [®] Pads
	Erygel [®] Gel
	erythromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®])
	erythromycin-benzoyl peroxide gel (generic for Benzamycin [®])
	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 Avar [®] / LS)
	sodium sulfacetamide lotion (generic for Klaron [®])
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®])
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan [®])
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®])
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®])
	SSS [®] 10-5 Cream / Foam
	sulfacetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5)
	Sumadan [®] Kit / Wash / XLT Kit
	Sumaxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac [®])
	Tazorac [®] Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	tretinoin cream / gel (generic for Retin-A [®])
	Ziana [®] Gel
ANDROGENIC AGENTS	
Preferred	Non-Preferred
Androgel [®] Pump	Androderm [®] Patch
testosterone gel pump (generic for Androgel [®]) PUMP ONLY RECOMMENDED TO MOVE	Androgel [®] Packet
	Androgel [®] Pump
	Axiron [®] 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

North Carolina Division of Health Benefits
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>

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)

ANTIBIOTICS - VAGINAL

Preferred	Non-Preferred
Cleocin [®] Vaginal Ovules	Cleocin [®] Vaginal Cream
Clindesse [®] Vaginal Cream	clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream)
metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel)	Metrogel [®] Vaginal Gel
Vandazole [®] Vaginal Gel	Nuversa [®] Vaginal Gel

ANTIFUNGALS

Preferred	Non-Preferred
ciclopirox cream (generic for Loprox [®] Cream)	Bensal HP [®] Ointment
ciclopirox solution (generic for Penlac [®] Solution)	Cicloclan [®] 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 Cicloclan [®] 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 II [®])
	oxiconazole cream (generic for Oxistat [®])
	Oxistat [®] Cream / Lotion
	Penlac [®] Solution
	miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply
	Vusion [®] Ointment - Clinical criteria apply

ANTIPARASITICS

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
Natroba [®] Topical Suspension	Crotan [™] Lotion
permethrin cream (generic for Elimite [®])	Elimite [®] Cream
Sklice [®] Lotion	Eurax [®] Cream / Lotion
	lindane shampoo
	malathion lotion (generic for Ovide [®])
	Ovide [®] Lotion
	spinosad topical suspension (generic for Natroba [®])

ANTIVIRAL

Preferred	Non-Preferred
Zovirax [®] Cream	acyclovir cream (generic for Zovirax [®] Cream) NOT REVIEWED
Zovirax [®] Ointment	acyclovir ointment/ AG (generic for Zovirax [®] Ointment)
	Denavir [®] Cream
	Xerese [®] Cream

IMMUNOMODULATORS

Atopic Dermatitis

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Elidel [®] Cream	Dupixent [®] Injection
Eucriisa [®] 2% Ointment OFF-CYCLE CHANGE	Eucrisa [®] 2% Ointment OFF-CYCLE CHANGE
Protopic [®] Ointment OFF-CYCLE CHANGE	pinacrolimus cream (generic for Elidel [®] Cream)
	Protopic [®] Ointment OFF-CYCLE CHANGE
	tacrolimus ointment (generic Protopic [®])

North Carolina Division of Health Benefits
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>

Imidazoquinolinamines	
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Aldara® Cream
imiquimod cream pump	Condylox® Gel NOT REVIEWED
	Veregen® Ointment
	Zyclara® Cream / Cream Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren® Gel)	DermacinRx® Lexitral PharmaPak®
Voltaren-Gel®	diclofenac epolamine patch (generic for Flector® Patch) NOT REVIEWED
	diclofenac solution (generic for Pennsaid®)
	diclofenac topical gel (generic for Voltaren® Gel)
	Dicloflex® DC Pack NOT REVIEWED
	Flector® Patch
	Pennsaid® Solution Packet / Pump
	Voltaren Gel®
	Vopac® MDS Spray
	Xrylix® Solution
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®	Finacea® 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
	Noritrate® Cream
	Rhofade® Cream
	Rosadan® Cream / Gel / Kit
	Soolantra® Cream
STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe® FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)
hydrocortisone cream / lotion / ointment (generic for Hytone®)	Aqua Glycolic™ HC Kit
hydrocortisone in Absorbase®	Capex® Shampoo
	Dermasorb™ HC Lotion
	Desonate® Gel
	desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
	desonide lotion (generic for DesOwen® Lotion)
	DesOwen® Cream
	fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)
	Micort® HC Cream
	Texacort® Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit NOT REVIEWED
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream / pump (generic for Cloderm®)
	Cloderm® Cream / Pump
	Cordran® Tape
	Cutivate® Cream / Lotion
	Dermatop® Ointment
	Elocon® Cream / Lotion / Ointment
	fluocinolone cream / ointment / solution (generic for Synalar®)
	flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion)
	flurandrenolide ointment (generic for Cordran® ointment)
	fluticasone lotion (generic for Cutivate® Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)

North Carolina Division of Health Benefits
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>

	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 [®])	aminonide cream / lotion (generic for Cyclocort [®])
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®])	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®])
	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®])
	betamethasone valerate foam (generic for Valisone [®])
	betamethasone valerate lotion (generic for Valisone [®])
	Dermacin Rx [®] Silapak [®] / Silazone [®]
	Dermasorb [™] TA Cream
	desoximetasone cream / gel / ointment / spray (generic for Topicort [®])
	diflorasone cream / ointment (generic for Florone [®])
	Diprolene [®] Ointment
	Ellzia [®] Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E)
	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)
	Triamex [®] Ointment
	Vanos [®] Cream
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate [®])	Apexicon E [®] Cream
clobetasol solution (generic for Cormax [®])	Bryhali [™] Lotion
Clobex [®] Shampoo	clobetasol foam / emollient foam / emulsion foam (generic for Olux [®] / Olux-E [®])
halobetasol propionate cream / ointment (generic for Ultravate [®])	clobetasol lotion / shampoo (generic for Clobex [®])
	clobetasol propionate spray (generic for Clobex [®] spray)
	Clobex [®] Lotion / Spray
	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette [®] Foam)
	Lexette [®] Foam
	Olux [®] Foam / E-Foam
	Temovate [®] Cream / Ointment
	Tovet[®] Foam / Foam Kit NOT REVIEWED
	Ultravate [®] Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack
MISCELLANEOUS	
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane [®])	methoxsalen rapid (generic for Oxsoralen-Ultra [®])
	Oxsoralen-Ultra [®]
	Soriatane [®]
EPINEPHRINE, SELF INJECTED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
epinephrine auto injector / JR (generic for Epi-Pen [®] Auto Injector / JR Auto Injector)	epinephrine auto injector (generic for Adrenaclick [®])
	Epi-Pen [®] Auto Injector / JR Auto Injector
	Symjepi [™]
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella [®] Tablet	Bijuva[®] Capsule NOT REVIEWED
estradiol/norethindrone tablet (generic for Activella [®])	FemHRT [™] Tablet
Fyavolv [™] Tablet	Lopreeza [®] Tablet
Jevantique [™] Lo Tablet	Prefest [®] Tablet
Jinteli [®] (branded generic for FemHRT [™])	
Mimvey [®] / Lo (branded generic for Activella [®])	
norethindrone-ethinyl estradiol (generic for FemHRT [™])	
Premphase [®] Tablet	
Prempo [®] Tablet	

North Carolina Division of Health Benefits
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>

PROGESTATIONAL AGENTS	
Preferred	Non-Preferred
Compounded 17 P	hydroxyprogesterone caproate injection (generic for Makena [®]) multi dose vial
hydroxyprogesterone caproate injection (generic for Makena [®]) single dose vial	
Makena [®] (hydroxyprogesterone caproate) Vial	
Makena [®] (hydroxyprogesterone caproate injection) Auto Injector	
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 [®])	Doti [™] 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 AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring [®] Vaginal Ring	Estrace [®] Cream
Premarin [®] Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace [®])
Vagifem [®] Vaginal Tablet	Femring [®] Vaginal Ring
	Imvexxy [™] Vaginal Inserts NOT REVIEWED
	Yuvafem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Cortef [®] Tablet
dexamethasone elixir / tablet (generic for Decadron [®])	cortisone tablet (generic for Patisone [®])
dexamethasone solution (generic for Concedix [®])	dexamethasone tablet dosepack
hydrocortisone tablet (generic for Cortef [®])	dexamethasone Intensol [®] Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	Dexpak [®] Tablet
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Dxevo [™] Tablet Pack NOT REVIEWED
prednisolone solution (generic for Prelone [®] , Millipred [®])	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
IMMUNOMODULATORS, SYSTEMIC	
Clinical criteria apply to all drugs in this class	
Trial and failure of only one Preferred drug required	
Preferred	Non-Preferred
Cosentyx [®] Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial
Enbrel [®] Kit / Sureclick [®] Syringe / Syringe	Arcalyst [®] SQ Syringe
Enbrel [®] Mini Cartridge	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya [®] Injection
	Inflectra [™] Vial
	Kevzara [®] Injection
	Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant [®] Tablet
	Orencia [®] Clickjet [®] / Syringe / Vial
	Otezla [®] Starter Pack / Tablet
	Remicade [®] Injection
	Renflexis [™] Injection
	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 Division of Health Benefits
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>

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

North Carolina Division of Health Benefits
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>

DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod DASH® OFF-CYCLE CHANGE	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G5® Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G6® Transmitter / Receiver	
Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Dexcom G4® / G5® Platinum Sensor 4 Pack	Freestyle Libre™ 14 day Sensor
Dexcom G6® Sensor 3 Pack	
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	Control Solutions
ACCU-CHEK® AVIVA 50 ct test strips	ACCU-CHEK® Multiclix lancing device kit
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Fastclix lancing device kit
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® Fastclix 102 ct Lancets	