North Carolina Division	
North Carolina Medicaid and Healt	h Choice Preferred Drug List (PDL)
Effective Feb	ruary 1, 2018
Trial and failure of two preferred drugs a	are required unless otherwise indicated.
Not all therapeutic drug classes are included on the PDL. A	I drugs in the classes not included are considered preferred.
	al criteria (indicated in RED) may also apply.
Drugs requiring prior authorization, clinical criteria ar	
<u>www.nctracks.nc.gov/content/public/providers</u> More information on the PDL can be found at: <u>h</u>	s/pharmacy/pa-drugs-criteria-new-format.html
Preferred	Non-Preferred
donepezil 5mg, 10mg tablets / ODT (generic for Aricept® / ODT)	Aricept® ODT / Tablets
Exelon® Patch	donepezil 23mg tablets (generic for Aricept®)
memantine tablet / titration pack (generic for Namenda®)	Exelon® Capsule
Namenda® Solution	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
rivastigmine capsules (generic for Exelon®)	memantine solution (oral) (generic for Namenda® Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namenda® Tablet
	Namzaric [™] Solution (Oral)
	rivastigmine (Trandsderm) (generic for Exelon® Patch)
	Razadyne® ER Capsule / Tablet
ANAL	GESICS
	VALGESICS
Long A	
Clinical criteria apply	•
Preferred	Non-Preferred
	Arymo® ER
Butrans® Patch	Avinza® Capsule
Embeda® ER Capsule	Belbuca (Buccal)
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch
morphine sulfate ER tablet (generic for MS Contin®)	Duragesic® Patch
OxyContin® Tablet	Exalgo® Tablet
	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages)
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Kadian® Capsule
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MorphaBond™ ER
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	oxymorphone ER tablet
	Xartemis® XR Tablet
	Xtampza® ER Capsule
	Zohydro® Capsule
	 Spray Schedule II Opicida
Orally Disintegrating / Ora	
Preferred	to all drugs in this class Non-Preferred
By Break and Andreak and An	11011-Freterrea
110101100	fantanyl citrata lozanga (ganaria far Actia®)
	fentanyl citrate lozenge (generic for Actiq®) Fentora® Buccal Tablet
	Fentora® Buccal Tablet
Actiq® Lozenge	Fentora® Buccal Tablet Abstral® SL Tablet
	Fentora® Buccal Tablet
Actiq® Lozenge	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray
Actiq® Lozenge ANALO	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray
Actiq® Lozenge ANALO OPIOID ANALGI	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray GESICS ESICS (Continued)
Actiq® Lozenge Actiq® Lozenge ANALO OPIOID ANALGI Short Acting Scl	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray ESICS ESICS (Continued) medule II Opioids
Actiq® Lozenge ANALO OPIOID ANALGI Short Acting Scl Clinical criteria apply	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray ESICS ESICS (Continued) nedule II Opioids to all drugs in this class
Actiq® Lozenge Actiq® Lozenge ANALC OPIOID ANALGI Short Acting Sci Clinical criteria apply Preferred	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray SESICS ESICS (Continued) nedule II Opioids to all drugs in this class Non-Preferred
Actiq® Lozenge Actiq® Lozenge ANALC OPIOID ANALGI Short Acting Sci Clinical criteria apply Preferred Endocet® Tablet (branded generic for Percocet®)	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray SESICS ESICS (Continued) nedule II Opioids to all drugs in this class Non-Preferred codeine sulfate solution / tablet
Actiq® Lozenge Actiq® Lozenge ANALO OPIOID ANALGI Short Acting Sch Clinical criteria apply Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®,	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray SESICS ESICS (Continued) nedule II Opioids to all drugs in this class Non-Preferred
Actiq® Lozenge ANALO OPIOID ANALGI Short Acting Scl Clinical criteria apply	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray SESICS ESICS (Continued) nedule II Opioids to all drugs in this class Non-Preferred codeine sulfate solution / tablet
Actiq® Lozenge Actiq® Lozenge Actiq® Lozenge ANALC OPIOID ANALGI Short Acting Sch Clinical criteria apply Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	Fentora® Buccal Tablet Abstral® SL Tablet Subsys® Spray SESICS ESICS (Continued) nedule II Opioids to all drugs in this class Non-Preferred codeine sulfate solution / tablet Demerol® Tablet

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More information on the PDL can b	e found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
oxycodone solution / tablet (generic for Roxicodone®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone-acetaminophen capsules (generic for Tylox®)	Ibudone® Tablet
oxycodone-acetaminophen tablets (generic for Percocet®)	Lazanda® Nasal Spray
Xylon® (branded generic for Repraxin®)	levorphanol tablet (generic for Levo-Dromoran®)
	Lorcet® Tablet / HD Tablet / Plus Tablet
	Lortab® Tablet
	meperidine solution / tablet (generic for Demerol®)
	Meperitab® tablet (branded generic for Demerol®)
	morphine suppositories (generic for Roxanol®)
	Norco® Tablet
	Nucynta® Tablet
	Opana® Tablet
	Oxecta® Tablet
	oxycodone/APAP suspension
	oxycodone-aspirin tablet (generic for Endodan®, Percodan®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)
	oxycodone-ibuprofen tablet (generic for Combunox®)
	oxymorphone tablet (generic for Opana®)
	oxycodone capsule (generic for OxyIR®)
	Percocet® Tablet
	Percodan® Tablet
	Primlev® Tablet
	Reprexain® Tablet
	Roxicet [®] Solution
	Roxicodone® Tablet
	Vicodin® Tablet / ES Tablet / HP Tablet
	Vicoprofen® Tablet
	Xodol® Tablet
	Zamicet [®] Solution
	ANALGESICS
OPIC	DID ANALGESICS (Continued)
	chedule III – IV Analgesic Combinations
	riteria 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®)

eine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) scomp® Capsule (branded generic for Fiorinal with Codeine®) tramadol tablet (generic for Ultram®) butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®) tramadol-acetaminophen tablet (generic for Ultracet®) butorphanol spray (generic for Stadol®) Capital® with Codeine Suspension Conzip® Capsule dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS®) dihydrocodeine-aspirin-caffeine capsule (generic for Synalgos-DC®) Fioricet® with Codeine Capsule Fiorinal® with Codeine Capsule pentazocine-naloxone tablet (generic for Talwin NX®) Synalgos-DC® Capsule tramadol ER tablet (generic for Ultram ER®, Ryzolt®) Tylenol[®] with Codeine Tablet Ultracet® Tablet Ultram® Tablet / ER Tablet ANALGESICS NSAIDS **Non-Preferred** Preferred Anaprox® Tablet / DS Tablet ibuprofen suspension / tablet (generic for Motrin®)

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Preferred	Non-Preferred
	PATHIC PAIN
	LGESICS
	Vimovo®
	Duexis® Tablet
elecoxib capsule (generic for Celebrex®) - Clinical criteria apply	Celebrex® Capsule - Clinical criteria apply
Preferred	Non-Preferred
	Mobic® Suspension
	meloxicam suspension (generic for Mobic® Oral Suspension) - Exemption for children < 12 years of age
	melovican suspension (generic for Mobio Oral Suspension) Even tion for ability of 12
	Zorvolex® Capsule
	Zipsor® Capsule
	Voltaren® XR Tablet
	Vivlodex™
	tolmetin capsule / tablet (generic for Tolectin®)
	Tivorbex® capsule
	Sprix® Nasal Spray
	Ponstel® Kapseals
	piroxicam capsule (generic for Feldene®)
	oxaprozin tablet (generic for DayPro®)
	naproxen suspension (generic for Naprosyn® Suspension)
	naproxen sodium tablet (generic for Anaprox®)
	naproxen CK naproxen sodium ER tablet (generic for Naprelan®)
	Naprosyn® EC naproxen CR
	Naprosyn® Tablet
	Naprelan® Tablet
	Nalfon® Capsule
	nabumetone tablet (generic for Relafen®)
	Mobic® Tablet
	mefenamic acid capsule (generic for Ponstel®)
	meclofenamate capsule (generic for Meclomen®)
	ketoprofen ER capsule (generic for Oruvail®)
	ketoprofen capsule (generic for Orudis®)
	Inflammacin ® tablets
	indomethacin ER capsule (generic for Indocin SR®)
	Indocin® Suppository / Suspension
	flurbiprofen tablet (generic for Ansaid®)
	fenoprofen tablet (generic for Nalfon®)
	Feldene® Capsule
	etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)
	EC-Naprosyn® Tablet
ulindac tablet (generic for Clinoril®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®) diflunisal tablet (generic for Dolobid®)
aproxen EC tablet (generic for Naprosyn® EC) aproxen tablet (generic for Naprosyn® Tablet)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
neloxicam tablet (generic for Mobic Tablet®)	diclofenac potassium tablet (generic for Cataflam®)
etorolac tablet (generic for Toradol®)	DayPro® Caplet
-t - n - 1 - 1 - t - h - 1 - t - n - n - n - 1 - 1 = 0	$D_{aa}D_{aa} \otimes C_{aa} = 1$

Preferred

duloxetine capsule (generic for Cymbalta®) gabapentin capsule / solution (generic for Neurontin®)

Cymbalta® Capsule Gralise® Starter Pack / Tablet Horizant® Irenka® Capsule Lyrica® Capsule / Solution Neurontin® Capsule / Solution / Tablet

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North Carolina Medicaid and He	ealth Choice Preferred Drug List (PDL)
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	Savella® Tablet / Titration Pack
	Dermacin RX® PHN PAK
	lidocaine patch (generic for Lidoderm®) - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply
	Qutenza® Kit
ANTIC	ONVULSANTS
	EPINE DERIVATIVES
Patients with a diagnosis of seizure disorder are exempt from	m trial and failure criteria and may use any carbamazepine product.
Preferred	Non-Preferred
Aptiom® Tablet	Carbatrol® Capsule
carbamazepine chewable (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
	m trial and failure criteria and may use any first generation product.
Preferred	Non-Preferred
Celontin® Kapseal	Depakote® ER Tablet / Sprinkle Capsule
Depakene® Capsule / Solution	felbamate suspension / tablet (generic for Felbatol®)
Depakote® Tablet	Felbatol® Suspension / Tablet
Dilantin® Capsule / Infatab / Suspension	Valproate Syrup (oral)
divalproex capsule/ sprinkle / ER tablet / tablet(generic for Depakote® / ER)	
ethosuximide capsule / solution (generic for Zarontin®)	
Mysoline® Tablet	
Peganone® Tablet	
phenobarbital	
Phenytek® Capsule	
phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®)	
phenytoin extended capsules (generic for Phenytek®)	
Primidone® Tablet	
valproic acid capsule / solution (generic for Depakene®)	
Zarontin® Capsule / Solution	
	ONVULSANTS
	OGENERATION
	trial and failure criteria and may use any second generation product.
Preferred	Non-Preferred
clonazepam tablet (generic for Klonopin®)	Banzel® Suspension / Tablet
Diastat® Accudial / Pedi System	Briviact ® Tablet and Solution
gabapentin capsule / solution (generic for Neurontin®)	clonazepam ODT (generic for Klonopin® Wafer)
Gabitril® Tablet	diazepam rectal / system (generic for Diastat® Accudial / Pedi System)
amotrigine chewable / tablet (generic for Lamictal®)	Fycompa® Tablet / Kit/Suspension
evetiracetam tablet / ER tablet / solution (generic for Keppra® / XR)	gabapentin tablet (generic for Neurontin® Tablet)
Fopiragen® Tablet (branded generic for Topamax®)	Gralise® Starter Pack / Tablet
	Keppra® Tablet / Solution / XR Tablet
	Klonopin® Tablet
	Klonopin® Tablet Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet
	Klonopin® Tablet Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet lamotrigine starter kits (generic for Lamictal®)
topiramate sprinkle capsule / tablet (generic for Topamax®) zonisamide capsule (generic for Zonegran®)	Klonopin® Tablet Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet lamotrigine starter kits (generic for Lamictal®) lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)
	Klonopin® Tablet Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet lamotrigine starter kits (generic for Lamictal®)

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	Onfi® Suspension / Tablet
	Potiga® Tablet
	Qudexy® XR Capsule
	Sabril® Powder Packet / Tablet
	Spritam ® Tablet tiagabine tablet (generic for Gabitril®)
	Topamax® Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Qudexy®)
	Trokendi® XR Capsule
	Vimpat® Solution / Starter Kit / Tablet
	Zonegran® Capsule
ANTI-INFECTI	VES-SYSTEMIC
	IOTICS
Cephalosporir	
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	Augmentin® Suspension / Tablet / XR Tablet
amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® /XR)	Cedax® Capsule / Suspension
cefadroxil capsule / suspension (generic for Duricef®)	cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)
cefdinir capsule / suspension (generic for Omnicef®)	cefadroxil tablet (generic for Duricef®)
cefpodoxime suspension / tablet (generic for Vantin®)	cefixime suspension
cefprozil suspension / tablet (generic for Cefzil®)	ceftibuten capsule / suspension (generic for Cedax®)
Ceftin® Suspension / Tablet	Keflex® Capsule
cefuroxime tablet (generic for Ceftin®)	
cephalexin capsule / suspension / tablet (generic for Keflex®)	
Suprax® Capsule / Chewable / Suspension/ Tablet	
Lincosamides and	1 Oxazolidinones
Preferred	Non-Preferred
Cleocin® Granules	Cleocin® Capsules / Injection
clindamycin capsules / solution (generic for Cleocin®)	clindamycin injection (generic for Cleocin® Injection)
linezolid Tablet (generic for Zyvox®)	Lincocin® Vial
linezolid suspension (generic for Zyvox®)	lincomycin injection (generic for Lincocin Vial®)
	linezolid IV solution (generic for Zyvox®)
	Sivextro® Tablet / Vial
	Synercid® Vial
	Zyvox® Tablet / IV Solution / Suspension
	VES-SYSTEMIC (Continued)
Macrolides a	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	Non-rreferred Biaxin® Suspension / Tablet
clarithromycin suspension / tablet (generic for Biaxin®)	clarithromycin ER tablet (generic for Biaxin XL®)
E.E.S.® Granules / Filmtab	Ery-Tab® Tablet
Eryped® Suspension	Ketek® Tablet
Erythrocin® Filmtab	PCE® Tablet
erythromycin EC capsule (generic for Ery-C®)	Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
J J	
erythromycin filmtab	Zmax [®] Suspension
	Zmax [®] Suspension
erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension)	Zmax [®] Suspension
erythromycin filmtab	Zmax® Suspension
erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension)	
erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension) erythromycin es tablet (E.E.S® Filmtab)	
erythromycin filmtab erythromycin es 200mg suspension (generic for E.E.S.® Suspension) erythromycin es tablet (E.E.S® Filmtab) Nitromi	dazoles

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	Flagyl® Capsule / ER Tablet/ Tablet
	metronidazole capsule (generic for Flagyl® Capsule)
	neomycin tablet (generic for Mycifradin®)
	paromomycin capsule (generic for Humatin®)
	Tindamax® Tablet
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
Quin	nolones
Preferred	Non-Preferred
Avelox® Tablet	Avelox® ABC Pack
Cipro® Suspension	Cipro® Tablet / XR Tablet
ciprofloxacin tablets (generic for Cipro®)	ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)
evofloxacin tablet (generic for Levaquin® Tablet)	Levaquin® Solution / Tablet
	levofloxacin solution (generic for Levaquin® Solution)
	moxifloxacin tablet (generic for Avelox®)
	ofloxacin tablet (generic for Floxin®)
	IVES-SYSTEMIC
	CS (Continued) ne Derivatives
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®)	Adoxa® Capsule
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	demeclocycline tablet (generic for Declomycin®)
ninocycline capsule (generic for Minocin®)	Doryx® DR Tablet
	Doryx ® MPC Tablet
	doxycycline hyclate DR tablet (generic for Doryx DR®)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)
	doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules)
	doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules)
	doxycycline monohydrate tablets (generic for Adoxa®)
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER)
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®)
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply.
	 doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®)
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply.
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules
	 doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup
	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup
Preferred	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup fungals Non-Preferred
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Preferred elotrimazole troche (generic for Mycelex Troche®) luconazole suspension / tablet (generic for Diflucan®)	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age
Preferred clotrimazole troche (generic for Mycelex Troche®) luconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®)	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12
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Preferred clotrimazole troche (generic for Mycelex Troche®) luconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®) griseofulvin ultra tablets (generic for Gris-Peg®) hystatin suspension (generic for Nilstat® Suspension)	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup fungals Non-Preferred Ancobon® Capsule Cresemba® Capsule Diflucan® Suspension / Tablet flucytosine capsule (generic for Ancobon®) griseofulvin micro tablets (generic for Grifulvin V®)
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	doxycycline monohydrate tablets (generic for Adoxa®) minocycline ER tablet (generic for Solodyn® ER) minocycline tablet (generic for Dynacin®) Morgidox® Capsule / Kit Oracea® Capsule Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline required. Limited to 12 week supply. tetracycline capsule (generic for Sumycin®) Vibramycin® Capsules doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12 years of age Vibramycin® Suspension / Syrup fungals Non-Preferred Ancobon® Capsule Cresemba® Capsule Diflucan® Suspension / Tablet flucytosine capsule (generic for Ancobon®) griseofulvin micro tablets (generic for Grifulvin V®) Gris-Peg® Tablet itraconazole capsule (generic for Sporanox®)
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North Carolina Division of Medical A North Carolina Medicaid and Health Choice Prefe Effective February 1, 2018 Trial and failure of two preferred drugs are required unless Not all therapeutic drug classes are included on the PDL. All drugs in the class In addition to trial and failure criteria, clinical criteria (indicated Drugs requiring prior authorization, clinical criteria and prior authorization www.nctracks.nc.gov/content/public/providers/pharmacy/pa-dru More information on the PDL can be found at: http://www.ncdhs.d Noxafil® Suspensio Onmel® Tablet Oravig® Buccal Tat Sporanox® Capsule Vfend® Suspension voriconazole suspen	otherwise indicated. es not included are considered preferred. in RED) may also apply. on request forms can be found at: as-criteria-new-format.html iov/dma/pharmacy/index.htm
Effective February 1, 2018 Trial and failure of two preferred drugs are required unless Not all therapeutic drug classes are included on the PDL. All drugs in the class In addition to trial and failure criteria, clinical criteria (indicated Drugs requiring prior authorization, clinical criteria and prior authorization <u>www.nctracks.nc.gov/content/public/providers/pharmacy/pa-dru</u> More information on the PDL can be found at: <u>http://www.ncdhhs.or</u> Onmel® Tablet Oravig® Buccal Tables Sporanox® Capsule Vfend® Suspension	otherwise indicated. es not included are considered preferred. in RED) may also apply. on request forms can be found at: <u>gs-criteria-new-format.html</u> <u>gov/dma/pharmacy/index.htm</u> n / Tablet
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Trial and failure of two preferred drugs are required unless Not all therapeutic drug classes are included on the PDL. All drugs in the class In addition to trial and failure criteria, clinical criteria (indicated Drugs requiring prior authorization, clinical criteria and prior authorization <u>www.nctracks.nc.gov/content/public/providers/pharmacy/pa-dru</u> More information on the PDL can be found at: <u>http://www.ncdhhs.or</u> Onmel® Tablet Oravig® Buccal Tat Sporanox® Capsule Vfend® Suspension	es not included are considered preferred. in RED) may also apply. on request forms can be found at: <u>gs-criteria-new-format.html</u> <u>gov/dma/pharmacy/index.htm</u> n / Tablet
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www.nctracks.nc.gov/content/public/providers/pharmacy/pa-dru More information on the PDL can be found at: http://www.ncdhhs.go Noxafil® Suspensio Onmel® Tablet Oravig® Buccal Tab Sporanox® Capsule Vfend® Suspension	g <mark>s-criteria-new-format.html</mark> jov/dma/pharmacy/index.htm n / Tablet let
More information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at: http://www.ncdhhs.org/linear information on the PDL can be found at:	ov/dma/pharmacy/index.htm h / Tablet let
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Sporanox® Capsule Vfend® Suspension	
Vfend® Suspension	Solution
	/ Tablet
	sion / tablet (generic for Vfend®)
ANTIVIRALS	
Hepatitis B Agents	
Preferred	Non-Preferred
Baraclude® Solution / Suspension adefovir tablet (gene	
entecavir tablet (generic for Baraclude®) Baraclude® Tablet	-
Epivir® HBV Solution Epivir® HBV Table	
Hepsera® Tablet Vemlidy® tablet	
lamivudine HBV tablet (generic for Epivir® HBV)	
Tyzeka® Tablet	
Viread® Powder / Tablet	
ANTI-INFECTIVES-SYSTEMIC	
ANTIVIRALS (Continued)	
Hepatitis C Agents	NT TO 0 1
Preferred Conague® Tablet	Non-Preferred
Copegus® TabletPegasys® VialModeriba® Dosepack (branded generic for Ribasphere® Ribapak)Ribasphere® Ribapa	k
	к e / Tablet (branded generic for Rebetrol)
Pegasys® Proclick / Syringe	
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
Clinical criteria apply to all drugs in this o	ass
November 1, 2017- April 30, 2018	
	or genotype 3) - must request Sovaldi® in addition to Daklinza® with a
separate PAAll genotypes without cirrhosisHarvoni® Tablet	
Mavyret TM (8 weeks of therapy) Olysio® Capsule	
Sovaldi® Tablet	
All genotypes with compensated cirrhosis (Child Pugh-A) Technivie™ Dose P	uck (for genotype 4)
Mavyret [™] (12 weeks of therapy) Viekira [™] Pak	
Viekira™ XR Table	
All genotypes with decompensated cirrhosis (Child-Pugh B and C) Zepatier® Tablet	
All genotypes with decompensated cirrhosis (Child-Pugh B and C) Zepatier® Tablet	
All genotypes with decompensated cirrhosis (Child-Pugh B and C)Zepatier® TabletEpclusa® Tablet in combination with ribavirinAll genotypes previously treated with an HCV regimen containing an NS5A inhibitorZepatier® Tablet	
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All genotypes with decompensated cirrhosis (Child-Pugh B and C)Zepatier® TabletEpclusa® Tablet in combination with ribavirinAll 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 regimenZepatier® Tablet	
All genotypes with decompensated cirrhosis (Child-Pugh B and C)Zepatier® TabletEpclusa® Tablet in combination with ribavirinAll genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. Vosevi™Zepatier® Tablet	
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All genotypes with decompensated cirrhosis (Child-Pugh B and C) Zepatier® Tablet Epclusa® Tablet in combination with ribavirin 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™ Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017) Ultraction and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and have previously been treated with an HCV regimen and the provents and the provents and the provents and the previously been treated prior to November 1, 2017) Ill drugs in this of May 1, 2018 and after Daklinza® Tablet (for separate PA Daklinza® Tablet (for separate PA	
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All genotypes with decompensated cirrhosis (Child-Pugh B and C)Zepatier® TabletEpclusa® Tablet in combination with ribavirinAll genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. Vosevi™Zepatier® TabletHarvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)Ultrast apply to all drugs in this of May 1, 2018 and after Daklinza@ Tablet (for separate PA Harvoni® Tablet (8 weeks of therapy)Daklinza@ Tablet (1 or genotypes without cirrhosis Mavyret™ (8 weeks of therapy)	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Febr	uary 1, 2018
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinica	
Drugs requiring prior authorization, clinical criteria an www.nctracks.nc.gov/content/public/providers.	
More information on the PDL can be found at: <u>ht</u>	
	Viekira™ XR Tablet
All genotypes with decompensated cirrhosis	Zepatier® Tablet
Epclusa® Tablet in combination with ribavirin	
<u>All genotypes previously treated with an HCV regimen containing an NS5A inhibitor</u> or genotype 1a or 3 infection and have previously been treated with an HCV regimen	
containing sofosbuvir without an NS5A inhibitor.	
Vosevi™	
Herpes Tr	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Famvir® Tablet
famciclovir tablet (generic for Famvir®)	Sitavig® Buccal Tablet
valacyclovir tablet (generic for Valtrex®)	Valtrex® Caplet Zovirax® Capsule / Tablet / Suspension
	Zovirax® Capsule / Tablet / Suspension
Influe	nza
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	oseltamivir phosphate
Tamiflu® Capsule / Suspension	Relenza® Diskhaler
Antibiotics	•
Trial and failure of only on Preferred	Non-Preferred
Kitabis [™] Pak (tobramycin inhalation solution)	Cayston®
Bethkis® (tobramycin inhalation solution)	tobramycin solution / pak
	Tobi®
BEHAVIORA	
ANTIDEPR	
Oth	er
Preferred	er Non-Preferred
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL)	er Non-Preferred Aplenzin® Tablet
Preferred	er Non-Preferred
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®)
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla®
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan®
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan®
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®)
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER)
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER) Viibryd® Starter Pack / Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER)
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER) Viibryd® Starter Pack / Tablet Wellbutrin® Tablet / SR Tablet / XR Tablet
Preferred bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL) duloxetine capsule (generic for Cymbalta®) maprotiline tablet (generic for Ludiomil®) mirtazapine ODT / tablet (generic for Remeron®) Parnate® Tablet phenelzine tablet (generic for Nardil®) tranylcypromine tablet (generic for Parnate®) trazodone tablet (generic for Desyrel®) venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	er Non-Preferred Aplenzin® Tablet Trintellix® Tablet Cymbalta® Capsule desvenlafaxine ER tablet (generic for Khedezla®) Effexor® XR Capsules Emsam® Patch Fetzima® Capsule / Titration Pak Forfivo® XL Tablet Khedezla® Marplan® Nardil® Tablet nefazodone tablet (generic for Serzone®) Oleptro® ER Tablet Pristiq® ER Tablet Pristiq® ER Tablet Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER) Viibryd® Starter Pack / Tablet Wellbutrin® Tablet / SR Tablet / XR Tablet L HEALTH

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

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

Preferred	Non-Preferred
Aptensio® XR	Adderall® Tablet (GENERIC PRODUCT PER FDA)
Adderall® XR Capsule	Adzenys® XR ODT
amphetamine salt combo tablets (generic for Adderall®)	amphetamine salt combo XR capsules (generic for Adderall XR)
atomoxetine capsule	clonidine ER tablet (generic for Kapvay®)
Concerta® Tablet	Dexedrine® Tablet / Spansules
Daytrana® Patch	dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)
dextroamphetamine tablet (generic for Dexedrine®)	Desoxyn® Tablet
Focalin® Tablet / XR Capsule	dextroamphetamine solution (generic for ProCentra®)
guanfacine ER tablet (generic for Intuniv®)	dextroamphetamine ER capsule (generic for Dexedrine® Spansules)
Kapvay® Tablet	Dyanavel® XR
Methylin® Solution	Evekeo® Tablet
methylphenidate tablets (generic for Methylin®, Ritalin®)	Intuniv® Tablet
Quillichew® ER Oral	methamphetamine tablet (generic for Desoxyn®)
Quillivant® XR Suspension	Methylin® Chewable
Ritalin® Tablet	methylphenidate CD capsules (generic for Metadate® CD)
Vyvanse® Capsule / Chewable Tablet	methylphenidate chewable / solution (generic for Methylin®)
	methylphenidate ER tablets
	methylphenidate LA capsules (generic for Ritalin® LA)
	ProCentra® Solution
	Ritalin® LA Capsule
	Strattera® Capsule
	Zenzedi® Tablet

ATYP	PICAL ANTIPSYCHOTICS	
Ι	njectable Long Acting	
Trial and failur	re of only one preferred drug required	
Preferred	Non-Preferred	
Abilify Maintena® Syringe / Vial	Aristada® Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate®)		
Haldol® decanoate Ampule		
haloperidol decanoate ampule / vial (generic for Haldol decanoate®)		
Invega® Sustenna Prefilled Syringe / Trinza Syringe		
Risperdal® Consta Syringe		
Zyprexa® Relprevv Vial Kit		
BE	HAVIORAL HEALTH	
ATYP	PICAL ANTIPSYCHOTICS	
	Oral	
Trial and failur	e of only one preferred drug required	

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html acy/index.htm

More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/phar</u>	rma
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Preferred	Non-Preferred
Abilify® Discmelt	Abilify® Tablet
aripiprazole Tablet / Solution (generic for Abilify®)	aripiprazole ODT (generic for Abilify®)
clozapine ODT (generic for FazaClo®)	Clozaril® Tablet
clozapine tablet (generic for Clozaril®)	Fanapt® Titration Pack
Invega® Tablet	Fanapt® Tablet
Latuda® Tablet	FazaClo® ODT
olanzapine ODT / tablet (generic for Zyprexa®)	Geodon® Capsule
quetiapine tablet (generic for Seroquel®)	Nuplazid® Tablet
quetiapine ER tablet (generic for Seroquel® XR Tablet)	olanzapine-fluoxetine (generic for Symbyax®)
risperidone ODT / solution/tablet (generic for Risperdal®)	paliperidone (generic for Invega® Tablet)
Saphris® SL Tablet	Risperdal® Solution / Tablet / M-Tab ODT
Symbyax® Capsule	Rexulti® Tablet
ziprasidone capsule (generic for Geodon®)	Seroquel® Tablet
ziprasidone capsule (generic for Geodon®)	Seroquel® XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule
	Zyprexa® Tablet / Zydis Tablet

CARDIOVASCULAR

	ACE INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin®)	Aceon®
enalapril tablet (generic for Vasotec®)	Accupril® Tablet
lisinopril tablet (generic for Prinivil® and Zestril®)	Altace® Capsule
ramipril capsule (generic for Altace®)	captopril tablet (generic for Capoten®)
	Epaned® Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril®)
	Lotensin® Tablet
	Mavik® Tablet
	moexipril tablet (generic for Univasc®)
	Qbrelis® Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	Prinivil® Tablet
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for Mavik®)
	Univasc® Tablet
	Vasotec® Tablet
	Zestril® Tablet
ACE INHIBITOR CA	LCIUM 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 INH	IIBITOR DIURETIC COMBINATIONS
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic®)	Accuretic® Tablet
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
	captopril-HCTZ tablet (generic for Capozide®)
	fosinopril-HCTZ tablet (generic for Monopril® HCT)
	Lotensin® HCT Tablet
	moexipril-HCTZ tablet (generic for Uniretic®)
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)
	Vaseretic® Tablet

North Carolina Division of Medical Assistance	
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Febr	
Trial and failure of two preferred drugs and	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinical	
Drugs requiring prior authorization, clinical criteria and	
www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>htt</u>	
	Zestoretic® Tablet
CARDIOVA	
ANGIOTENSIN II REC	
Requires trial and failure of an ACE Inhibitor unless contraindicated or document Receptor	
	-
Preferred	Non-Preferred
Diovan® Tablet	Atacand® Tablet
losartan tablet (generic for Cozaar®)	Avapro® Tablet
	Benicar® Tablet
	candesartan tablet (generic for Atacand®)
	Cozaar® Tablet
	Edarbi® Tablet
	eprosartan tablet (generic for Teveten®)
	irbesartan tablet (generic for Avapro®)
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®) valsartan tablet (generic for Diovan®)
	valsartan tablet (generic for Diovan®)
ANGIOTENSIN II RECEPTOR	BLOCKED COMBINATIONS
Requires trial and failure of an ACE Inhibitor unless contraindicated or document	
Receptor Blocker	
Preferred	Non-Preferred
Exforge® Tablet	amlodipine/olmesartan tablet (generic for Azor®)
Exforge® HCT Tablet	amlodipine-valsartan tablet (generic for Exforge®)
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)
	Azor® Tablet
	Prestalia®
	telmisartan-amlodipine tablet (generic for Twynsta®)
	Tribenzor® Tablet
	Twynsta® Tablet
ANGIOTENSIN II RECEPTOR BLOC	KER DIURETIC COMBINATIONS
Requires trial and failure of an ACE Inhibitor unless contraindicated or document	
Receptor Blocker Dia	
Preferred	Non-Preferred
losartan-HCTZ tablet (generic for Hyzaar®)	Atacand® HCT Tablet
valsartan-HCTZ tablet (generic for Diovan® HCT)	Avalide® Tablet
	Benicar® HCT Tablet
	candesartan-HCTZ tablet (generic for Atacand® HCT)
	Diovan® HCT Tablet
	Edarbyclor® Tablet
	Hyzaar® Tablet
	irbesartan-HCTZ tablet (generic for Avalide®)
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
	Teveten® HCT Tablet
ANGIOTENSIN II RECEPTOR-NEPRI	LYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred
Entresto® Clinical Criteria Apply	
ANTI-ARRH	YTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Cordarone® Tablet
disopyramide capsule (generic for Norpace®)	dofetilide capsule (generic for Tikosyn®)

North Carolina Divisio	on of Medical Assistance
North Carolina Medicaid and Heal	th Choice Preferred Drug List (PDL)
Effective Fel	bruary 1, 2018
	are required unless otherwise indicated.
	All drugs in the classes not included are considered preferred. cal criteria (indicated in RED) may also apply.
	and prior authorization request forms can be found at:
www.nctracks.nc.gov/content/public/provide	rs/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be found at:	http://www.ncdhhs.gov/dma/pharmacy/index.htm
flecainide tablet (generic for Tambocor®)	Multaq® Tablet
mexiletine capsule (generic for Mexitil®)	Norpace® Capsule / CR Capsule
propafenone tablet (generic for Rythmol®)	Pacerone® Tablet
quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)	propafenone SR capsule (generic for Rythmol SR®)
Rythmol SR® Capsule	quinidine gluconate tablet (generic for Quinaglute DuraTabs®) Rythmol® Tablet
	Tikosyn® Capsule
	Tikosyn® Capsule
CARDIO	VASCULAR
	LOCKERS
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
carvedilol tablet (generic for Coreg®)	Betapace® AF Tablet / 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®)	Coreg® Tablet / CR Capsule
Sorine® Tablet	Corgard® Tablet
sotalol AF tablet / tablet (generic for Betapace [®] / AF, Sorine [®])	Hemangeol® Solution Inderal® LA Capsule / XL Capsule
	Innopran® XL Capsule
	Levatol® Tablet
	Lopressor® Tablet
	nadolol tablet (generic for Corgard®)
	pindolol tablet (generic for Visken®)
	Sectral® Capsule
	Sotylize® Solution
	Tenormin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
	Trandate® Tablet
	Zebeta® Tablet
BETA BLOCKER DIU	IRETIC COMBINATION
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	Corzide® Tablet
bisoprolol-HCTZ tablet (generic for Ziac®)	Dutoprol® Tablet
	Lopressor® HCT Tablet
	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
	propranolol-HCTZ tablet (generic for Inderide®)
	nadolol-bendroflumethiazide (generic for Corzide®)
	Tenoretic® Tablet
	Ziac® Tablet
	EQUESTRANTS
Preferred	Non-Preferred
cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)	colestipol granules (generic for Colestid® Granules)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
	Prevalite® Packet / Powder
	Questran® Light Powder / Packet / Powder
	Welchol® Packet / Tablet
	VASCULAR
	OWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Febr	• · · · · · · · · · · · · · · · · · · ·
Trial and failure of two preferred drugs ar	
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinical	
Drugs requiring prior authorization, clinical criteria and www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>htt</u>	
lovastatin tablet (generic for Mevacor®)	amlodipine-atorvastatin tablet (generic for Caduet®)
pravastatin tablet (generic for Pravachol®)	Caduet® Tablet
simvastatin tablet (generic for Zocor®)	Crestor® Tablet
rosuvastatin tablet (generic for Crestor®)	ezetimibe (generic for Zetia®)
Zetia® Tablet (used as an adjunctive to statin therapy)	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Lescol® Capsule / XL Tablet
	Lipitor® Tablet
	Livalo® Tablet
	Pravachol® Tablet
	Vytorin® Tablet
	Zocor® Tablet
	Juxtapid® Capsule - Clinical criteria apply
	Kynamro® Syringe - Clinical criteria apply
CORONARY VA	SODILATORS
Preferred	Non-Preferred
isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.)	Dilatrate® SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Gonitro® Sublingual Powder
Minitran® Patch	Isordil® Tablet / Titradose Tablet
nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostet®, Nitrostet®, Nitrostet®)	Nitro-Bid® Ointment
Nitrostat®, Nitrolingual®, Nitromist®) Nitrostat® SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual® Spray
	Nitromist® Spray
DIHYDROPYRIDINE CALCIU	JM CHANNEL BLOCKERS
Preferred	Non-Preferred
Afeditab CR® Tablet (branded generic for Adalat CC®)	Adalat® CC Tablet
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil®)
Nifedical® XL Tablet (branded generic for Procardia XL®)	isradipine capsule (generic for Dynacirc®)
nifedipine capsule (generic for Procardia®)	nicardipine capsule (generic for Cardene®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®) Norvasc® Tablet
	Nymalize® Solution
	Procardia® Capsule / XL Tablet
	Sular® Tablet
DIRECT RENIN	N INHIBITOR
Requires trial and failure of an ACE Inhibitor unless contraindicated or document	ted adverse event when using a either a preferred or non-preferred Direct Renin
Inhibi	
Preferred	Non-Preferred
Tekturna® HCT Tablet	
Tekturna® Tablet	
ENDOTHELIN RECEPT	FOR ANTAGONISTS
Preferred	Non-Preferred
Letairis® Tablet	Opsumit® Tablet
Tracleer® Tablet	
CARDIOVA	
INHALED PROSTAC	
Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit Ventavis® Solution	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	
Effective February 1, 2018	
	•
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All In addition to trial and failure criteria, clinica	•
Drugs requiring prior authorization, clinical criteria and	
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: ht	tp://www.ncdhhs.gov/dma/pharmacy/index.htm
NIACIN DEI	RIVATIVES
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	Niacor® Tablet
	Niaspan® ER Tablet
NITRATE CO	MBINATION
Preferred	Non-Preferred
Bidil® Tablet	
NON-DIHYDROPYRIDINE CAI	CIUM 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® LA Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®)	Cardizem® Tablet
diltiazem tablet / CD capsules / ER 12 hour capsule (generic for Cardizem® / CD / SR)	diltiazem LA tablet (generic for Cardizem LA®)
Taztia XT® Capsule (branded generic for Tiazac®)	Matzim® LA Tablet (generic for Cardizem LA®)
verapamil tablet / ER tablet (generic for Calan® / SR)	Tiazac® Capsule
	verapamil 360 mg capsule
	verapamil ER capsules (generic for Verelan®)
	verapamil PM capsule (generic for Verelan PM®)
	Verelan® Capsule
	Verelan® PM Capsule
ORAL PULMONAR	Y HYPERTENSION
Preferred	Y HYPERTENSION Non-Preferred
Preferred Adcirca® Tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet
Preferred	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet
Preferred Adcirca® Tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet
Preferred Adcirca® Tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet
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Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®)
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®)	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®)	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet VHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®)	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet prasugrel tabelet (generic for Effient® Tablet) ticlopidine tablet (generic for Ticlid®)
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®)	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet prasugrel tablet (generic for Effient® Tablet)
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Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet ANTIANGINAL & Preferred Ranexa® Tablet CARDIOV	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet Plavix® Tablet prasugrel tablet (generic for Effient® Tablet) ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet ANTI-ISCHEMIC Non-Preferred ASCULAR
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet ANTIANGINAL & Preferred Ranexa® Tablet CARDIOV, SYMPATHOLYTICS A	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet Plavix® Tablet prasugrel tablet (generic for Effient® Tablet) ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet ANTI-ISCHEMIC Non-Preferred SCULAR ND COMBINATIONS
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Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet ANTIANGINAL & Preferred Ranexa® Tablet CARDIOV, SYMPATHOLYTICS A Preferred Catapres®-TTS Patch	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet Plavix® Tablet Contivity® Tablet ANTI-ISCHEMIC Non-Preferred Catapres® Tablet
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet ANTIANGINAL & Preferred Ranexa® Tablet CARDIOV SYMPATHOLYTICS A Preferred Catapres®-TTS Patch clonidine tablets (generic for Catapres®)	Y HYPERTENSION Non-Preferred Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet Plavix® Tablet prasugrel tabelet (generic for Effient® Tablet) ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet Zontivity® Tablet ANTI-ISCHEMIC Non-Preferred ASCULAR ND COMBINATIONS Non-Preferred Catapres® Tablet clonidine patches (generic for Catapres®-TTS)
Preferred Adcirca® Tablet sildenafil (generic for Revatio®) tablet PLATELET I Preferred Aggrenox® Capsule Brilinta® Tablet clopidogrel tablet (generic for Plavix®) dipyridamole tablet (generic for Persantine®) Effient® Tablet ANTIANGINAL & Preferred Ranexa® Tablet CARDIOV, SYMPATHOLYTICS A Preferred Catapres®-TTS Patch clonidine tablet (generic for Catapres®) guanfacine tablet (generic for Tenex®)	Y HYPERTENSION Adempas® Tablet Orenitram® ER Tablet Revatio® Suspension / Tablet Uptravi® Tablet NHIBITORS Non-Preferred aspirin/dipyridamole ER capsule (generic for Aggrenox®) Durlaza® Capsule Persantine® Tablet Plavix® Tablet Plavix® Tablet prasugrel tabelet (generic for Effient® Tablet) ticlopidine tablet (generic for Ticlid®) Yosprala® Tablet Zontivity® Tablet ANTI-ISCHEMIC Non-Preferred Catapres® Tablet clonidine patches (generic for Catapres®)

North Carolina	Division of Medical Assistance
North Carolina Medicaid an	nd Health Choice Preferred Drug List (PDL)
Effec	tive February 1, 2018
	red drugs are required unless otherwise indicated.
Not all therapeutic drug classes are included on th	e PDL. All drugs in the classes not included are considered preferred.
	eria, clinical criteria (indicated in RED) may also apply.
	l criteria and prior authorization request forms can be found at: c/providers/pharmacy/pa-drugs-criteria-new-format.html
	found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Tenex® Tablet
TRIGLYC	ERIDE LOWERING AGENTS
Preferred	Non-Preferred
enofibrate tablet (Tricor®)	Antara® Capsule
fenofibric acid capsule / tablet (Trilipix®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)
gemfibrozil tablet (generic for Lopid®)	fenofibrate tablet (generic for Fenoglide®)
	fenofibric acid capsule / tablet (generic for Fibricor®, Trilipix®)
	Fenoglide® Tablet Fibricor® Tablet
	Lipofen® Capsule
	Lofibra® Capsule / Tablet
	Lopid® Tablet
	Lovaza® Capsule - Exemption for patients with triglycerides \geq 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
CENTI	RAL NERVOUS SYSTEM
AN	TIMIGRAINE AGENTS
Quanti	ity limits apply to all triptans
Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt MLT®)	Alsuma® Auto-Injection
rizatriptan tablet (generic for Maxalt®)	almotriptan tablet (generic for Axert®)
sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)	Amerge® Tablet Axert® Tablet
	Cambia® Powder Packet
	frovatriptan tablet (generic for Frova®)
	Frova® Tablet
	Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial
	Maxalt® Tablet / MLT Tablet
	Migranow® Kit
	naratriptan tablet (generic for Amerge®)
	Onzetra Xsail Nasal Powder®
	Relpax® Tablet
	sumatriptan kit / refill/ injection (generic for Imitrex®)
	Sumavel DosePro® Syringe
	Treximet® Tablet
	Zembrace® SymTouch®
	zolmitriptan ODT / tablet (generic for Zomig®)
	Zomig® Nasal Spray / Tablet / ZMT Tablet
1	ANTINARCOLEPSY
	eria apply to all drugs in this class
Preferred	Non-Preferred
11001100	
	armodafinil tablet (generic for Nuvigil®)
Nuvigil® Tablet	
Nuvigil® Tablet Provigil® Tablet	modafinil tablet (generic for Provigil®)
-	modafinil tablet (generic for Provigil®)
Provigil® Tablet	modafinil tablet (generic for Provigil®) RAL NERVOUS SYSTEM
Provigil® Tablet	

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>

More information on the PD	L can be found at: <u>h</u>	<u>ttp://www.ncdhhs.</u>	<u>qov/dma/pharma</u>	<u>cy/index.htm</u>
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benztropine tablet (generic for Cogentin®)	Azilect® Tablet
bromocriptine tablet (generic for Parlodel®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	Comtan® Tablet
pramipexole tablet (generic for Mirapex®)	Duopa® Suspension
ropinirole tablet (generic for Requip®)	entacapone tablet (generic for Comtan®)
selegiline capsule / tablet (generic for Emsam®)	Horizant®
trihexyphenidyl elixir / tablet (generic for Artane®)	Lodosyn® Tablet
	Mirapex® Tablet / ER Tablet
	Neupro® Patch
	Parlodel® Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline (generic for Azilect®)
	Requip® Tablet / XL Tablet
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet / CR Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Xadago®
	Zelapar® ODT
MIII TIPI	E SCLEROSIS
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Ampyra® Tablet
Betaseron® Kit / Vial	Aubagio® Tablet
Copaxone® Syringe	Extavia® Kit / Vial
Gilenya® Capsule	Glatopa® Syringe
Rebif® Ribidose / Titration Pack / Syringe	Lemtrada® Vial
Reone Roldose / Malaon Pack / Symige	
Tecfidera® Cansule / Starter Pack	Plegridy(R) Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
Tecfidera® Capsule / Starter Pack	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Zinbrata® Injection
Tecfidera® Capsule / Starter Pack	Zinbryta® Injection
Tecfidera® Capsule / Starter Pack	
	Zinbryta® Injection
SEDATIV	Zinbryta® Injection Ocrevus®
SEDATIV	Zinbryta® Injection Ocrevus® E HYPNOTICS
SEDATIV Quantity limits appl Preferred	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Non-Preferred
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H¥PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H¥PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H\\PNOTICS y to all sedative hypnotics y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®)
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H¥PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®)
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H\\PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HFFNOTICS y to all sedative hypnotics y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H+PNOTICS y to all sedative hypnotics Mon-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Mon-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet Edluar® SL Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Restoril® Capsule
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Mon-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet Edluar® Tab
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet (CR Tablet Belsomra® Tablet (CR Tablet Belsomra® Tablet (CR Tablet Edluar® SL Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Eunesta® Tablet Edluar® SL Tablet Edluar® Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E HYPNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Edluar® SL Tablet Edluar® SL Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Edluar® Tablet Restoril® Capsule Rozerem® Tablet Silenor® Tablet Silenor® Tablet
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H>PNOTICS y to all sedative hypnotics Maniper State Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) estazolam tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Rozerem® Tablet Silenor® Tablet Silenor® Tablet Silenor® Tablet Kator (Sapsule) Intermezzo@ SL Tablet Lunesta® Tablet Sonata® Capsule Intermez Tablet Silenor® Tablet Kator (Sapsule) Intermez Tablet Rozerem® Tablet Silenor® Tablet Silenor® Tablet Sonata® Capsule Itemazepan 7.5, 22.5 mg capsule (generic for Restoril®)
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H-PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Belsomra® Tablet / CR Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Restoril® Capsule Rozerem® Tablet Silenor® Tablet Silenor® Tablet Sonata® Capsule temazepan 7.5, 22.5 mg capsule (generic for Restoril®) triazolam tablet (generic for Halcion®)
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H-PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Restoril® Capsule Rozerem® Tablet Silenor® Tablet Silenor® Tablet extoril® Capsule runesta@ Tablet generm® Tablet kozerem® Tablet silenor® Tablet generm® Tablet silenor® Tablet information (generic for Restoril®) itiazolam tablet (generic for Sonata®)
Quantity limits appl	Zinbryta@ Injection Ocrevus@ E H-YPNOTICS y to all sedative hypnotics Non-Preferred Ambien@ Tablet / CR Tablet Belsomra@ Tablet / CR Tablet Edluar@ SL Tablet Edluar@ SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion@ Tablet Hetlioz@ Capsule Intermezzo@ SL Tablet Lunesta@ Tablet Restoril@ Capsule Rozerem@ Tablet Silenor@ Tablet Sonata@ Capsule temazepan 7.5, 22.5 mg capsule (generic for Restoril®) triazolam tablet (generic for Sonata®) zaleplon capsule (generic for Sonata®) zaleplon capsule (generic for Sonata®)
SEDATIV Quantity limits appl Preferred flurazepam capsule (generic for Dalmane®) temazepam 15mg, 30mg capsule (generic for Restoril®)	Zinbryta® Injection Ocrevus® E H-PNOTICS y to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Edluar® Tablet Edluar® SL Tablet estazolam tablet (generic for Prosom®) eszopiclone tablet (generic for Lunesta®) Halcion® Tablet Hetlioz® Capsule Intermezzo® SL Tablet Lunesta® Tablet Restoril® Capsule Rozerem® Tablet Silenor® Tablet Silenor® Tablet extoril® Capsule runesta@ Tablet generm® Tablet kozerem® Tablet silenor® Tablet generm® Tablet silenor® Tablet information (generic for Restoril®) itiazolam tablet (generic for Sonata®)

North Carolina Division	n of Medical Assistance	
North Carolina Medicaid and Health	h Choice Preferred Drug I	List (PDL)
Effective Feb	•	
Trial and failure of two preferred drugs a	•	licated.
Not all therapeutic drug classes are included on the PDL. Al	•	
In addition to trial and failure criteria, clinica	· · ·	
Drugs requiring prior authorization, clinical criteria an		
<u>www.nctracks.nc.gov/content/public/providers</u> More information on the PDL can be found at: <u>h</u>		
CENTRAL NER	VOUS SYSTEM	
SMOKING C		
Preferred	LESSATION	Non-Preferred
Buproban® Tablet (branded generic for Zyban®)	Nicoderm [®] CQ Patch	Non-Freierreu
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Spray	
Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12		
months	Nicorette® Gum / Lozenge (Buccal)	
Nicorelief® Gum	Zyban® SR Tablet	
nicotine gum / lozenge / patch		
ENDOCRI		
GROWTH I		
Clinical criteria apply t	to all drugs in this class	
Preferred		Non-Preferred
Genotropin® Cartridge / Miniquick	Humatrope® Cartridge / Vial	
Norditropin® Flexpro / Nordiflex	Nutropin® AQ Pen / Nuspin	
Serostim® Vial	Omnitrope® Cartridge / Vial	
	Saizen® Click-Easy Cartridge / Vial	
	TevTropin® Vial Zomacton® Vial	
	Zorbtive® Vial	
HYPOGLYCEMIC	CS - INIECTABLE	
Rapid Acti		
Preferred		Non-Preferred
Humalog® Vial	Humalog [®] Kwikpen	Non-1 Telef Teu
Novolog® Cartridge / Flexpen / Vial	Afrezza® Inhalation Powder	
	Apidra® Solostar / Vial	
	Humalog® Cartridge	
	0 0	
Short Acti	ng Insulin	
Preferred		Non-Preferred
Humulin [®] R Vial	Humulin R-U500 Kwikpen®	
	Novolin® R Vial / Relion Vial	
Intermediate A	Acting Insulin	
Preferred		Non-Preferred
Humulin® N Vial	Humulin® N Pen	
	Novolin® N Vial / Relion Vial	
Long Acti	ng Insulin	
Preferred		Non-Preferred
Trial and failure of only or		
Lantus® Solostar / Vial	Basaglar Kwikpen®	
Levemir® FlexTouch / FlexPen / Vial	Tresiba® Flextouch	
	Toujeo® Solostar	
Premixed Rapid Co	ombination Insulin	N
Preferred		Non-Preferred
Humalog® Mix 50/50 Kwikpen		
Humalog® Mix 75/25 Kwikpen		
Humalog® Mix 75/25 Vial Novolog® Mix 70/30 Flexpen / Vial		
novologo mix 70/50 mexpell/ vial		
Premixed 70/30 Co	mbination Insulin	
	sinomanon mounn	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	n Choice Preferred Drug List (PDL)
Effective Febr	ruary 1, 2018
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinica Drugs requiring prior authorization, clinical criteria an	al criteria (indicated in RED) may also apply.
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: ht	
Preferred	Non-Preferred
Humulin® 70/30 Vial	Humulin® 70/30 Pen
	Novolin® 70/30 Vial / Relion Vial
ENDOCRI	
HYPOGLYCEMICS - IN	
Amylin A Requires trial and failure or insufficient response to metformin containing product u	
Requires trial and failure of insufficient response to metformin containing product in non-preferred A	
Preferred	Non-Preferred
Symlin® Pen Injector	
GLP-1 Receptor Agon	ists and Combinations
Requires trial and failure or insufficient response to metformin containing products u	· ·
a non-prefrerred GLP-1 Recep	
Preferred	Non-Preferred
Descrite @ Desc	Continuation of therapy requires documentation that clinical goals have been met Adlyxin® Injection
Byetta® Pen Bydureon® Pen / Vial	Soliqua® Injection
Tanzeum® Pen Injector	Trulicity® Pen
	Victoza® Pen
	Xultophy® Injection
	Nukopilyo injection
HYPOGLYCE	MICS - ORAL
2nd Generation	Sulfonylureas
Preferred	Non-Preferred
Amaryl® Tablet	
Diabeta® Tablet	
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® Tablet / XL Tablet	
glyburide micronized tablet (generic for Micronase®, Glynase®)	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	
Alpha-Glucosic	dase 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)	Glucovance® Tablet
	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
	Riomet [®] Solution
DPP-IV Inhibitors	
DPP-IV Inhibitors Requires trial and failure or insufficient response to metformin containing products u	and Combinations
	and Combinations unless contraindicated or documented adverse event when using either a preferred or
Requires trial and failure or insufficient response to metformin containing products u	and Combinations unless contraindicated or documented adverse event when using either a preferred or

	sion of Medical Assistance
North Carolina Medicaid and He	ealth Choice Preferred Drug List (PDL)
Effective F	February 1, 2018
Trial and failure of two preferred drug	gs are required unless otherwise indicated.
	. All drugs in the classes not included are considered preferred.
	inical criteria (indicated in RED) may also apply.
	a and prior authorization request forms can be found at: ders/pharmacy/pa-drugs-criteria-new-format.html
	at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
Janumet® XR Tablet	alogliptin-metformin tablet (generic for Kazano®)
Januvia® Tablet	alogliptin-pioglitazone tablet (generic for Orseni®)
Jentadueto® Tablet	Glyxambi® Tablet
Tradjenta® Tablet	Jentadueto® XR Tablet
	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Onglyza® Tablet
	Oseni® Tablet
	CRINOLOGY
	ICS - ORAL (continued)
	eglitinides
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
	cts unless contraindicated or documented adverse event when using either a preferred o
a non-prefrerred SGL7	T2 Inhibitor and Combination
Preferred	Non-Preferred
Farxiga® Tablet	Invokamet® Tablet / XR Tablet
Jardiance® Tablet	Invokana® Tablet
	Invokana® Tablet
	Synjardy® Tablet / XR Tablet Xigduo® XR Tablet
	Algulos AK Taolet
Thiazolidinedic	ones and Combinations
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet / XR Tablet
respiratione moter (Benetic for Letters)	
Frederics in the contraction of the cost o	Actos® Tablet
Fredundshe moter (Benetic for Lettore)	Actos® Tablet Avandamet® Tablet
Freemanne more (Benerie 101 Lecone)	Avandamet® Tablet Avandaryl® Tablet
	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet
	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet
	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®)
	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet
	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®)
GASTRO	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®)
GASTRO ANTIEMETIC-A	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS
GASTRO ANTIEMETIC-A Preferred	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS Non-Preferred
GASTRO ANTIEMETIC-A Preferred	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NON-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet (generic for Zofran®) prochlorperazine tablet (generic for Compazine®) prochlorperazine tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide ODT (generic for Metozolv®)
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®)
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl@ Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OUNTESTINAL Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Metozolv®) metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®)	Avandamet® Tablet Avandaryl® Tablet Avandia@ Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NON-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Metozolv®) metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch scopolamine patch
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia@ Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NTIVERTIGO AGENTS Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®) Marinol® Capsule metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch scopolamine patch Sustol® Injection
GASTRO ANTIEMETIC-A Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®) metoclopramide / solution / tablet (generic for Reglan®) ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®) promethazine syrup / tablet (generic for Phenergan®)	Avandamet® Tablet Avandaryl® Tablet Avandia@ Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) OINTESTINAL NON-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial Cesamet® Capsule dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Metozolv®) metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®) Metozolv® ODT Sancuso® patch scopolamine patch

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North Carolina Division	n of Medical Assistance
North Carolina Medicaid and Health	h Choice Preferred Drug List (PDL)
Effective February 1, 2018	
Trial and failure of two preferred drugs a	•
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<u>www.nctracks.nc.gov/content/public/providers</u> More information on the PDL can be found at: <u>h</u>	
More information on the PDL can be found at. I	
	Zofran® Solution / ODT / Tablet
	Zuplenz® Soluble Film
Frando Cancula Clinical aritaria annh	aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply
Emend® Capsule - Clinical criteria apply	Emend® Powder Packet - Clinical criteria apply
	Emend® Trifold Pack - Clinical criteria apply
	Diclegis® Tablet - Exemption for diagnosis of pregnancy
	Diciegiss rablet - Exemption for diagnosis of pregnancy
BILE ACI	ID SALTS
Preferred	Non-Preferred
ursodiol tablet (generic for Urso®)	Actigall® Capsule
	Chenodal® Tablet
	Cholbam® Capsule
	Ocaliva® Tablet
	Urso® Tablet / Urso® Forte Tablet
	ursodiol capsule (generic for Actigall®)
GASTROIN	TESTINAL
H. PYLORI CO	MBINATIONS
Preferred	Non-Preferred
Pylera® Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Prevpac® Patient Pack
HISTAMINE-2 RECEI	PTOR 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 / Suspension
	Zantac® Tablet
	C ENZYMES
Preferred	Non-Preferred
Creon® Capsule	Pancreaze® Capsule
pancrelipase capsule (generic for Pancrease®)	Pertzye® Capsule
Zenpep® Capsule	Ultresa® Capsule Viokase® Tablet
	Y IOKASEW I AUICI
DD ΩΩΕςτινίς μες	D FOR CACHEXIA
PROGESTINS USE	
Preferred	Non-Preferred
Preferred	Non-Preferred Megace® Suspension / ES Suspension
Preferred	Non-Preferred
Preferred negestrol suspension / tablet (generic for Megace®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES)
Preferred negestrol suspension / tablet (generic for Megace®) PROTON PUM	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS
Preferred negestrol suspension / tablet (generic for Megace®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred
Preferred negestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred negestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred negestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age
Preferred megestrol suspension / tablet (generic for Megace®) PROTON PUM Preferred Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) pantoprazole tablet (generic for Protonix®)	Non-Preferred Megace® Suspension / ES Suspension megestrol ES suspension (generic for Megace® ES) P INHIBITORS Non-Preferred Exemption for children < 12 years of age

North Carolina E	Division of Medical Assistance
North Carolina Medicaid and	d Health Choice Preferred Drug List (PDL)
	- · · · · · · · · · · · · · · · · · · ·
	ive February 1, 2018
	ed drugs are required unless otherwise indicated. e PDL. All drugs in the classes not included are considered preferred.
	ria, clinical criteria (indicated in RED) may also apply.
	criteria and prior authorization request forms can be found at:
www.nctracks.nc.gov/content/public/	/providers/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be for	ound at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Zegerid® RX / Capsule / Packet
SELECTIVE	E CONSTIPATION AGENTS
Preferred	Non-Preferred
	alosetron tablet (generic for Lotronex® Tablet)
Amitiza® Capsule	Lotronex® Tablet
Linzess® Capsule	Relistor® Syringe / Vial / Oral Tablet
Movantik® Tablet	Trulance®
	Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
GAS	STROINTESTINAL
	CERATIVE COLITIS
	Oral
Preferred	Non-Preferred
Apriso® Capsule	Asacol® HD Tablet
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
sulfasalazine DR tablet (generic for Azulfidine® Entab)	Colazal® Capsule
sulfasalazine IR tablet (generic for Azulfidine®)	Delzicol® Capsule
Sulfazine® (branded generic for Azulfidine®)	Dipentum® Capsule
	Giazo® Tablet
	Lialda® Tablet
	mesalamine tablet (generic for Asacol® HD)
	Pentasa® Capsule
	Uceris® TabletA
	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)	Rowasa® Kit
	SFRowasa® Enema
	Uceris® Rectal Foam
BENIGN PROSTAT	TIC 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
	Uroxatral® Tablet
	Cialis® Tablet - Clinical criteria apply
ELECT	TROLYTE DEPLETERS
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia® Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrenol® Chewable
Eliphos® Tablet	Fosrenol® Powder Pack
Renagel® Tablet	Magnebind® 400 RX Tablet
Renvela® Powder Pack	PhosLo® Gelcap / Solution
	Phoslyra® Solution
	Renvela® Tablet
	sevelamer tablet / powder pack (generic for Renvela®)
	Page 21 of 35

North Carolina Divisio	n of Medical Assistance
	h Choice Preferred Drug List (PDL)
	<u> </u>
	oruary 1, 2018
· · · · · ·	are required unless otherwise indicated.
	Il drugs in the classes not included are considered preferred.
	al criteria (indicated in RED) may also apply.
	nd prior authorization request forms can be found at: s/pharmacy/pa-drugs-criteria-new-format.html
	http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Velphoro® Chewable
	verphoro@ Chewable
GENITOURI	NARY/RENAL
	TISPASMODICS
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan®)	darifenacin er tablet (generic for Enablex®)
Toviaz® Tablet	Detrol® Tablet / LA Capsule
Vesicare® Tablet	Ditropan® XL Tablet
vesicare® 1 abiet	
	Enablex® Tablet
	flavoxate tablet (generic for Urispas®)
	Gelnique® Gel / Gel Sachets
	Myrbetriq® Tablet
	oxybutynin ER tablet (generic for Ditropan XL®)
	Oxytrol® Patch
	tolterodine tablet / ER capsule(generic for Detrol® / LA)
	trospium tablet / ER capsule (generic for Sanctura® / XR)
GO	DUT
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim®)	colchicine tablet (generic for Colcrys®)
colchicine capsule (generic for Mitigare®)	Colcrys® Tablet
probenecid tablet(generic for Benemid®)	Mitigare® Capsule
probenecid-colchicine tablet (generic for Col-Benemid®)	Uloric® Tablet
provence in conclusion (generic for con-benefinities)	Zyloprim® Tablet
	Zurampic® Tablet
	OLOGIC
	GULANTS
	ctable
Preferred	Non-Preferred
Fragmin® Syringe / Vial	Arixtra® Syringe
Lovenox® Syringe / Vial	enoxaparin syringe / vial (generic for Lovenox®)
	fondaparinux syringe (generic for Arixtra®)
	ral
Preferred	Non-Preferred
Coumadin® Tablet	
Eliquis® Tablet	
Jantoven® (branded generic for Coumadin®)	
Pradaxa® Capsule	
Savaysa® Tablet	
warfarin tablet (generic for Coumadin®)	
Xarelto® Starter Pack / Tablet	
HEMATOPOI	ETIC AGENTS
Clinical criteria apply	to all drugs in this class
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epogen® Vial
Procrit® Vial	Mircera® Syringe
THROMBOPOIESIS S	TIMULATING AGENTS
Preferred	Non-Preferred
Preferred Nplate® Vial	
Preferred	
Preferred Nplate® Vial Promacta® Tablet	

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm

ALLERGIC CON.	JUNCTIVITIS AGENTS
Preferred	Non-Preferred
cromolyn sodium drops (generic for Crolom®)	Alocril® Drops
lopatadine drops (AG generic for Patanol®)	Alomide® Drops
	Alrex® Drops
	azelastine drops (generic for Optivar®)
	Bepreve® Drops
	Elestat® Drops
	Emadine® Drops
	epinastine drops (generic for Elestat®)
	Lastacaft® Drops
	olopatadine drops (generic for Pataday®)
	Optivar® Drops
	Patanol® Drops
	Pataday® Drops
	Pazeo® Drops
ANT	TIBIOTICS
Preferred	Non-Preferred
Azasite® Drops	bacitracin ointment (generic for AK-Tracin®)
AK-Poly-Bac® Ointment (branded generic for Polysporin®)	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®)	Garamycin® Drops
Gentak® Ointment (branded generic gor Garamycin®)	gatifloxacin drops (generic for Zymaxid®)
gentamicin drops / ointment (generic for Garamycin®)	Ilotycin® Ointment
Moxeza® Drops	levofloxacin drops (generic for Quixin®)
neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)	moxifloxacin ophthalmic solution
Neo-Polycin® (branded generic for Neosporin® Ophthalmic Ointment)	Natacyn® Drops
neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)	Neosporin® Drops
ofloxacin drops (generic for Ocuflox®)	Ocuflox® Drops
Polycin® Ointment (branded generic for Polysporin®)	Polytrim® Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	sulfacetamide ointment (generic for Cetamide®)
sulfacetamide drops (generic for Bleph-10®)	Tobrex® Ointment/ Drops
tobramycin drops (generic for Tobrex®)	Zymaxid® Drops
Vigamox® Drops	
	EROID COMBINATIONS
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Blephamide® Drops / S.O.P. Ointment
Fobradex® 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
ОРН	THALMIC
	LAMMATORY
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvail® Solution

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

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at:	http://www.ncdhhs.gov/dma/pharmacy/index.htm

More information on the PDL can be found at.	
Flarex® Drops	FML® Liquifilm Drops
fluorometholone drops (generic for FML®)	Ilevro® Drops
flurbiprofen drops (generic for Ocufen®)	Iluvien® Implant
FML® Forte Drops / S.O.P. Ointment	Lotemax® Gel / Ointment
ketorolac solution (generic for Acular® / LS)	Nevanac® Droptainer
Lotemax® Drops	Ocufen® Drops
Maxidex® Drops	Omnipred® Drops
-	Ozurdex® Implant
Pred Mild® Drops	-
prednisolone acetate drops (generic for Pred Forte®)	Pred Forte® Drops
prednisolone sodium phosphate drops (generic for Inflamase Forte®)	Prolensa® Drops
	Retisert® Implant
	Triesence® Vial
	Vexol® Drops
ANTI INFLAMMATORY	//IMMUNOMODULATOR
Preferred	Non-Preferred
Restasis®	Xiidra®
Restasis® (multidose)	
Alpha 2 Adre	energic Agents
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
ormonane drops (generie for / npingune)	Iopidine® Drops
	Toplanes Drops
Beta Bloc	ker Agents
Preferred	Non-Preferred
carteolol drops (generic for Ocupress®)	betaxolol drops (generic for Betoptic®)
Combigan® Drops	Betagan® Drops
Istalol® Drops	Betimol® Drops
levobunolol drops (generic for Betagan®)	Betoptic® S Drops
timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®)	metipranolol drops (generic for OptiPranolol®)
	Timoptic® Drops / Ocudose Drops / XE Solution
	vdrase Inhibitors
Preferred	Non-Preferred
Azopt® Drops	Cosopt® Drops / PF Drops
dorzolamide drops (generic for Trusopt®)	Trusopt® Drops
dorzolamide-timolol drops (generic for Cosopt®)	
Simbrinza® Drops	
Prostaglan	din Agonists
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan®)	bimatoprost (generic for Lumigan® Drops)
Travatan® Z Drops	Lumigan® Drops
	travoprost drops (generic for Travatan®)
	Xalatan® Drops
	Zioptan® Drops
	POROSIS
	SSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Tablet
Evista® Tablet	alendronate solution (generic for Fosamax® Solution)

North Carolina Division of Medical Assistance		
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
Effective February 1, 2018		
	Trial and failure of two preferred drugs are required unless otherwise indicated.	
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered preferred.		
	nical criteria (indicated in RED) may also apply. and prior authorization request forms can be found at:	
	ers/pharmacy/pa-drugs-criteria-new-format.html	
	: http://www.ncdhhs.gov/dma/pharmacy/index.htm	
Fortical® Nasal Spray	Atelvia® Tablet	
	Binosto® Effervescent Tablet	
	Boniva® Tablet	
	calcitonin salmon nasal spray (generic for Miacalcin®)	
	etidronate tablet (generic for Didronel®)	
	Forteo® Pen Injection	
	Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®)	
	Miacalcin® Nasal Spray	
	Prolia® Syringe	
	raloxifene tablet (generic for Evista®)	
	risedronate tablet (generic for Actonel®)	
	Tymlos™	
	OTIC	
AN1 Preferred	IBIOTICS Non-Preferred	
Ciprodex® Suspension	Cipro® HC Suspension	
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin solution (generic for Cetraxal®)	
	Coly-Mycin® S Drops	
	Cortisporin-TC® Suspension	
	ofloxacin drops (generic for Floxin®)	
	Otiprio® Suspension	
	Otovel® Drops	
	S AND ANESTHETICS	
Preferred acetic acid solution (generic for Vosol®)	Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC)	
acetic acid-aluminum drops (generic for Domeboro®)	acetic acid-hydrocortisone solution (generic for Vosol® HC)	
antipyrine-benzocaine drops (generic for Auralgan®)	Otic Care® Solution	
Auroguard® Solution (branded generic for Auralgan®)	Oto-End 10® Drops	
	Otozin® Ear Drops	
	Pinnacaine® Otic Drops	
	IRATORY IANDHELD, LONG ACTING	
Preferred	Non-Preferred	
Serevent® Diskus	Arcapta® Neohaler	
	Striverdi® Respimat Inhalation Spray	
	ANDHELD, SHORT ACTING	
Preferred	Non-Preferred	
Proventil® HFA Inheler	Proair Respiclick®	
Proventil® HFA Inhaler	Ventolin® HFA Inhaler	
	Xopenex® HFA Inhaler	
BETA-ADRENH	ERGIC NEBULIZERS	
Preferred	Non-Preferred	
albuterol 0.63mg/3ml solution (generic for Accuneb®)	Brovana® Solution	
albuterol 1.25mg/3ml solution (generic for Accuneb®)	levalbuterol solution / concetrate solution (generic for Xopenex® / Concetrate)	
albuterol sulfate 2.5mg/0.5ml solution	Perforomist® Solution	
albuterol sulfate 2.5mg/3ml solution	Xopenex® Solution / Concetrate Solution	
albuterol sulfate 5mg/ml solution		
	IRATORY	
	ENERGIC - ORAL	
DETA-ADKI		

North ('aroling 1) 1919100	
	of Medical Assistance
North Carolina Medicaid and Health	
Effective Febr	uary 1, 2018
Trial and failure of two preferred drugs ar	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinical Drugs requiring prior authorization, clinical criteria and	
www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>	
Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	metaproterenol tablet (generic for Alupent® Tablet)
netaproterenol syrup (generic for Alupent® Syrup)	VoSpire® ER Tablet
erbutaline tablet (generic for Brethine®)	
COPD AC	
Preferred	Non-Preferred
Trial and failure of Spiriva® only required to	
Atrovent® HFA Inhaler	Anoro® Elipta Inhaler
	Bevespi ® Aerosphere
ipratropium-albuterol solution (generic for Duoneb®)	Combivent® Respinat Inhalation Spray
-	Daliresp® Tablet
	Incruse® Elipta Inhaler
	Seebri® Neohaler
	Spiriva® Respimat Inhalation Spray 2.5mcg
	Tudorza® Pressair Inhaler
	Utibron® Neohaler Spiriva Respimat Inhalation Spray 1.25mcg **Exemption from trial and failure of preferre
	drugs for Spiriva® Respimat 1.25mcg when used for Asthma, but must be used
	concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist
	<u>combination**</u>
CORTICOS	TEROIDS
Clinical criteria apply to	
Preferred	Non-Preferred
Flovent® HFA Inhaler	Aerospan® Inhaler
Pulmicort® Respules 0.25mg, 0.5mg, 1mg	Alvesco® Inhaler
QVAR® Inhaler	Arnuity Elipta® Inhaler
	Asmanex® HFA Inhaler
	Asmanex® Twisthaler
	budesonide suspension (generic for Pulmicort® Respules)
	Flovent® Diskus
	Pulmicort® Flexhaler
	QVAR® RediHaler™
CORTICOSTEROID	COMBINATION
Clinical criteria apply to	
Preferred	Non-Preferred
Treferreu	
	Advair® HFA Inhaler
Advair® Diskus	Advair® HFA Inhaler Breo Elipta®
Advair® Diskus Dulera® Inhaler	
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler	Breo Elipta®
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®)
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred uzelastine spray (generic for Astepro®)	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred uzelastine spray (generic for Astepro®) uzelastine spray (generic for Astelin®)	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) luticasone spray (generic for Flonase®)	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Atrovent® Spray
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) huticasone spray (generic for Flonase®) pratropium spray (generic for Atrovent® Nasal)	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Atrovent® Spray Beconase® AQ spray
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) luticasone spray (generic for Astelin®) luticasone spray (generic for Flonase®) pratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Astelin® Nasal Spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua)
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler <u>INTRANASAL RH</u> Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS Non-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Atrovent® Spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler <u>INTRANASAL RH</u> Azelastine spray (generic for Astepro®) azelastine spray (generic for Astepro®) fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS INOn-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Astelin® Nasal Spray Beconase® AQ spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray Flonase® Nasal Spray (RX ONLY)
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS INITIS AGENTS Exemption for steroids applies to children < 4 years of age Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Astelin® Nasal Spray Beconase® AQ spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray Flonase® Nasal Spray (RX ONLY) flunisolide spray (generic for Nasalide®)
Advair® Diskus Dulera® Inhaler Symbicort® Inhaler INTRANASAL RH Preferred azelastine spray (generic for Astepro®) azelastine spray (generic for Astelin®) fluticasone spray (generic for Flonase®) ipratropium spray (generic for Atrovent® Nasal) Patanase® Nasal Spray	Breo Elipta® AirDuo® fluticasone/salmeterol (generic for AirDuo®) INITIS AGENTS INON-Preferred Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray Astelin® Nasal Spray Astelin® Nasal Spray Beconase® AQ spray Beconase® AQ spray budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray Flonase® Nasal Spray (RX ONLY)

North Carolina Divis	sion of Medical Assistance		
North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective February 1, 2018 Trial and failure of two preferred drugs are required unless 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, cli	nical criteria (indicated in RED) may also apply.
	a and prior authorization request forms can be found at:		
www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html			
More information on the PDL can be found a	at: http://www.ncdhhs.gov/dma/pharmacy/index.htm		
	olopatadine nasal spray(generic for Patanase®)		
	Omnaris® Nasal Spray		
	QNasl® Nasal Spray / Children's Spray		
	Rhinocort® Aqua Nasal Spray		
	Ticanase nasal spray		
	triamcinolone nasal spray (generic for Nasacort® AQ)		
	Veramyst® Nasal Spray		
	Zetonna® Nasal Spray		
	Zetonna@ wasar Spray		
	PIRATORY		
	IENE MODIFIERS		
Preferred	Non-Preferred		
montelukast chewable / granules / tablet (generic for Singulair®)	Accolate® Tablet		
zafirlukast tablet (generic for Accolate®)	Singulair® Chewable / Granules / Tablet		
	Zyflo® CR Tablet / Filmtab		
	zileuton		
LOW SEDATIN	IG ANTIHISTAMINES		
Preferred	Non-Preferred		
cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)			
	cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)		
cetirizine RX syrup (generic for Zyrtec® Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)		
loratadine tablet OTC (generic for Claritin® OTC)	Clarinex® Syrup / Tablet - Exemption for children < 2 years of age		
	Claritin® Tablet		
	desloratadine ODT / Tablet (generic for Clarinex®)		
	fexofenadine 60mg, 180 mg tablet (generic for Allegra®)		
	fexofenadine OTC suspension / tablet (generic for Allegra® OTC)		
	levocetirizine solution / tablet (generic for Xyzal®)		
	loratadine OTC ODT / solution (generic for Claritin® OTC)		
	Xyzal® Solution / Tablet		
LOW SEDATING ANT	IHISTAMINE COMBINATION		
	er 12 months apply to all drugs in this class		
Preferred	Non-Preferred		
loratadine-D OTC tablet (generic for Claritin-D® OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)		
	Clarinex-D® Tablet		
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)		
	Semprex-D® Capsule		
TC	Semprex-D® Capsule OPICALS		
	OPICALS		
ACN	DPICALS E AGENTS		
ACN Preferred	DPICALS E AGENTS Non-Preferred Acne Clearing System		
ACN Preferred Azelex® Cream	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump	DPICALS E AGENTS Acne Clearing System Acanya® Gel Pump Aczone® Gel		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®)		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar-E® Emollient Cream / Green Emollient Cream / LS Cream		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar-E® Emollient Cream / Green Emollient Cream / LS Cream		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar-E® Emollient Cream / Green Emollient Cream / LS Cream Avita® Cream / Gel		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avare E® Emollient Cream / Green Emollient Cream / LS Cream Avita® Cream / Gel Benzamycin® Gel / Pak Gel		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cream Avita® Cream / Gel Benzamycin® Gel / Pak Gel Benzefoam Ultra Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	PICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cream Avita® Cream / Gel Benzamycin® Gel / Pak Gel Benzefoam Ultra Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	DPICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cream Avita® Cream / Gel Benzamycin® Gel / Pak Gel Benzefoam Ultra Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al) BP® 10-1 Wash / Cleansing Wash		
ACN Preferred Azelex® Cream Benzaclin® Gel / Gel Pump clindamycin phosphate pledgets / solution (generic for Cleocin-T®) Differin® Cream / Gel / Gel Pump / Lotion	PICALS E AGENTS Non-Preferred Acne Clearing System Acanya® Gel Pump Aczone® Gel adapalene cream / gel / gel pump (generic for Differin®) Atralin® Gel Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cream Avita® Cream / Gel Benzamycin® Gel / Pak Gel Benzefoam Ultra Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)		

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html

More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>

	clindamycin phosphate gel / lotion (generic for Cleocin-T®)
	clindamycin phosphate foam (generic for Evoclin®)
	clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®)
	clindamycin/benzoyl peroxide with pump (generic for Benzaclin®)
	clindamycin/tretinoin (generic for Veltin®)
	Duac® Gel
	Epiduo® Gel / Gel Pump/ Forte
	Ery® Pads
	Erygel® Gel
	erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®, A/T/S®, T-Stat®)
	erythromycin-benzoyl peroxide gel (generic for Benzamycin®)
	Evoclin® Foam
	Fabior® Foam
	Inova® (4/1, 8/2)
	Klaron® Lotion
	Neuac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash
	Promiseb [®] Complete
	Retin-A® / Micro Gel / Micro Pump Gel
	Rosula® Cloths / Wash
	Seb-Prev® Wash
	sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)
	sodium sulfacetamide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron®)
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)
	sodium sulfacetamide sulfur kit / wash (generic for Sumadan®)
	sodium sulfacetamide sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)
	sodium sulfacetamide sulfur pad / suspension / wash (generic for Suamxin®)
	SSS® 10-5 Cream / Foam
	sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5)
	Sulfacleanse® Suspension
	Sumadan® Kit / Wash / XLT Kit
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream
	Tazorac® Cream / Gel
	tretinoin microsphere gel / gel pump (generic for Retin-A® Micro)
	tretinoin cream / gel (generic for Retin-A®)
	Veltin® Gel
	Virti-Sulf® Emollient Cream
	Ziana® Gel
TOPIC	ALS

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

North Carolina D	Division of Medical Assistance
North Carolina Medicaid and	Health Choice Preferred Drug List (PDL)
	ve February 1, 2018
	d drugs are required unless otherwise indicated.
	PDL. All drugs in the classes not included are considered preferred.
	ia, clinical criteria (indicated in RED) may also apply.
	riteria and prior authorization request forms can be found at:
	providers/pharmacy/pa-drugs-criteria-new-format.html und at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
Preferred	Non-Preferred
Voltaren Gel®	diclofenac solution (generic for Pennsaid®) diclofenac topical gel (generic for Voltaren ® Gel)
	Flector® Patch
	Pennsaid® Pump / Solution
	Pennsaid® Packet
	Klofensaid ® II
	Vopac® MDS
	Xrylix®
	ANTIBIOTIC
Preferred	Non-Preferred
Bactroban® Cream	Altabax® Ointment
gentamicin cream / ointment (generic for Garamycin®)	Bactroban® Ointment / Nasal Ointment
mupirocin ointment (generic for Bactroban® Ointment)	Centany® AT Ointment Kit / Ointment
	mupirocin cream (generic for Bactroban® Cream)
	IBIOTIC - VAGINAL
Preferred	Non-Preferred
Cleocin® Vaginal Ovules	Cleocin® Vaginal Cream
Clindese® Vaginal Cream	Nuvessa® Vaginal Gel
clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Metrogel® Vaginal Gel
metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	
Vandazole® Vaginal Gel	
	TOPICALS
	ANTIFUNGAL
Preferred	Non-Preferred
ciclopirox cream (generic for Loprox® Cream)	Bensal HP®
ciclopirox solution (generic for Penlac® Solution)	Ciclodan® Cream / Cream Kit / Kit / Solution
clotrimazole RX cream (generic for Lotrimin® RX)	ciclopirox gel / shampoo / suspension (generic for Loprox®)
clotrimazole-betamethasone cream (generic for Lotrisone® cream)	ciclopirox treatment kit (generic for Ciclodan® Kit)
ketoconazole cream / shampoo (generic for Nizoral®) Nyamyc® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) clotrimazole RX solution (generic for Lotrimin® RX)
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	CNL® 8 Nail Kit
Nystop® Powder	Dermacin® RX Therazole PAK
	econazole cream (generic for Spectazole®)
	Ertaczo® Cream
	Exelderm® Cream / Solution
	Extina® Foam
	Jublia® Topical Solution
	Kerydin® Topical Solution
	ketoconazole foam (generic for Extina® Foam)
	Loprox® suspension/cream/kit
	Loprox® Shampoo
	Lotrisone® Cream
	Luzu® Cream Mentax® Cream
	naftifine cream / gel (generic for Naftin® Cream / Gel)
	Naftin® Cream / Gel
	Nizoral® Shampoo
	nystatin-triamcinolone cream / ointment (generic for Mycolog II®)
	oxiconazole cream (generic for Oxistat®)
	Oxistat® Cream / Lotion
	Pediaderm AF® Kit
	Penlac® Solution

North Carolina Divisi	on of Medical Assistance
	lth Choice Preferred Drug List (PDL)
	ebruary 1, 2018
	s are required unless otherwise indicated.
	All drugs in the classes not included are considered preferred.
	ical criteria (indicated in RED) may also apply. and prior authorization request forms can be found at:
	ers/pharmacy/pa-drugs-criteria-new-format.html
	: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	Vusion® Ointment - Clinical criteria apply
	Xolegel® Gel
ANTIP	ARASITICS
	one preferred drug required
Preferred	Non-Preferred
Eurax® Cream	Elimite® Cream
Natroba® Topical Suspension	Eurax® Lotion
permethrin cream (generic for Elimite®)	lindane lotion / shampoo
Sklice® Lotion	malathion lotion (generic for Ovide®)
	Ovide® Lotion
	spinosad topical suspension (generic for Natroba®)
	Ulesfia®
AN	TIVIRAL
Preferred	Non-Preferred
	acyclovir ointment/ AG (generic for Zovirax® Ointment)
Zovirax® Cream	Denavir® Cream
	Xerese® Cream
	Zovirax [®] Ointment
IMMUNO	MODULATORS
Atopic	Dermatitis
	ly to all drugs in this class
Preferred	Non-Preferred
Elidel® Cream	Protopic [®] Ointment
Eucrisa 2%® Ointment	tacrolimus ointment (generic Protopic®)
	Dupixent®
Imidazoc	uinolinamines
Preferred	Non-Preferred
Preferred imiquimod cream packet (generic for Aldara®)	Non-Preferred Aldara® Cream
	Aldara® Cream
imiquimod cream packet (generic for Aldara®)	Aldara® Cream
imiquimod cream packet (generic for Aldara®) TO	Aldara® Cream Zyclara® Cream / Cream Pump
imiquimod cream packet (generic for Aldara®) TO	Aldara® Cream Zyclara® Cream / Cream Pump PICALS
imiquimod cream packet (generic for Aldara®) TO PSC	Aldara® Cream Zyclara® Cream / Cream Pump PICALS DRIASIS
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICALS DRIASIS Non-Preferred
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICALS DRIASIS Non-Preferred calcipotriene-betamethasone ointment (generic for Talconex®)
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICALS DRIASIS Non-Preferred calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®)
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICALS DRIASIS Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®)
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PIC×LS DRI×SIS Calcipotriene-betamethasone ointment (generic for Talconex®) Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®) Dovonex® Cream
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICLS Non-Preferred calcipotriene-betamethasone ointment (generic for Talconex®) calciptriene-betamethasone ointment (generic for Talconex®) calcitrene® Ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®) Dovonex® Cream Enstilar® Foam
imiquimod cream packet (generic for Aldara®) TO PSC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICLIS Non-Preferred Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam
iniquimod cream packet (generic for Aldara®) TO PSC Preferred calcipotriene cream / ointment / solution (generic for Dovonex®)	Aldara® Cream Zyclara® Cream / Cream Pump PIC-LS DILSIS Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcipotrionent (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vectical® Ointment
imiquimod cream packet (generic for Aldara®) TO Preferred calcipotriene cream / ointment / solution (generic for Dovonex®)	Aldara® Cream Zyclara® Cream / Cream Pump PIC-LS DITASIS Onther Sector Colspan="2">Non-Preferred Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) Calcitriol ointment (generic for Vectical®) Dovonex® Cream Dovonex® Cream Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Taclonex® Ointment / Suspension
iniquimod cream packet (generic for Aldara®) TO PSC Preferred calcipotriene cream / ointment / solution (generic for Dovonex®)	Aldara® Cream Zyclara® Cream / Cream Pump PIC-LS DILSIS Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) calcipotrionent (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vectical® Ointment
iniquimod cream packet (generic for Aldara®) TO Preferred calcipotriene cream / ointment / solution (generic for Dovonex®) ROSAC Preferred	Aldara® Cream Zyclara® Cream / Cream Pump PICALS Non-Preferred calcipotriene-betamethasone ointment (generic for Talconex®) calcipotriene-betamethasone ointment (generic for Talconex®) calcitriol ointment (branded generic for Dovonex®) calcitriol ointment (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vectical® Ointment Vectical® Ointment
iniquimod cream packet (generic for Aldara®) TO PSG Preferred calcipotriene cream / ointment / solution (generic for Dovonex®) ROSAC Preferred MetroGel®	Aldara® Cream Zyclara® Cream / Cream Pump PICALS Non-Preferred ORIASIS Aldara® Cream Pump ORIASIS ORI-Preferred Calcipotriene-betamethasone ointment (generic for Talconex®) Calcitrene® Ointment (branded generic for Dovonex®) Calcitriol ointment (generic for Vectical®) Dovonex® Cream Enstilar® Foam Sorilux® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vectical® Ointment EX AGENTS Non-Preferred
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North Carolina Division	
	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
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Effective Febr	•
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All In addition to trial and failure criteria, clinica	
Drugs requiring prior authorization, clinical criteria an	
www.nctracks.nc.gov/content/public/providers	
More information on the PDL can be found at: ht	p://www.ncdhhs.gov/dma/pharmacy/index.htm
	Silazone®II
	Topicort® Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog® Spray)
	Trianex® Ointment
	Vanos® Cream
	Vanos® Cream
	Ellzia®
Very High	Potency
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	Apexicon E® Cream
clobetasol solution (generic for Cormax®)	clobetasol foam / emulsion foam (generic for Olux® / Olux-E®)
halobetasol propionate cream / ointment (generic for Ultravate®)	clobetasol lotion / shampoo (generic for Clobex®)
	clobetasol spray (generic for Clobex® spray)
	Clobex® Lotion / Shampoo / Spray
	Clodan® Kit / Shampoo
	Olux® Foam / E-Foam
	Temovate® Cream / Emollient Cream / Ointment
	Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack
	Ultravate® Lotion
MISCELL	ANEOUS
ANTIPSORIA	
Preferred	Non-Preferred
Acitretin (generic for Soriatane [®])	8-MOP®
	Methoxsalen Rapid (generic for Oxsoralen-Ultra®)
	Oxsoralen-Ultra®
	Soriatane®
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ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector 5, COMBINATIONS Non-Preferred
ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector S, COMBINATIONS Non-Preferred Lopreeza® Tablet
ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet Prempro® Tablet	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector S, COMBINATIONS Lopreeza® Tablet Non-Preferred Lopreeza® Tablet
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ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet Prempro® Tablet Preferred Makena® (hydroxyprogesterone caproate injection)	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector S, COMBINATIONS Lopreeza® Tablet Non-Preferred Lopreeza® Tablet
ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet Prempro® Tablet Preferred	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector S, COMBINATIONS Lopreeza® Tablet Non-Preferred Lopreeza® Tablet
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ESTROGEN AGENTS Preferred Activella® Tablet estradiol/norethindrone tablet (generic for Activella®) FemHRT® Tablet Jinteli® (branded generic for FemHRT®) Mimvey® / Lo (branded generic for Activella®) norethindrone-ethinyl estradiol (generic for FemHRT®) Prefest® Tablet Premphase® Tablet Prempro® Tablet Preferred Makena® (hydroxyprogesterone caproate injection)	Adrenaclick® Auto Injector Auvi-Q® Auto Injector epinephrine auto injector (generic for Adrenaclick®) Epi-Pen® Auto Injector / JR Auto Injector S, COMBINATIONS Lopreeza® Tablet Non-Preferred NAL AGENTS Non-Preferred ANEOUS

North Carolina Divisio	on of Medical Assistance
North Carolina Medicaid and Heal	th Choice Preferred Drug List (PDL)
	bruary 1, 2018
	are required unless otherwise indicated. All drugs in the classes not included are considered preferred.
	cal criteria (indicated in RED) may also apply.
	and prior authorization request forms can be found at:
	rs/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm	
Preferred	Non-Preferred
Cenestin® Tablet	Alora® Patch
Climara® Patch / Pro Patch	Divigel® Gel Packet
CombiPatch®	Duavee® Tablet
Enjuvia® Tablet	Elestrin® Gel
Estrace® Tablet	estradiol patch (generic for Vivelle-Dot®)
	Menostar® Patch
estradiol patch (generic for Climara®, Menostar®)	
estradiol tablet (generic for Estrace®)	Mini-Velle® Patch
estropipate tablet (generic for Ogen®)	
Evamist® Spray	
Menest® Tablet	
Premarin® Tablet	
Vivelle-Dot® Patch	
ESTROGEN AGENTS, V	AGINAL PREPARATIONS
Preferred	Non-Preferred
Estring [®] Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream	estradiol vaginal tablet
Vagifem® Vaginal Tablet	Femring [®] Vaginal Ring
	Yuvafem®
	Intrarosa®
GLUCOCORTICOI	D 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 Intensol® Drops
hydrocortisone tablet (generic for Cortef®)	Dexpak® Tablet
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	Emflaza®
Orapred® ODT	Entocort® EC Capsule
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Medrol® Dose Pack / Tablet
prednisolone solution (generic for Prelone® Millipred®)	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
	Millipred® Dose Pack / Tablet / Solution
prednisone dose pack (generic for Sterapred®)	Millipred® Dose Pack / Tablet / Solution PediaPred® Solution
prednisone dose pack (generic for Sterapred®)	
prednisone dose pack (generic for Sterapred®)	PediaPred® Solution
prednisone dose pack (generic for Sterapred®)	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT)
prednisone dose pack (generic for Sterapred®)	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet
prednisone dose pack (generic for Sterapred®)	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution
prednisone dose pack (generic for Sterapred®) prednisone solution / tablet (generic for Deltasone®)	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet
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prednisone dose pack (generic for Sterapred®) prednisone solution / tablet (generic for Deltasone®) IMMUNOMODUL Clinical criteria apply Trial and failure of only on Preferred Enbrel® Kit / Sureclick Syringe / Syringe	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution Averipted® Solution Actemra® syringe / Vial Actemra® Syringe / Vial Arcalyst® SQ Syringe Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe
orednisone dose pack (generic for Sterapred®) orednisone solution / tablet (generic for Deltasone®) IMMUNOMODUL Clinical criteria apply Trial and failure of only o Preferred Enbrel® Kit / Sureclick Syringe / Syringe	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution Actemra® syringe / Vial Actemra® Syringe / Vial Actemra® Syringe / Vial Cinzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio@ Vial
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orednisone dose pack (generic for Sterapred®) orednisone solution / tablet (generic for Deltasone®) IMMUNOMODUL Clinical criteria apply Trial and failure of only o Preferred Enbrel® Kit / Sureclick Syringe / Syringe	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution ATORS, SYSTEMIC to all drugs in this class one preferred drug required Non-Preferred Actemra® Syringe / Vial Actemra® Syringe / Vial Actalyst® SQ Syringe Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Ilaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet
orednisone dose pack (generic for Sterapred®) orednisone solution / tablet (generic for Deltasone®) IMMUNOMODUL Clinical criteria apply Trial and failure of only o Preferred Enbrel® Kit / Sureclick Syringe / Syringe	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution ATORS, SYSTEMIC to all drugs in this class one preferred drug required Non-Preferred Actemra® Syringe / Vial Actemra® Syringe / Vial Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Inaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet Orencia® Vial
orednisone dose pack (generic for Sterapred®) orednisone solution / tablet (generic for Deltasone®) IMMUNOMODUL Clinical criteria apply Trial and failure of only o Preferred Enbrel® Kit / Sureclick Syringe / Syringe	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution ATORS, SYSTEMIC to all drugs in this class preferred drug required Non-Preferred Actemra® Syringe / Vial Actemra® Syringe / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Inaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet Orencia® SQ Syringe / Clickjet Orencia® Vial Orencia® Starter Pack / Tablet
Clinical criteria apply Trial and failure of only o	PediaPred® Solution prednisolone ODT (generic for Orapred® ODT) Prednisone Intensol® Concentrated Solution Rayos® Tablet Veripred® Solution ATORS, SYSTEMIC to all drugs in this class one preferred drug required Non-Preferred Actemra® Syringe / Vial Actemra® Syringe / Vial Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Inaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet Orencia® Vial

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Febr	
Trial and failure of two preferred drugs a	•
Not all therapeutic drug classes are included on the PDL. All	•
In addition to trial and failure criteria, clinical	
Drugs requiring prior authorization, clinical criteria and www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>htt</u>	
	Simponi® Aria Vial / Pen Injector / Syringe
	Stelara® Syringe
	Taltz® Auto-injector/syringe
	Xeljanz® Tablet/ Xeljanz®XR
	Siliq®
	Kineret® Syringe - Exemption for diagnosis of Neonatal Onset: Multi-System Inflammatory Disease
MISCELL	
IMMUNOSUP	
Preferred	Non-Preferred
Astagraf® XL Capsule Azasan® Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule / solution (generic for Sandimmune®)	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®)	
Envarsus® XR Tablet	
Gengraf® Capsule / Solution	
Hecoria® Capsule	
Imuran® Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule	
Rapamune® Solution / Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet (generic for Rapamune®) tacrolimus capsule (generic for Hecoria®, Prograf®)	
Zortress® Tablet	
OPIOID AN'	FAGONIST
Preferred	Non-Preferred
naloxone ampule / syringe / vial (generic for Narcan®)	
naltrexone (oral)	
Narcan® Nasal Spray	
Vivitrol®	
OPIOID DEP	PENDENCE
Clinical criteria apply to	all drugs in this class
Preferred	Non-Preferred
Suboxone® SL Film	Bunavail® Film
	buprenorphine sl tablet (generic for Subutex®)
	buprenorphine-naloxone sl tablet (generic for Suboxone®)
	Zubsolv® Tablet SL
SKELETAL MUSC	LE RELAXANTS
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal®)	Amrix® ER Capsule
chlorzoxazone tablet (generic for Parafon Forte®)	Dantrium® Capsule / Vial
cyclobenzaprine tablet (generic for Flexeril®)	dantrolene sodium capsule (generic for Dantrium®)
methocarbamol tablet (generic for Robaxin®)	Fexmid® Tablet
tizanidine tablet (generic for Zanaflex® Tablet)	Lorzone® Tablet
	metaxalone tablet (generic for Skelaxin®)
I	orphenadrine citrate ampule / tablet / vial (generic for Norflex®)

Effective February 1, 2018

Trial and failure of two preferred drugs are required unless 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.

Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html More information on the PDL can be found at: <u>http://www.ncdhhs.gov/dma/pharmacy/index.htm</u>

Parafon® Forte Caplet
Robaxin® Tablet / Vial
Skelaxin® Tablet
tizanidine capsules (generic for Zanaflex® Capsule)
Zanaflex® Capsule / Tablet

DIABETIC SUPPLIES

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

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