# North Carolina Division of Medical Assistance
# North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
# Effective June 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
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## ALZHEIMER'S AGENTS

| 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 |
| rivastigmine capsules (generic for Exelon®) | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) |
| | memantine ER (generic for Namenda® XR) |
| | 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 |

## ANALGESICS

### OPIOID ANALGESICS

#### Long Acting

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Butrans® Patch | Arymo® ER |
| Embeda® ER Capsule | Avinza® Capsule |
| fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®) | Belbuca (Buccal) |
| Kadian® Capsule | buprenorphine patch (generic for Butrans® 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 |
| | 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 |

#### Orally Disintegrating / Oral Spray Schedule II Opioids

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Actiq® Lozenge | fentanyl citrate lozenge (generic for Actiq®) |
| | Fentora® Buccal Tablet |
| | Abstral® SL Tablet |
| | Subsys® Spray |

## ANALGESICS

### OPIOID ANALGESICS (Continued)

#### Short Acting Schedule II Opioids

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Endocet® Tablet (branded generic for Percocet®) | codeine sulfate solution / tablet |
| hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) | Demerol® Tablet |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | Dilaudid® Liquid / Tablet |
| hydromorphone tablet (generic for Dilaudid® Tablet) | Endodan® Tablet (branded generic for Percodan®) |
| morphine solution / tablet (generic for MSIR®) | Hycet® Solution |

| | |
|---|---|
| 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

### OPIOID ANALGESICS (Continued)

### Short Acting Schedule III – IV Analgesic Combinations

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) | Ascomp® Capsule (branded generic for Fiorinal with Codeine®) |
| tramadol tablet (generic for Ultram®) | butalbital compound with codeine capsule (generic for Fiorinal with Codeine®) |
| tramadol-acetaminophen tablet (generic for Ultracet®) | butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®) |
| | butorphanol spray (generic for Stadol®) |
| | Capital® with Codeine Suspension |
| | 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 |
| | Panlor® Tablet |
| | pentazocine-naloxone tablet (generic for Talwin NX®) |
| | Synalgos-DC® Capsule |
| | tramadol ER tablet (generic for Ultram ER®, Ryzolt®) |
| | Tylenol® with Codeine Tablet |
| | Ultracet® Tablet |
| | Ultram® Tablet / ER Tablet |

## ANALGESICS

### NSAIDS

| Preferred | Non-Preferred |
|---|---|
| ibuprofen suspension / tablet (generic for Motrin®) | Anaprox® Tablet / DS Tablet |

| | |
|---|---|
| indomethacin capsule (generic for Indocin®) | Arthrotec® Tablet |
| ketorolac tablet (generic for Toradol®) | DayPro® Caplet |
| meloxicam tablet (generic for Mobic Tablet®) | diclofenac potassium tablet (generic for Cataflam®) |
| naproxen EC tablet (generic for Naprosyn® EC) | diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR) |
| naproxen tablet (generic for Naprosyn® Tablet) | diclofenac sodium-misoprostol tablet (generic for Arthrotec®) |
| sulindac tablet (generic for Clinoril®) | diflunisal tablet (generic for Dolobid®) |
| | EC-Naprosyn® Tablet |
| | etodolac capsule / tablet / ER tablet(generic for Lodine® / XL) |
| | Feldene® Capsule |
| | fenoprofen tablet (generic for Nalfon®) |
| | flurbiprofen tablet (generic for Ansaid®) |
| | Indocin® Suppository / Suspension |
| | indomethacin ER capsule (generic for Indocin SR®) |
| | Inflammacin ® tablets |
| | ketoprofen capsule (generic for Orudis®) |
| | ketoprofen ER capsule (generic for Oruvail®) |
| | meclofenamate capsule (generic for Meclomen®) |
| | mefenamic acid capsule (generic for Ponstel®) |
| | Mobic® Tablet |
| | nabumetone tablet (generic for Relafen®) |
| | Nalfon® Capsule |
| | Naprelan® Tablet |
| | Naprosyn® Tablet |
| | Naprosyn® EC |
| | naproxen CR |
| | naproxen sodium ER tablet (generic for Naprelan®) |
| | naproxen sodium tablet (generic for Anaprox®) |
| | naproxen suspension (generic for Naprosyn® Suspension) |
| | oxaprozin tablet (generic for DayPro®) |
| | piroxicam capsule (generic for Feldene®) |
| | Ponstel® Kapseals |
| | Sprix® Nasal Spray |
| | Tivorbex® capsule |
| | tolmetin capsule / tablet (generic for Tolectin®) |
| | Vivlodex™ |
| | Voltaren® XR Tablet |
| | Zipsor® Capsule |
| | Zorvolex® Capsule |
| | meloxicam suspension (generic for Mobic® Oral Suspension) - **Exemption for children < 12 years of age** |
| | Mobic® Suspension |
| **Preferred** | **Non-Preferred** |
| celecoxib capsule (generic for Celebrex®) - **Clinical criteria apply** | Celebrex® Capsule - **Clinical criteria apply** |
| | Duexis® Tablet |
| | Vimovo® |

## ANALGESICS

### NEUROPATHIC PAIN

| Preferred | Non-Preferred |
|---|---|
| duloxetine capsule (generic for Cymbalta®) | Cymbalta® Capsule |
| gabapentin capsule / solution (generic for Neurontin®) | Gralise® Starter Pack / Tablet |
| | Horizant® |
| | Irenka® Capsule |
| | Lyrica® Capsule / Solution |
| | Lyrica® CR |

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| | |
|---|---|
| | Neurontin® Capsule / Solution / Tablet |
| | Savella® Tablet / Titration Pack |
| | Dermacin RX® PHN PAK |
| | lidocaine patch (generic for Lidoderm®) - **Clinical criteria apply** |
| | Lidoderm® Patch - **Clinical criteria apply** |
| | Qutenza® Kit |

## ANTICONVULSANTS

### CARBAMAZEPINE DERIVATIVES

**Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any carbamazepine product.**

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

### FIRST GENERATION

**Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any first generation product.**

| Preferred | Non-Preferred |
|---|---|
| Celontin® Kapseal | 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 | |

## ANTICONVULSANTS

### SECOND GENERATION

**Patients with a diagnosis of seizure disorder are exempt from trial and failure criteria and may use any second generation product.**

| Preferred | Non-Preferred |
|---|---|
| clonazepam tablet (generic for Klonopin®) | Banzel® Suspension / Tablet |
| 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) |
| lamotrigine chewable / tablet (generic for Lamictal®) | Fycompa® Tablet / Kit/Suspension |
| levetiracetam tablet / ER tablet / solution (generic for Keppra® / XR) | gabapentin tablet (generic for Neurontin® Tablet) |
| Sabril® Powder Packet | Gralise® Starter Pack / Tablet |
| Topiragen® Tablet (branded generic for Topamax®) | Keppra® Tablet / Solution / XR Tablet |
| topiramate sprinkle capsule / tablet (generic for Topamax®) | Klonopin® Tablet |
| zonisamide capsule (generic for Zonegran®) | Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet |
| | lamotrigine starter kits (generic for Lamictal®) |
| | lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT) |
| | Lyrica® Capsule / Solution |
| | Neurontin® Capsule / Solution / Tablet |

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| | |
|---|---|
| | Onfi® Suspension / Tablet |
| | Potiga® Tablet |
| | Qudexy® XR Capsule |
| | Sabril® Tablet |
| | Spritam ® Tablet |
| | tiagabine tablet (generic for Gabitril®) |
| | Topamax® Sprinkle Capsule / Tablet |
| | topiramate ER capsule (generic for Qudexy®) |
| | Trokendi® XR Capsule |
| | vigabatrin powder packet (generic for Sabril® Powder Packet) |
| | Vimpat® Solution / Starter Kit / Tablet |
| | Zonegran® Capsule |

## ANTI-INFECTIVES-SYSTEMIC

### ANTIBIOTICS

#### Cephalosporins and Related

| Preferred | Non-Preferred |
|---|---|
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®) | 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 | Daxbia™ capsules |
| cefuroxime tablet (generic for Ceftin®) | Keflex® Capsule |
| cephalexin capsule / suspension / tablet (generic for Keflex®) | |
| Suprax® Capsule / Chewable / Suspension/ Tablet | |

#### Lincosamides and 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 |

## ANTI-INFECTIVES-SYSTEMIC

### ANTIBIOTICS (Continued)

#### Macrolides and Ketolides

| Preferred | Non-Preferred |
|---|---|
| azithromycin powder packet / suspension / tablet (generic for Zithromax®) | 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 |
| erythromycin filmtab | Zmax® Suspension |
| erythromycin es 200mg suspension (generic for E.E.S.® Suspension) | |
| erythromycin es tablet (E.E.S® Filmtab) | |

#### Nitromidazoles

| Preferred | Non-Preferred |
|---|---|
| metronidazole tablet (generic for Flagyl® Tablet) | Alinia® Suspension / Tablet |

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| | |
|---|---|
| vancomycin capsule (generic for Vancocin®) | Dificid® Tablet<br>Flagyl® Capsule / ER Tablet/ Tablet<br>metronidazole capsule (generic for Flagyl® Capsule)<br>neomycin tablet (generic for Mycifradin®)<br>paromomycin capsule (generic for Humatin®)<br>Solosec™<br>Tindamax® Tablet<br>tinidazole tablet (generic for Tindamax®)<br>Vancocin® Capsule<br><br>Xifaxan® Tablet - **Exemption for a diagnosis of Hepatic Encephalopathy** |

Quinolones

| Preferred | Non-Preferred |
|---|---|
| Cipro® Suspension | Avelox® Tablet / ABC Pack |
| ciprofloxacin tablets (generic for Cipro®) | Baxdela™ Tablets |
| levofloxacin tablet (generic for Levaquin® Tablet) | Cipro® Tablet / XR Tablet |
| moxifloxacin tablet (generic for Avelox®) | ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension) |
| | Levaquin® Solution / Tablet |
| | levofloxacin solution (generic for Levaquin® Solution) |
| | ofloxacin tablet (generic for Floxin®) |

## ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Tetracycline 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®) |
| minocycline 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 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 |
| | Ximino™ Capsules |

Antifungals

| Preferred | Non-Preferred |
|---|---|
| clotrimazole troche (generic for Mycelex Troche®) | Ancobon® Capsule |
| fluconazole suspension / tablet (generic for Diflucan®) | Cresemba® Capsule |
| griseofulvin suspension (generic for Grifulvin V®) | Diflucan® Suspension / Tablet |
| griseofulvin ultra tablets (generic for Gris-Peg®) | flucytosine capsule (generic for Ancobon®) |
| nystatin suspension (generic for Nilstat® Suspension) | griseofulvin micro tablets (generic for Grifulvin V®) |
| nystatin tablet (generic for Mycostatin®) | Gris-Peg® Tablet |
| terbinafine tablet (generic for Lamisil®) | itraconazole capsule (generic for Sporanox®) |

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| | |
|---|---|
| | ketoconazole tablet (generic for Nizoral®)<br>Lamisil® Granules Packet / Tablet<br>Noxafil® Suspension / Tablet<br>Onmel® Tablet<br>Oravig® Buccal Tablet<br>Sporanox® Capsule / Solution<br>Vfend® Suspension / Tablet<br>voriconazole suspension / tablet (generic for Vfend®) |

## ANTIVIRALS

### Hepatitis B Agents

| Preferred | Non-Preferred |
|---|---|
| Baraclude® Solution / Suspension | adefovir tablet (generic for Hepsera® ) |
| entecavir tablet (generic for Baraclude®) | Baraclude® Tablet |
| Epivir® HBV Tablet / Solution | lamivudine HBV tablet (generic for Epivir® HBV) |
| Hepsera® Tablet | Vemlidy® tablet |
| Tyzeka® Tablet | |
| Viread® Powder / Tablet | |

## ANTI-INFECTIVES-SYSTEMIC

### ANTIVIRALS (Continued)

### Hepatitis C Agents

| Preferred | Non-Preferred |
|---|---|
| Copegus® Tablet | Pegasys® Vial |
| Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) | Ribasphere® Ribapak |
| Moderiba® Tablet (branded generic for Copegus®) | Ribasphere® Capsule / Tablet (branded generic for Rebetrol) |
| Pegasys® Proclick / Syringe | |
| ribavirin capsule / tablet (generic for Copegus®, Rebetol®) | |

**Clinical criteria apply to all drugs in this class**

| | |
|---|---|
| **All genotypes without cirrhosis** | Daklinza® Tablet (for genotype 3) - **must request Sovaldi® in addition to Daklinza® with a separate PA** |
| Mavyret™ (8 weeks of therapy) | Harvoni® Tablet |
| | Olysio® Capsule |
| **All genotypes with compensated cirrhosis (Child Pugh-A)** | Sovaldi® Tablet |
| Mavyret™ (12 weeks of therapy) | Technivie™ Dose Pack (for genotype 4) |
| | Viekira™ Pak |
| **All genotypes with decompensated cirrhosis** | Viekira™ XR Tablet |
| Epclusa® Tablet in combination with ribavirin | Zepatier® Tablet |
| **All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.** | |
| Vosevi™ | |

### Herpes Treatments

| 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 |

### Influenza

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

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## Antibiotics, Inhaled

**Trial and failure of only one preferred drug required**

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

## BEHAVIORAL HEALTH

### ANTIDEPRESSANTS

#### Other

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

## BEHAVIORAL HEALTH

### ANTIDEPRESSANTS (Continued)

#### Selective Serotonin Reuptake Inhibitor (SSRI)

| Preferred | Non-Preferred |
|---|---|
| citalopram solution / tablet (generic for Celexa®) | 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 capsule (generic for Brisdelle® Capsule) |
| | paroxetine CR tablet (generic for Paxil CR®) |
| | Paxil® Suspension / Tablet / CR Tablet |
| | Pexeva® Tablet |
| | Prozac® Pulvule / Weekly Capsule |
| | Sarafem® Tablet |
| | Zoloft® Solution / Tablet |

### ANTIHYPERKINESIS / ADHD

| Preferred | Non-Preferred |
|---|---|
| Aptensio® XR | Adderall® Tablet (**GENERIC PRODUCT PER FDA)** |
| Adderall® XR Capsule | Adzenys™ XR ODT / ER suspension |
| amphetamine salt combo tablets (generic for Adderall®) | amphetamine salt combo XR capsules (generic for Adderall XR) |
| atomoxetine capsule (generic for Strattera® Capsule) | clonidine ER tablet (generic for Kapvay®) |

| | |
|---|---|
| Concerta® Tablet | Cotempla™ XR ODT |
| Daytrana® Patch | Dexedrine® Tablet / Spansules |
| dextroamphetamine tablet (generic for Dexedrine®) | dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR) |
| Focalin® Tablet / XR Capsule | Desoxyn® Tablet |
| guanfacine ER tablet (generic for Intuniv®) | dextroamphetamine solution (generic for ProCentra®) |
| Kapvay® Tablet | dextroamphetamine ER capsule (generic for Dexedrine® Spansules) |
| Methylin® Solution | Dyanavel® XR |
| methylphenidate tablets (generic for Methylin®, Ritalin®) | Evekeo® Tablet |
| Quillichew® ER Oral | Intuniv® Tablet |
| Quillivant® XR Suspension | methamphetamine tablet (generic for Desoxyn®) |
| Ritalin® Tablet | Methylin® Chewable |
| Vyvanse® Capsule / Chewable 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) |
| | Mydayis® ER Capsule |
| | ProCentra® Solution |
| | Ritalin® LA Capsule |
| | Strattera® Capsule |
| | Zenzedi® Tablet |

## ATYPICAL ANTIPSYCHOTICS

### Injectable Long Acting

**Trial and failure of only one preferred drug required**

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

## BEHAVIORAL HEALTH

## ATYPICAL ANTIPSYCHOTICS

### Oral

**Trial and failure of only one preferred drug required**

| Preferred | Non-Preferred |
|---|---|
| Abilify® Discmelt | Abilify® Tablet |
| aripiprazole Tablet / Solution (generic for Abilify®) | aripiprazole ODT (generic for Abilify®) |
| clozapine tablet (generic for Clozaril®) | clozapine ODT (generic for FazaClo®) |
| FazaClo® ODT | Clozaril® Tablet |
| Latuda® Tablet | Fanapt® Titration Pack |
| olanzapine ODT / tablet (generic for Zyprexa®) | Fanapt® Tablet |
| paliperidone (generic for Invega® Tablet) | Geodon® Capsule |
| quetiapine tablet (generic for Seroquel®) | Invega® Tablet |
| quetiapine ER tablet ( generic for Seroquel® XR Tablet) | Nuplazid® Tablet |
| risperidone ODT / solution/tablet (generic for Risperdal®) | olanzapine-fluoxetine (generic for Symbyax®) |
| Saphris® SL Tablet | Risperdal® Solution / Tablet / M-Tab ODT |
| Symbyax® Capsule | Rexulti® Tablet |
| ziprasidone capsule (generic for Geodon®) | Seroquel® Tablet |
| | Seroquel® XR Tablet / XR Sample Kit |
| | Versacloz® Suspension |
| | Vraylar® Capsule |
| | Zyprexa® Tablet / Zydis Tablet |

## CARDIOVASCULAR

# North Carolina Division of Medical Assistance
# North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
# Effective June 1, 2018

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www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html
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## 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 CALCIUM CHANNEL BLOCKER COMBINATIONS

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

## ACE INHIBITOR DIURETIC COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| enalapril-HCTZ tablet (generic for Vaseretic®) | Accuretic® Tablet |
| lisinopril-HCTZ tablet (generic for 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 |
| | Zestoretic® Tablet |

# CARDIOVASCULAR

## ANGIOTENSIN II RECEPTOR BLOCKERS

| 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®) |

## ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| Exforge® Tablet | amlodipine/olmesartan tablet (generic for Azor®) |
| Exforge® HCT Tablet | amlodipine-valsartan tablet (generic for Exforge®) |

North Carolina Division of Medical Assistance

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| | |
|---|---|
| | amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)<br>Azor® Tablet<br>Prestalia®<br>telmisartan-amlodipine tablet (generic for Twynsta®)<br>Tribenzor® Tablet<br>Twynsta® Tablet |

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

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

ANGIOTENSIN II RECEPTOR-NEPRILYSIN BLOCKER COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| Entresto® **Clinical Criteria Apply** | |

ANTI-ARRHYTHMICS

| Preferred | Non-Preferred |
|---|---|
| amiodarone tablet (generic for Cordarone®)<br>disopyramide capsule (generic for Norpace®)<br>flecainide tablet (generic for Tambocor®)<br>mexiletine capsule (generic for Mexitil®)<br>propafenone tablet (generic for Rythmol®)<br>quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)<br>Rythmol SR® Capsule | Cordarone® Tablet<br>dofetilide capsule (generic for Tikosyn®)<br>Multaq® Tablet<br>Norpace® Capsule / CR Capsule<br>Pacerone® Tablet<br>propafenone SR capsule (generic for Rythmol SR®)<br>quinidine gluconate tablet (generic for Quinaglute DuraTabs®)<br>Rythmol® Tablet<br>Tikosyn® Capsule |

**CARDIOVASCULAR**

BETA BLOCKERS

| Preferred | Non-Preferred |
|---|---|
| atenolol tablet (generic for Tenormin®)<br>carvedilol tablet (generic for Coreg®)<br>labetalol tablet (generic for Trandate®)<br>metoprolol succinate XL tablet (generic for Toprol XL®)<br>metoprolol tartrate tablet (generic for Lopressor®)<br>propranolol solution / tablet / ER capsule (generic for Inderal®)<br>Sorine® Tablet<br>sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®) | acebutolol capsule (generic for Sectral®)<br>Betapace® AF Tablet / Tablet<br>betaxolol tablet (generic for Kerlone®)<br>bisoprolol tablet (generic for Zebeta®)<br>Bystolic® Tablet<br>carvedilol ER (generic for Coreg® CR Capsule)<br>Coreg® Tablet / CR Capsule<br>Corgard® Tablet<br>Hemangeol® Solution<br>Inderal® LA Capsule / XL Capsule<br>Innopran® XL Capsule<br>Levatol® Tablet<br>Lopressor® Tablet<br>nadolol tablet (generic for Corgard®)<br>pindolol tablet (generic for Visken®)<br>Sectral® Capsule<br>Sotylize® Solution |

North Carolina Division of Medical Assistance

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

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| | |
|---|---|
| | Tenormin® Tablet<br>timolol tablet (generic for Blocadren®)<br>Toprol XL® Tablet<br>Trandate® Tablet<br>Zebeta® Tablet |

BETA BLOCKER DIURETIC COMBINATION

| Preferred | Non-Preferred |
|---|---|
| atenolol-chlorthalidone tablet (generic for Tenoretic®)<br>bisoprolol-HCTZ tablet (generic for Ziac®) | Corzide® Tablet<br>Dutoprol® Tablet<br>Lopressor® HCT Tablet<br>metoprolol-HCTZ tablet (generic for Lopressor® HCT)<br>propranolol-HCTZ tablet (generic for Inderide®)<br>nadolol-bendroflumethiazide (generic for Corzide®)<br>Tenoretic® Tablet<br>Ziac® Tablet |

BILE ACID SEQUESTRANTS

| Preferred | Non-Preferred |
|---|---|
| cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)<br>colestipol tablet (generic for Colestid® Tablet) | colestipol granules (generic for Colestid® Granules)<br>Colestid® Granules / Tablet<br>Prevalite® Packet / Powder<br>Questran® Light Powder / Packet / Powder<br>Welchol® Packet / Tablet |

**CARDIOVASCULAR**

CHOLESTEROL LOWERING AGENTS

| Preferred | Non-Preferred |
|---|---|
| atorvastatin tablet (generic for Lipitor®)<br>lovastatin tablet (generic for Mevacor®)<br>pravastatin tablet (generic for Pravachol®)<br>simvastatin tablet (generic for Zocor®)<br>rosuvastatin tablet (generic for Crestor®)<br><br>Zetia® Tablet (used as an adjunctive to statin therapy) | Altoprev® Tablet<br>amlodipine-atorvastatin tablet (generic for Caduet®)<br>Caduet® Tablet<br>Crestor® Tablet<br>ezetimibe (generic for Zetia®)<br>ezetimibe-simvastatin (generic for Vytorin®)<br>fluvastatin capsule / ER tablet (generic for Lescol® / XL)<br>Lescol® Capsule / XL Tablet<br>Lipitor® Tablet<br>Livalo® Tablet<br>Pravachol® Tablet<br>Vytorin® Tablet<br>Zocor® Tablet<br><br>Juxtapid® Capsule - **Clinical criteria apply**<br>Kynamro® Syringe - **Clinical criteria apply** |

CORONARY VASODILATORS

| Preferred | Non-Preferred |
|---|---|
| isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.)<br>isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)<br>Minitran® Patch<br>nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitrostat®, Nitrolingual®, Nitromist®)<br>Nitrostat® SL Tablet | Dilatrate® SR Capsule<br>Gonitro® Sublingual Powder<br>Isordil® Tablet / Titradose Tablet<br>Nitro-Bid® Ointment<br>Nitro-Dur® Patch<br>Nitrolingual® Spray<br>Nitromist® Spray |

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

# North Carolina Division of Medical Assistance
# North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
# Effective June 1, 2018

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| 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 INHIBITOR

| Preferred | Non-Preferred |
|---|---|
| Tekturna® HCT Tablet | |
| Tekturna® Tablet | |

## ENDOTHELIN RECEPTOR ANTAGONISTS

**Covered for diagnosis of Pulmonary Arterial Hypertension only**

| Preferred | Non-Preferred |
|---|---|
| Letairis® Tablet | Opsumit® Tablet |
| Tracleer® Tablet | Tracleer® Suspsension |

## CARDIOVASCULAR

### INHALED PROSTACYCLIN ANALOGS

| Preferred | Non-Preferred |
|---|---|
| Tyvaso® Refill Kit / Solution / Starter Kit | |
| Ventavis® Solution | |

### NIACIN DERIVATIVES

| Preferred | Non-Preferred |
|---|---|
| niacin ER tablet (generic for Niaspan®) | Niacor® Tablet |
| | Niaspan® ER Tablet |

### NITRATE COMBINATION

| Preferred | Non-Preferred |
|---|---|
| Bidil® Tablet | |

### NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

| Preferred | Non-Preferred |
|---|---|
| Calan® Tablet | Calan SR® Caplet |
| Cartia XT® Capsule (branded generic for Cardizem CD®) | Cardizem CD® Capsule |
| Dilt XR® Capsule (branded generic for Dilacor XR®) | Cardizem® 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 PULMONARY HYPERTENSION

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

North Carolina Division of Medical Assistance

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| Preferred | Non-Preferred |
|---|---|
| Adcirca® Tablet | Adempas® Tablet |
| sildenafil (generic for Revatio®) tablet | Orenitram® ER Tablet |
| | Revatio® Suspension / Tablet |
| | Uptravi® Tablet |

PLATELET INHIBITORS

| Preferred | Non-Preferred |
|---|---|
| Aggrenox® Capsule | aspirin/dipyridamole ER capsule (generic for Aggrenox®) |
| Brilinta® Tablet | Durlaza® Capsule |
| clopidogrel tablet (generic for Plavix®) | Effient® Tablet |
| dipyridamole tablet (generic for Persantine®) | Persantine® Tablet |
| prasugrel tabelet (generic for Effient® Tablet) | Plavix® Tablet |
| | ticlopidine tablet (generic for Ticlid®) |
| | Yosprala® Tablet |
| | Zontivity® Tablet |

ANTIANGINAL & ANTI-ISCHEMIC

| Preferred | Non-Preferred |
|---|---|
| Ranexa® Tablet | |

## CARDIOVASCULAR

SYMPATHOLYTICS AND COMBINATIONS

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

TRIGLYCERIDE LOWERING AGENTS

| Preferred | Non-Preferred |
|---|---|
| fenofibrate tablet (Tricor®) | 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 ≥ 500mg/dl** |
| | omega-3 acid ethyl esters capsule (generic for Lovaza®) - **Exemption for patients with triglycerides ≥ 500mg/dl** |
| | Tricor® Tablet |
| | Triglide® Tablet |
| | Trilipix® Capsule |
| | Vascepa® Capsule |

## CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

**Quantity limits apply to all triptans**

| Preferred | Non-Preferred |
|---|---|
| rizatriptan ODT (generic for Maxalt MLT®) | 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 |
| | eletriptan (generic for Relpax® Tablet) |
| | 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®) |
| | sumatriptan/naproxen (generic for Treximet® Tablet) |
| | Sumavel DosePro® Syringe |
| | Treximet® Tablet |
| | Zembrace® SymTouch® |
| | zolmitriptan ODT / tablet (generic for Zomig®) |
| | Zomig® Nasal Spray / Tablet / ZMT Tablet |

### ANTINARCOLEPSY

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Nuvigil® Tablet | armodafinil tablet (generic for Nuvigil®) |
| Provigil® Tablet | modafinil tablet (generic for Provigil®) |

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

| Preferred | Non-Preferred |
|---|---|
| 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 |

### MULTIPLE SCLEROSIS

| Preferred | Non-Preferred |
|---|---|
| Avonex® Pack / Pen / Syringe | Ampyra® Tablet |

| | |
|---|---|
| Betaseron® Kit / Vial | Aubagio® Tablet |
| Copaxone® Syringe | Extavia® Kit / Vial |
| Gilenya® Capsule | glatiramer syringe (generic for Copaxone® Syringe) |
| Rebif® Ribidose / Titration Pack / Syringe | Glatopa® Syringe |
| Tecfidera® Capsule / Starter Pack | Lemtrada® Vial |
| | Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack |
| | Ocrevus® |

## SEDATIVE HYPNOTICS

**Quantity limits apply to all sedative hypnotics**

| Preferred | Non-Preferred |
|---|---|
| flurazepam capsule (generic for Dalmane®) | Ambien® Tablet / CR Tablet |
| temazepam 15mg, 30mg capsule (generic for Restoril®) | Belsomra® Tablet |
| zolpidem tablet (generic for Ambien®) | Edluar® SL Tablet |
| | estazolam tablet (generic for Prosom®) |
| | eszopiclone tablet (generic for Lunesta®) |
| | Halcion® Tablet |
| | Hetlioz® Capsule |
| | Intermezzo® SL Tablet |
| | Lunesta® Tablet |
| | Restoril® Capsule |
| | Rozerem® Tablet |
| | Silenor® Tablet |
| | Sonata® Capsule |
| | temazepam 7.5, 22.5 mg capsule (generic for Restoril®) |
| | triazolam tablet (generic for Halcion®) |
| | zaleplon capsule (generic for Sonata®) |
| | zolpidem ER tablet (generic for Ambien® CR) |
| | zolpidem SL tablet (generic for Intermezzo®) |
| | zolpimist oral spray |

# CENTRAL NERVOUS SYSTEM

## SMOKING CESSATION

| Preferred | Non-Preferred |
|---|---|
| Buproban® Tablet (branded generic for Zyban®) | Nicoderm® CQ Patch |
| 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 | |

# ENDOCRINOLOGY

## GROWTH HORMONE

**Clinical criteria apply 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 |

## HYPOGLYCEMICS - INJECTABLE

### Rapid Acting Insulin

| Preferred | Non-Preferred |
|---|---|
| Humalog® Vial | Admelog® Solostar / Injection |

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| | |
|---|---|
| Novolog® Cartridge / Flexpen / Vial | Afrezza® Inhalation Powder<br>Apidra® Solostar / Vial<br>Fiasp® Flextouch / Vial<br>Humalog® Cartridge<br>Humalog® Kwikpen |

Short Acting Insulin

| Preferred | Non-Preferred |
|---|---|
| Humulin® R Vial | Humulin R-U500 Kwikpen®<br>Novolin® R Vial / Relion Vial |

Intermediate Acting Insulin

| Preferred | Non-Preferred |
|---|---|
| Humulin® N Vial | Humulin® N Pen<br>Novolin® N Vial / Relion Vial |

Long Acting Insulin

| Preferred | Non-Preferred |
|---|---|
| **Trial and failure of only one preferred drug required** | |
| Lantus® Solostar / Vial<br>Levemir® FlexTouch / FlexPen / Vial | Basaglar Kwikpen®<br>Tresiba® Flextouch<br>Toujeo® Solostar |

Premixed Rapid Combination Insulin

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

Premixed 70/30 Combination Insulin

| Preferred | Non-Preferred |
|---|---|
| Humulin® 70/30 Vial | Humulin® 70/30 Pen<br>Novolin® 70/30 Vial / Relion Vial |

**ENDOCRINOLOGY**

HYPOGLYCEMICS - INJECTABLE (continued)

Amylin Analogs

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

| Preferred | Non-Preferred |
|---|---|
| Symlin® Pen Injector | |

GLP-1 Receptor Agonists and Combinations

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

| Preferred | Non-Preferred |
|---|---|
| | **Continuation of therapy requires documentation that clinical goals have been met** |
| Byetta® Pen | Adlyxin® Injection |
| | Ozempic® Injection |
| Bydureon® Pen / Vial | Soliqua® Injection |
| Tanzeum® Pen Injector | Trulicity® Pen |
| | Victoza® Pen |
| | Xultophy® Injection |

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

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

Alpha-Glucosidase Inhibitors

| Preferred | Non-Preferred |
|---|---|
| acarbose tablet (generic for Precose®) | 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 |

DPP-IV Inhibitors and Combinations

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

| Preferred | Non-Preferred |
|---|---|
| Janumet® Tablet | alogliptin tablet (generic for Nesina®) |
| 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 |
| | Qtern® Tablet |
| | Steglujan™ Tablet |

**ENDOCRINOLOGY**

HYPOGLYCEMICS - ORAL (continued)

Meglitinides

| Preferred | Non-Preferred |
|---|---|
| nateglinide tablet (generic for Starlix®) | Prandin® Tablet |
| repaglinide tablet (generic for Prandin®) | Starlix® Tablet |
| | repaglinide-metformin tablet (generic for Prandimet®) |

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

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

| Preferred | Non-Preferred |
|---|---|
| Farxiga® Tablet | Invokamet® Tablet / XR Tablet |
| Jardiance® Tablet | Invokana® Tablet |

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| | |
|---|---|
| | Invokana® Tablet<br>Segluromet™ Tablet<br>Steglatro™ Tablet<br>Synjardy® Tablet / XR Tablet<br>Xigduo® XR Tablet |

Thiazolidinediones and Combinations

| Preferred | Non-Preferred |
|---|---|
| pioglitazone tablet (generic for Actos®) | ActoPlus Met® Tablet / XR Tablet<br>Actos® Tablet<br>Avandamet® Tablet<br>Avandaryl® Tablet<br>Avandia® Tablet<br>Duetact® Tablet<br>pioglitazone-glimepiride tablet (generic for Duetact®)<br>pioglitazone-metformin tablet (generic for ActoPlus Met®) |

**GASTROINTESTINAL**

ANTIEMETIC-ANTIVERTIGO AGENTS

| Preferred | Non-Preferred |
|---|---|
| dimenhydrinate vial (generic for Dramamine®) | Akynzeo® Capsule |
| meclizine tablet (generic for Antivert®) | Anzemet® Tablet / Vial |
| metoclopramide / solution / tablet (generic for Reglan®) | Cesamet® Capsule |
| | Cinvanti™ Injectable Emulsion |
| ondansetron ODT / solution / tablet(generic for Zofran®) | dronabinol capsule (generic for Marinol®) |
| prochlorperazine tablet (generic for Compazine®) | granisetron tablets (generic for Kytril®) |
| promethazine syrup / tablet (generic for Phenergan®) | Marinol® Capsule |
| Transderm-Scop® Patch | metoclopramide ODT (generic for Metozolv®) |
| | metoclopramide ODT (generic for Reglan®) |
| | Metozolv® ODT |
| | Sancuso® patch |
| | scopolamine patch (generic for Transderm-Scop® Patch) |
| | Sustol® Injection |
| | Syndros® Solution |
| | trimethobenzamide capsule (generic for Tigan®) |
| | Varubi® Tablet |
| | Zofran® Solution / ODT / Tablet |
| | Zuplenz® Soluble Film |
| Emend® Capsule - **Clinical criteria apply** | aprepitant capsule/pack (generic for Emend®) - **Clinical criteria apply** |
| | Emend® Powder Packet - **Clinical criteria apply** |
| | Emend®Trifold Pack - **Clinical criteria apply** |
| | Diclegis® Tablet - **Exemption for diagnosis of pregnancy** |

BILE ACID 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®) |

**GASTROINTESTINAL**

H. PYLORI COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| Pylera® Capsule | lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®) |

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| | |
|---|---|
| | Omeclamox-Pak® Combo Pack |
| | Prevpac® Patient Pack |

HISTAMINE-2 RECEPTOR ANTAGONISTS

| Preferred | Non-Preferred |
|---|---|
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| ranitidine capsule / syrup / tablet (generic for Zantac®) | nizatidine capsule / solution (generic for Axid®) |
| | Pepcid® Tablet / Suspension |
| | Zantac® Tablet |

PANCREATIC ENZYMES

| Preferred | Non-Preferred |
|---|---|
| Creon® Capsule | Pancreaze® Capsule |
| pancrelipase capsule (generic for Pancrease®) | Pertzye® Capsule |
| Zenpep® Capsule | Ultresa® Capsule |
| | Viokase® Tablet |

PROGESTINS USED FOR CACHEXIA

| Preferred | Non-Preferred |
|---|---|
| megestrol suspension / tablet (generic for Megace®) | Megace® Suspension / ES Suspension |
| | megestrol ES suspension (generic for Megace® ES) |

PROTON PUMP INHIBITORS

| Preferred | Non-Preferred |
|---|---|
| | **Exemption for children < 12 years of age** |
| esomeprazole capsule (generic for Nexium® RX / OTC) | Aciphex® Sprinkle Capsules / Tablets |
| Nexium® Packet | Dexilant® Capsule |
| omeprazole RX capsule (generic for Prilosec® RX) | lansoprazole capsule (generic for Prevacid® RX / OTC) |
| pantoprazole tablet (generic for Protonix®) | Nexium® RX / Capsule |
| Protonix® Suspension | omeprazole OTC capsule / tablet (generic for Prilosec® OTC) |
| | omeprazole sodium bicarbonate capsule (generic for Zegerid® RX / OTC) |
| | Prevacid® RX / OTC Capsule / Solutab |
| | Prilosec® RX Capsule / Suspension |
| | Protonix® Tablet |
| | rabeprazole tablet (generic for Aciphex®) |
| | Zegerid® RX / Capsule / Packet |

SELECTIVE CONSTIPATION AGENTS

| Preferred | Non-Preferred |
|---|---|
| Amitiza® Capsule | alosetron tablet (generic for Lotronex® Tablet) |
| Linzess® Capsule | Lotronex® Tablet |
| Movantik® Tablet | Relistor® Syringe / Vial / Oral Tablet |
| | Symproic® Tablet |
| | Trulance® |
| | Viberzi® Tablet - **Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)** |

**GASTROINTESTINAL**

ULCERATIVE COLITIS

Oral

| Preferred | Non-Preferred |
|---|---|
| Apriso® Capsule | Asacol® HD Tablet |
| balsalazide capsule (generic for Colazal®) | Azulfidine® Entab / Tablet |
| Lialda® Tablet | Colazal® Capsule |
| sulfasalazine DR tablet (generic for Azulfidine® Entab) | Delzicol® Capsule |
| sulfasalazine IR tablet (generic for Azulfidine®) | Dipentum® Capsule |
| Sulfazine® (branded generic for Azulfidine®) | Giazo® Tablet |
| | mesalamine tablet (generic for Asacol® HD / Lialda® Tablet ) |

| | |
|---|---|
| | Pentasa® Capsule |
| | Uceris® Tablet |

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 PROSTATIC HYPERPLASIA TREATMENTS

| Preferred | Non-Preferred |
|---|---|
| alfuzosin ER tablet (generic for Uroxatral®) | Avodart® Softgel |
| doxazosin tablet (generic for Cardura®) | Cardura® Tablet / XL Tablet |
| dutasteride capsule (generic Avodart®) | dutasteride/ tamsulosin capsule (generic Jalyn capsule®) |
| finasteride tablet (generic for Proscar®) | Flomax® Capsule |
| tamsulosin capsule (generic for Flomax®) | Jalyn® Capsule |
| terazosin capsule (generic for Hytrin®) | Proscar® Tablet |
| | Rapaflo® Capsule |
| | Uroxatral® Tablet |
| | Cialis® Tablet - **Clinical criteria apply** |

ELECTROLYTE 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®) |
| | Velphoro® Chewable |

## GENITOURINARY/RENAL

URINARY ANTISPASMODICS

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

## GOUT

| 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®) | Duzallo® Tablet |
| probenecid-colchicine tablet (generic for Col-Benemid®) | Mitigare® Capsule |
| | Uloric® Tablet |

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| | |
|---|---|
| | Zyloprim® Tablet |
| | Zurampic® Tablet |

## HEMATOLOGIC

### ANTICOAGULANTS

#### Injectable

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

#### Oral

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

### HEMATOPOIETIC AGENTS

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Aranesp® Syringe / Vial | Epogen® Vial |
| Procrit® Vial | Mircera® Syringe |

### THROMBOPOIESIS STIMULATING AGENTS

| Preferred | Non-Preferred |
|---|---|
| Nplate® Vial | |
| Promacta® Tablet | |

## OPHTHALMIC

### ALLERGIC CONJUNCTIVITIS AGENTS

| Preferred | Non-Preferred |
|---|---|
| cromolyn sodium drops (generic for Crolom®) | Alocril® Drops |
| olopatadine drops (AG generic for Patanol®) | Alomide® Drops |
| Pataday® 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 |
| | Pazeo® Drops |

### ANTIBIOTICS

| 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 (generic for Vigamox® Drops) |
| 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 | |

ANTIBIOTICS-STEROID COMBINATIONS

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

## OPHTHALMIC

ANTI INFLAMMATORY

| Preferred | Non-Preferred |
|---|---|
| dexamethasone drops (generic for Decadron®) | Acular® Drops / LS Solution |
| diclofenac drops (generic for Voltaren®) | Acuvail® Solution |
| Durezol® Drops | bromfenac drops (generic for Xibrom®) |
| 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 |
| Pred Mild® Drops | Ozurdex® Implant |
| 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 Adrenergic Agents

| Preferred | Non-Preferred |
|---|---|
| Alphagan® P Drops | apraclonidine drops (generic for Iopidine®) |
| brimonidine drops (generic for Alphagan®) | brimonidine P drops (generic for Alphagan® P) |
| | Iopidine® Drops |

# North Carolina Division of Medical Assistance
# North Carolina Medicaid and Health Choice Preferred Drug List (PDL)
# Effective June 1, 2018

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## Beta Blocker 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®) |
| | timolol drop (generic for Istalol® Drops) |
| | Timoptic® Drops / Ocudose Drops / XE Solution |

## Carbonic Anhydrase 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 | |

## Prostaglandin Agonists

| Preferred | Non-Preferred |
|---|---|
| latanoprost drops (generic for Xalatan®) | bimatoprost (generic for Lumigan® Drops) |
| Travatan® Z Drops | Lumigan® Drops |
| | travoprost drops (generic for Travatan®) |
| | Vyzulta™ Drops |
| | Xalatan® Drops |
| | Zioptan® Drops |

# OSTEOPOROSIS

## BONE RESORPTION SUPPRESSION AND RELATED AGENTS

| Preferred | Non-Preferred |
|---|---|
| alendronate tablet (generic for Fosamax®) | Actonel® Tablet |
| Evista® Tablet | alendronate solution (generic for Fosamax® Solution) |
| 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

## ANTIBIOTICS

| Preferred | 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 |

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## ANTI-INFECTIVES AND ANESTHETICS

| Preferred | Non-Preferred |
|---|---|
| acetic acid solution (generic for Vosol®) | 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 |

# RESPIRATORY

## BETA-ADRENERGIC HANDHELD, LONG ACTING

| Preferred | Non-Preferred |
|---|---|
| Serevent® Diskus | Arcapta® Neohaler |
| | Striverdi® Respimat Inhalation Spray |

## BETA-ADRENERGIC HANDHELD, SHORT ACTING

| Preferred | Non-Preferred |
|---|---|
| Proair® HFA Inhaler | Proair Respiclick® |
| Proventil® HFA Inhaler | Ventolin® HFA Inhaler |
| | Xopenex® HFA Inhaler |

## BETA-ADRENERGIC 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 | |

# RESPIRATORY

## BETA-ADRENERGIC - ORAL

| 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) |
| metaproterenol syrup (generic for Alupent® Syrup) | VoSpire® ER Tablet |
| terbutaline tablet (generic for Brethine®) | |

## ORALLY INHALED ANTICHOLINERGICS

**Trial and failure of either Spiriva® or Stioloto® only required to obtain a non-preferred drug in this class**

| Preferred | Non-Preferred |
|---|---|
| Atrovent® HFA Inhaler | Anoro® Elipta Inhaler |
| ipratropium nebulizer solution (generic for Atrovent® Nebulizer Solution) | Bevespi ® Aerosphere |
| ipratropium-albuterol solution (generic for Duoneb®) | Combivent® Respimat Inhalation Spray |
| Spiriva® Handihaler | Daliresp® Tablet |
| Stiolto® Respimat Inhalation Spray | Incruse® Elipta Inhaler |
| | Lonhala™ Magnair™ |
| | 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 preferred drugs for Spiriva® Respimat 1.25mcg when used for Asthma, but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination**** |

## CORTICOSTEROIDS

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**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Flovent® HFA Inhaler | Aerospan® Inhaler |
| Pulmicort® Respules 0.25mg, 0.5mg, 1mg | Alvesco® Inhaler |
| QVAR® Inhaler (discontinued) | ArmonAir™ RespiClick® |
| | Arnuity Ellipta® Inhaler |
| | Asmanex® HFA Inhaler |
| | Asmanex® Twisthaler |
| | budesonide suspension (generic for Pulmicort® Respules) |
| | Flovent® Diskus |
| | Pulmicort® Flexhaler |
| | QVAR® RediHaler™ |

## CORTICOSTEROID COMBINATION

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Advair® Diskus | Advair® HFA Inhaler |
| Dulera® Inhaler | Breo Ellipta® |
| Symbicort® Inhaler | AirDuo® |
| | fluticasone/salmeterol (generic for AirDuo®) |
| | Trelegy Ellipta |

## INTRANASAL RHINITIS AGENTS

| Preferred | Non-Preferred |
|---|---|
| | **Exemption for steroids applies to children < 4 years of age** |
| Astepro® Nasal Spray | azelastine spray (generic for Astepro®) |
| azelastine spray (generic for Astelin®) | Astelin® Nasal Spray |
| fluticasone spray (generic for Flonase®) | Atrovent® Spray |
| ipratropium spray (generic for Atrovent® Nasal) | Beconase® AQ spray |
| Patanase® Nasal Spray | budesonide nasal spray (generic for Rhinocort® Aqua) |
| | Dymista® Nasal Spray |
| | Flonase® Nasal Spray (RX ONLY) |
| | flunisolide spray (generic for Nasalide®) |
| | mometasone nasal spray (generic for Nasonex®) |
| | Nasonex® Nasal Spray |
| | olopatadine nasal spray(generic for Patanase®) |
| | Omnaris® Nasal Spray |
| | QNasl® Nasal Spray / Children's Spray |
| | Rhinocort® Aqua Nasal Spray |
| | Ticanase nasal spray |
| | triamcinolone nasal spray (generic for Nasacort® AQ) |
| | Veramyst® Nasal Spray |
| | Xhance™ Nasal Spray |
| | Zetonna® Nasal Spray |

# RESPIRATORY

## LEUKOTRIENE 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 SEDATING 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**<br>Claritin® Tablet<br>desloratadine ODT / Tablet (generic for Clarinex®)<br>fexofenadine 60mg, 180 mg tablet (generic for Allegra®)<br>fexofenadine OTC suspension / tablet (generic for Allegra® OTC)<br>levocetirizine solution / tablet (generic for Xyzal®)<br>loratadine OTC ODT / solution / soft gel (generic for Claritin® OTC)<br>Xyzal® Solution / Tablet |

LOW SEDATING ANTIHISTAMINE COMBINATION

**Quantity limit of 102 days supply per 12 months apply to all drugs in this class**

| **Preferred** | **Non-Preferred** |
|---|---|
| loratadine-D OTC tablet (generic for Claritin-D® OTC) | cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)<br>Clarinex-D® Tablet<br>fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)<br>Semprex-D® Capsule |

## TOPICALS

ACNE AGENTS

| **Preferred** | **Non-Preferred** |
|---|---|
| Azelex® Cream<br>Benzaclin® Gel Pump<br>clindamycin-benzoyl peroxide gel (generic for Benzaclin®)<br>clindamycin phosphate pledgets / solution (generic for Cleocin-T®)<br>Differin® Cream / Gel / Gel Pump / Lotion<br>Epiduo® Gel<br>Retin-A® Cream / Gel | Acne Clearing System<br>Acanya® Gel Pump<br>Aczone® Gel<br>adapalene cream / gel / gel pump (generic for Differin®)<br>adapalene/benzoyl peroxide (generic for Epiduo® Gel)<br>Atralin® Gel<br>Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads<br>Avar-E® Emollient Cream / Green Emollient Cream / LS Cream<br>Avita® Cream / Gel<br>Benzaclin® Gel<br>Benzamycin® Gel / Pak Gel<br>Benzefoam Ultra<br>Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths<br>benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)<br>BP® 10-1 Wash / Cleansing Wash<br>Cleocin® T Gel / Lotion / Pledgets / Solution<br>Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit<br>clindamycin phosphate gel / lotion (generic for Cleocin-T®)<br>clindamycin phosphate foam (generic for Evoclin®)<br>clindamycin-benzoyl peroxide gel (generic for Duac®, Neuac®)<br>clindamycin/benzoyl peroxide with pump (generic for Benzaclin®)<br>clindamycin/tretinoin (generic for Veltin®)<br>dapsone gel (generic for Aczone® Gel)<br>Duac® Gel<br>Epiduo® Forte<br>Ery® Pads<br>Erygel® Gel<br>erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®, EryMax®, A/T/S®, T-Stat®)<br>erythromycin-benzoyl peroxide gel (generic for Benzamycin®)<br>Evoclin® Foam<br>Fabior® Foam<br>Inova® (4/1, 8/2)<br>Klaron® Lotion<br>Neuac® Gel / Kit<br>Onexton® Gel / Gel Pump<br>Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash |

| | |
|---|---|
| | Promiseb® Complete / Topical Cream |
| | 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 |

## TOPICALS

### 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 Axiron® Actuation Solution) |
| | testosterone gel pump (generic for Fortesta®) |
| | Vogelxo® Gel / Gel Packet / Gel Pump |

### NSAIDS

| 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) |

### ANTIBIOTIC - VAGINAL

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| 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®) | clotrimazole-betamethasone lotion (generic for Lotrisone® lotion) |
| Nyamyc® Powder (branded generic for Nystop®) | clotrimazole RX solution (generic for Lotrimin® RX) |
| nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) | 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 |
| | Vusion® Ointment - **Clinical criteria apply** |
| | Xolegel® Gel |

### ANTIPARASITICS

**Trial and failure of only 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® |

### ANTIVIRAL

| Preferred | Non-Preferred |
|---|---|
| | acyclovir ointment/ AG (generic for Zovirax® Ointment) |
| Zovirax® Cream | Denavir® Cream |
| Zovirax® Ointment | Xerese® Cream |

# North Carolina Division of Medical Assistance
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## IMMUNOMODULATORS

### Atopic Dermatitis

**Clinical criteria apply to all drugs in this class**

| Preferred | Non-Preferred |
|---|---|
| Elidel® Cream | Protopic® Ointment |
| Eucrisa 2%® Ointment | tacrolimus ointment (generic Protopic®) |
| | Dupixent® |

### Imidazoquinolinamines

| Preferred | Non-Preferred |
|---|---|
| imiquimod cream packet (generic for Aldara®) | Aldara® Cream |
| | Zyclara® Cream / Cream Pump |

## TOPICALS

### PSORIASIS

| Preferred | Non-Preferred |
|---|---|
| Dovonex® Cream | calcipotriene-betamethasone ointment (generic for Talconex®) |
| | calcipotriene cream / ointment / solution (generic for Dovonex®) |
| | Calcitrene® Ointment (branded generic for Dovonex®) |
| | calcitriol ointment (generic for Vectical®) |
| | Enstilar® Foam |
| | Sorilux® Foam |
| | Taclonex® Ointment / Suspension |
| | Vectical® Ointment |

### ROSACEA AGENTS

| Preferred | Non-Preferred |
|---|---|
| MetroGel® | Finacea® Gel |
| MetroCream® | metronidazole gel (generic for MetroGel®) |
| MetroLotion® | Mirvaso® Gel |
| | metronidazole cream (generic for MetroCream®) |
| | metronidazole lotion (generic for MetroLotion®) |
| | Noritate® Cream |
| | Rosadan® Cream / Gel / Kit |
| | Soolantra® Cream |
| | Rhofade® |

### STEROIDS

#### Low Potency

| Preferred | Non-Preferred |
|---|---|
| alclometasone dipropionate cream / ointment (generic for Aclovate®) | Aqua Glycolic® HC Kit |
| fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil) | Capex® Shampoo |
| hydrocortisone cream / gel/ lotion / ointment (generic for Hytone®) | DermaSmoothe® FS Scalp and Body Oil |
| hydrocortisone in absorbase | Dermasorb™ HC Lotion |
| | Desonate® Gel |
| | desonide cream / ointment (generic for DesOwen®) - **Exemption for children < 12 years of age** |
| | desonide lotion (generic for DesOwen® Lotion) |
| | DesOwen® Lotion |
| | Micort-HC Cream |
| | Pediaderm® HC Kit / TA Kit |
| | Texacort® Solution |

#### Medium Potency

| Preferred | Non-Preferred |
|---|---|
| fluticasone cream / ointment (generic for Cutivate®) | clocortolone cream / pump (generic for Cloderm®) |

| | |
|---|---|
| mometasone cream / ointment / solution (generic for Elocon®) | Cloderm® Cream / Pump<br>Cordran® Tape<br>Cutivate® Cream / Lotion<br>Dermatop® Cream / Emollient Cream / Ointment<br>Elocon® Cream / Lotion / Ointment<br>fluocinolone cream / ointment / solution (generic for Synalar®)<br>flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion)<br>flurandrenolide ointment (generic for Cordran® ointment)<br>fluticasone lotion (generic for Cutivate® Lotion)<br>hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)<br>hydrocortisone valerate cream / ointment (generic for Westcort®)<br>Locoid® Lotion<br>Luxiq® Foam<br>Pandel® Cream<br>predincarbate cream / ointment (generic for Dermatop®)<br>Synalar® Cream / Ointment / Kit / Solution / TS Kit |

## TOPICALS

### STEROIDS (Continued)

#### High Potency

| Preferred | Non-Preferred |
|---|---|
| betamethasone valerate cream / lotion / ointment (generic for Valisone®) | amcinonide cream / lotion / ointment (generic for Cyclocort®) |
| fluocinonide-solution (generic for Lidex® / Lidex® E) | betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®) | betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®)<br>betamethasone valerate foam (generic for Valisone®)<br>desoximetasone cream / gel / ointment (generic for Topicort®)<br>diflorasone cream / ointment (generic for Florone®)<br>Diprolene® Lotion / Ointment / AF Cream<br>fluocinonide cream / emollient cream / gel (generic for Lidex® / Lidex® E)<br>fluocinonide ointment (generic for Lidex® Ointment)<br>Halog® Cream / Ointment<br>Kenalog® Spray<br>Sernivo® Spray<br>Dermasorb™ TA Cream<br>Dermacin Silapak®<br>Dermacin RX Silazone®<br>Sanaderm®RX Solution<br>Silazone®II<br>Topicort® Cream / Gel / Ointment / Spray / LP<br>triamcinolone spray (generic for Kenalog® Spray)<br>Trianex® Ointment<br>Vanos® Cream<br>Vanos® Cream<br>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®) |
| Clobex® Shampoo | clobetasol lotion / shampoo (generic for Clobex®) |
| halobetasol propionate cream / ointment (generic for Ultravate®) | clobetasol spray (generic for Clobex® spray)<br>Clobex® Lotion / Spray<br>Clodan® Kit / Shampoo<br>Olux® Foam / E-Foam<br>Temovate® Cream / Emollient Cream / Ointment<br>Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack |

| | |
|---|---|
| | Ultravate® Lotion |

**MISCELLANEOUS**

ANTIPSORIATICS, ORAL

| Preferred | Non-Preferred |
|---|---|
| Acitretin (generic for Soriatane®) | 8-MOP® |
| | Methoxsalen Rapid (generic for Oxsoralen-Ultra®) |
| | Oxsoralen-Ultra® |
| | Soriatane® |
| | Soriatane® |

EPINEPHRINE, SELF INJECTED

| Preferred | Non-Preferred |
|---|---|
| epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) | Adrenaclick® Auto Injector |
| | epinephrine auto injector (generic for Adrenaclick®) |
| | Epi-Pen® Auto Injector / JR Auto Injector |

ESTROGEN AGENTS, COMBINATIONS

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

PROGESTATIONAL AGENTS

| Preferred | Non-Preferred |
|---|---|
| Makena® (hydroxyprogesterone caproate injection) | Makena® Auto-Injector |
| Compounded 17 P | |

**MISCELLANEOUS**

ESTROGEN AGENTS, ORAL/TRANSDERMAL

| Preferred | Non-Preferred |
|---|---|
| Cenestin® Tablet | Alora® Patch |
| Climara® Patch / Pro Patch | Divigel® Gel Packet |
| CombiPatch® | Duavee® Tablet |
| Enjuvia® Tablet | Elestrin® Gel |
| Estrace® Tablet | Menostar® Patch |
| estradiol patch (generic for Climara®, Menostar®,Vivelle-Dot®) | Mini-Velle® Patch |
| estradiol tablet (generic for Estrace®) | Vivelle-Dot® Patch |
| estropipate tablet (generic for Ogen®) | |
| Evamist® Spray | |
| Menest® Tablet | |
| Premarin® Tablet | |

ESTROGEN AGENTS, VAGINAL PREPARATIONS

| Preferred | Non-Preferred |
|---|---|
| Estring® Vaginal Ring | Estrace® Cream |
| Premarin® Vaginal Cream | estradiol vaginal tablet / cream |
| Vagifem® Vaginal Tablet | Femring® Vaginal Ring |
| | Yuvafem® |

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

## GLUCOCORTICOID STEROIDS, ORAL

| Preferred | Non-Preferred |
|---|---|
| budesonide EC capsule (generic for Entocort® EC) | Cortef® Tablet |
| dexamethasone elixir / tablet (generic for Decadron®) | cortisone tablet (generic for Patisone®) |
| dexamethasone solution (generic for Concedix®) | Dexamethasone 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®) |
| prednisone dose pack (generic for Sterapred®) | Millipred® Dose Pack / Tablet / Solution |
| prednisone solution / tablet (generic for Deltasone®) | PediaPred® Solution |
| | prednisolone ODT (generic for Orapred® ODT) |
| | Prednisone Intensol® Concentrated Solution |
| | Rayos® Tablet |
| | Veripred® Solution |
| | Taperdex® Tablet |
| | Zodex™ Tablet |

## IMMUNOMODULATORS, SYSTEMIC

**Clinical criteria apply to all drugs in this class**

**Trial and failure of only one preferred drug required**

| Preferred | Non-Preferred |
|---|---|
| Enbrel® Kit / Sureclick Syringe / Syringe | Actemra® Syringe / Vial |
| Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe | Arcalyst® SQ Syringe |
| | Cimzia® Starter Kit / Syringe Kit / Vial Kit |
| | Cosentyx® Pen / Syringe |
| | Enbrel® Mini |
| | Entyvio® Vial |
| | Ilaris® Injection |
| | Inflectra™ Vial |
| | Kevzara® |
| | Orencia® SQ Syringe / Clickjet |
| | Orencia® Vial |
| | Otezla® Starter Pack / Tablet |
| | Remicade® Injection |
| | Renflexis™ Injection |
| | Simponi® Aria Vial / Pen Injector / Syringe |
| | Stelara® Syringe |
| | Taltz® Auto-injector/syringe |
| | Tremfya® |
| | Xeljanz® Tablet/ Xeljanz®XR |
| | Siliq® |
| | Kineret® Syringe - **Exemption for diagnosis of Neonatal Onset: Multi-System Inflammatory Disease** |

# MISCELLANEOUS

## IMMUNOSUPPRESSANTS

| 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 | |

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| | |
|---|---|
| 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 ANTAGONIST

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

## OPIOID DEPENDENCE

**Clinical criteria apply to all drugs in this class**

**Trial and failure of Suboxone® SL film required for coverage of non-preferred options**

**For coverage of Sublocade- must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.**

| Preferred | Non-Preferred |
|---|---|
| Suboxone® SL Film | Bunavail® Film |
| Sublocade™ | buprenorphine sl tablet (generic for Subutex®) |
| | buprenorphine-naloxone sl tablet (generic for Suboxone®) |
| | Zubsolv® Tablet SL |

## SKELETAL MUSCLE RELAXANTS

| Preferred | Non-Preferred |
|---|---|
| baclofen tablet (generic for Lioresal®) | Amrix® ER Capsule |
| chlorzoxazone tablet (generic for Parafon Forte®) | 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®) |
| | orphenadrine citrate ampule / tablet / vial (generic for Norflex®) |
| | Parafon® Forte Caplet |
| | Robaxin® Tablet / Vial |
| | Skelaxin® Tablet |
| | tizanidine capsules (generic for Zanaflex® Capsule) |
| | Zanaflex® Capsule / Tablet |

## 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) |

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ACCU-CHEK® Nano SmartView care kit
ACCU-CHEK® Guide Retail care kit

**Test Strips**

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

**Lancets**

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

ACCU-CHEK® Multiclix lancing device kit

ACCU-CHEK® Fastclix lancing device kit

**Control Solutions**

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