North Carolina Division	of Medical Assistance	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
Effective April 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		
In addition to trial and failure criteria, clinical	•	
Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <u>www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html</u> More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm		
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 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	
	Razadynow ER Capsule / Taolet	
ANALG	ESICS	
OPIOID AN		
Long A	-	
Clinical criteria apply to		
Preferred	Non-Preferred	
Butrans® Patch	Arymo® ER	
Embeda® ER Capsule	Avinza® Capsule	
fentanyl patch 12mcg/25mcg/50mcg/75mcg/100mcg (generic for Duragesic®) Kadian® Capsule	Belbuca (Buccal) 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	
	Xarrems® AK 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	
ANALG		
OPIOID ANALGE		
Short Acting Sch		
Clinical criteria apply to	-	
Preferred	Non-Preferred	
Endocet® Tablet (branded generic for Percocet®)	codeine sulfate solution / tablet	
hydrocodone-acetaminophen solution/ tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®,	Demerol® Tablet	
Vicodin®) hydrocodona ihunrofan tahlat (ganaric for Ihudona®, Panravain®, Viconrofan®)		
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Dilaudid® Tablet)	Dilaudid® Liquid / Tablet Endodan® Tablet (branded generic for Percodan®)	
nyaromorphone tablet (generic tor Dilaudidus Tablet)		
morphine solution / tablet (generic for MSIR®)	Hycet <sup>®</sup> Solution	

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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 <sup>®</sup> Solution	
	Roxicodone® Tablet	
	Vicodin® Tablet / ES Tablet / HP Tablet	
	Vicoprofen® Tablet	
	Xodol® Tablet	
	Zamicet <sup>®</sup> Solution	
	ANALGESICS	
	ANALGESICS (Continued)	
Short Acting Sched	ule III – IV Analgesic Combinations	
Clinical criter	ia 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	

Synalgos-DC® Capsule tramadol ER tablet (generic for Ultram ER®, Ryzolt®) Tylenol® with Codeine Tablet Ultracet® Tablet Ultram® Tablet / ER Tablet **ANALGESICS** NSAIDS

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buprofen suspension / tablet (generic for Motrin®)	Anaprox® Tablet / DS Tablet
ndomethacin capsule (generic for Indocin®)	Arthrotec® Tablet
tetorolac tablet (generic for Toradol®)	DayPro® Caplet
neloxicam 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®)
ulindac tablet (generic for Clinoril®)	diflunisal tablet (generic for Dolobid®)
	EC-Naprosyn <sup>®</sup> 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 <sup>®</sup> 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
referred elecoxib capsule (generic for Celebrex®) - Clinical criteria apply	INON-Preferred Celebrex® Capsule - Clinical criteria apply
Accord capsure (generic for Celebrertw) - Chinical criteria appiy	Duexis® Tablet
	Vimovo®
	ANALGESICS
N	IEUROPATHIC PAIN
Preferred	Non-Preferred
luloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution (generic for Neurontin®)	Gralise® Starter Pack / Tablet
/	Horizant®
	Irenka® Capsule
	Lyrica® Capsule / Solution

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	Lyrica® CR	
	Neurontin® Capsule / Solution / Tablet	
	Savella® Tablet / Titration Pack	
	Dermacin RX <sup>®</sup> PHN PAK	
	lidocaine patch (generic for Lidoderm®) -Clinical criteria apply	
	Lidoderm® Patch - Clinical criteria apply	
	Qutenza® Kit	
	NVULSANTS	
	INE DERIVATIVES	
° *	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		
	ENERATION	
· · · · ·	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)	
livalproex 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®)		
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®)		
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet		
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet valproic acid capsule / solution (generic for Depakene®)		
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®)		
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	NVULSANTS	
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	NVULSANTS GENERATION	
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICO SECOND (		
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICO SECOND (	GENERATION	
henytoin chewable / capsules / infatab / suspension (generic for Dilantin®) henytoin extended capsules (generic for Phenytek®) Primidone® Tablet "alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICO SECOND C Patients with a diagnosis of seizure disorder are exempt from tr Preferred	GENERATION ial and failure criteria and may use any second generation product.	
henytoin chewable / capsules / infatab / suspension (generic for Dilantin®) henytoin extended capsules (generic for Phenytek®) Primidone® Tablet 'alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICOL SECOND C Patients with a diagnosis of seizure disorder are exempt from tr Preferred clonazepam tablet (generic for Klonopin®)	GENERATION ial and failure criteria and may use any second generation product. Non-Preferred	
henytoin chewable / capsules / infatab / suspension (generic for Dilantin®) henytoin extended capsules (generic for Phenytek®) Primidone® Tablet 'alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICO SECOND C Patients with a diagnosis of seizure disorder are exempt from tr Preferred clonazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System	GENERATION ial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet	
henytoin chewable / capsules / infatab / suspension (generic for Dilantin®) henytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution ANTICO SECOND C Patients with a diagnosis of seizure disorder are exempt from tr Preferred clonazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®)	GENERATION tial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution	
Anticol Anticol Anticol Anticol Beneric for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®) Carontin® Capsule / Solution Anticol SECOND ( Patients with a diagnosis of seizure disorder are exempt from tr Preferred Conazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®) Gabitril® Tablet	GENERATION ial and failure criteria and may use any second generation product. Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution clonazepam ODT (generic for Klonopin® Wafer)	
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution Capsule / Solution ANTICO SECOND C Patients with a diagnosis of seizure disorder are exempt from tr Preferred clonazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®) Gabitril® Tablet amotrigine chewable / tablet (generic for Lamictal®)	GENERATION  ial and failure criteria and may use any second generation product.  Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial/ Pedi System)	
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution Capsule / Solution Capsule / Solution Patients with a diagnosis of seizure disorder are exempt from tr Preferred Conazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®) Gabitril® Tablet amotrigine chewable / tablet (generic for Lamictal®) evetiracetam tablet / ER tablet / solution (generic for Keppra®/ XR)	GENERATION  iial and failure criteria and may use any second generation product.  Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Fycompa® Tablet / Kit/Suspension	
ohenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) ohenytoin extended capsules (generic for Phenytek®) Primidone® Tablet /alproic acid capsule / solution (generic for Depakene®) Zarontin® Capsule / Solution Zarontin® Capsule / Solution	GENERATION  iial and failure criteria and may use any second generation product.  Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial/ Pedi System) Fycompa® Tablet / Kit/Suspension gabapentin tablet (generic for Neurontin® Tablet)	
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 <u>ANTICO</u> <u>SECOND (</u> <u>Patients with a diagnosis of seizure disorder are exempt from tr</u> <u>Preferred</u> clonazepam tablet (generic for Klonopin®) Diastat® Accudial / Pedi System gabapentin capsule / solution (generic for Neurontin®) Gabitril® Tablet lamotrigine chewable / tablet (generic for Lamictal®) levetiracetam tablet / ER tablet / solution (generic for Keppra®/ XR) Sabril® Powder Packet Topiragen® Tablet (branded generic for Topamax®)	GENERATION  iial and failure criteria and may use any second generation product.  Non-Preferred Banzel® Suspension / Tablet Briviact ® Tablet and Solution clonazepam ODT (generic for Klonopin® Wafer) diazepam rectal / system (generic for Diastat® Accudial/ Pedi System) Fycompa® Tablet / Kit/Suspension gabapentin tablet (generic for Neurontin® Tablet) Gralise® Starter Pack / Tablet	
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	GENERATION         ial and failure criteria and may use any second generation product.         Non-Preferred         Banzel® Suspension / Tablet         Briviact ® Tablet and Solution         clonazepam ODT (generic for Klonopin® Wafer)         diazepam rectal / system (generic for Diastat® Accudial / Pedi System)         Fycompa® Tablet / Kit/Suspension         gabapentin tablet (generic for Neurontin® Tablet)         Gralise® Starter Pack / Tablet         Keppra® Tablet / Solution / XR Tablet	
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 ANTICO SECOND C Patients with a diagnosis of seizure disorder are exempt from tr	GENERATION         ial and failure criteria and may use any second generation product.         Non-Preferred         Banzel® Suspension / Tablet         Briviact ® Tablet and Solution         clonazepam ODT (generic for Klonopin® Wafer)         diazepam rectal / system (generic for Diastat® Accudial / Pedi System)         Fycompa® Tablet / Kit/Suspension         gabapentin tablet (generic for Neurontin® Tablet)         Gralise® Starter Pack / Tablet         Keppra® Tablet / Solution / XR Tablet         Klonopin® Tablet	

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	Lyrica® Capsule / Solution	
	Neurontin® Capsule / Solution / Tablet	
	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-INFECTIV	ES-SYSTEMIC	
ANTIBI	OTICS	
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®) cephalexin capsule / suspension / tablet (generic for Keflex®)	Keflex® Capsule	
Suprax® Capsule / Chewable / Suspension/ Tablet		
Suprares Capsulo / Chevralle / Superision 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-INFECTIV		
ANTIBIOTICS Macrolides an		
Preferred Macrolides an	Non-Preferred	
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	Non-Freierrea 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 <sup>®</sup> Suspension	
erythromycin es 200mg suspension (generic for E.E.S.® Suspension)		
erythromycin es tablet (E.E.S® Filmtab)		
Nitromid	ezolos	

Nitromidazoles

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More information on the PDL can be four	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl® Tablet)	Alinia® Suspension/Tablet
vancomycin capsule (generic for Vancocin®)	Dificid® Tablet
	Flagyl® Capsule / ER Tablet/ Tablet metronidazole capsule (generic for Flagyl® Capsule)
	neomycin tablet (generic for Mycifradin®)
	paromomycin capsule (generic for Humatin®)
	Solosec™
	Tindamax® Tablet
	tinidazole tablet (generic for Tindamax®)
	Vancocin® Capsule
	Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
	Quinolones
Preferred	Non-Preferred
Cipro® Suspension	Avelox® Tablet / ABC Pack
ciprofloxacin tablets (generic for Cipro®)	Baxdela™ Tablets
evofloxacin tablet (generic for Levaquin® Tablet)	Cipro® Tablet / XR Tablet
noxifloxacin tablet (generic for Avelox®)	ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)
(6	Levaquin® Solution/ Tablet
	levofloxacin solution (generic for Levaquin® Solution)
	ofloxacin tablet (generic for Floxin®)
ANTI-INI	FECTIVES-SYSTEMIC
	BIOTICS (Continued)
	acycline Derivatives
Preferred	Non-Preferred
loxycycline hyclate capsule/ tablet (generic for Vibramycin®, Vibra-Tab®)	Adoxa® Capsule
loxycycline 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 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®)
	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®) 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
	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 Ximino™ 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
elotrimazole troche (generic for Mycelex Troche®)	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®) fluconazole 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 years of age

North Carolina Division of Medical Assistance		
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)	
Effective April 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, clinical		
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		
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®)	
	ketoconazole tablet (generic for Nizoral®)	
	Lamisil® Granules Packet/ Tablet	
	Noxafil® Suspension/ Tablet	
	Onmel® Tablet	
	Oravig® Buccal Tablet	
	Sporanox® Capsule / Solution	
	Vfend® Suspension / Tablet	
	voriconazole suspension / tablet (generic for Vfend®)	
ANTIV		
Preferred Hepatitis		
Preferred Baraclude® Solution / Suspension	<b>Non-Preferred</b> 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-INFECTIV		
ANTIVIRALS		
Hepatitis		
Preferred	Non-Preferred	
Conserve T-hlat		
Copegus® Tablet Medariha® Desenack (branded gapario for Pibernharra® Pibernek)	Pegasys® Vial	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)	Pegasys® Vial Ribasphere® Ribapak	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®)	Pegasys® Vial	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe	Pegasys® Vial Ribasphere® Ribapak	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®)	Pegasys® Vial Ribasphere® Ribapak	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol)	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret™ (8 weeks of therapy)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret™ (8 weeks of therapy)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4)	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret <sup>™</sup> (12 weeks of therapy)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
All genotypes with compensated cirrhosis (Child Pugh-A)         All genotypes with decompensated cirrhosis (Child-Pugh B and C)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret <sup>™</sup> (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child-Pugh B and C)</u> Epclusa® Tablet in combination with ribavirin <u>All genotypes previously treated with an HCV regimen containing an NS5A inhibitor</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret <sup>™</sup> (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child-Pugh B and C)</u> Epclusa® Tablet in combination with ribavirin <u>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</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret <sup>™</sup> (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child-Pugh B and C)</u> 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 <u>containing sofosbuvir without an NS5A inhibitor.</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret <sup>™</sup> (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret <sup>™</sup> (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child-Pugh B and C)</u> Epclusa® Tablet in combination with ribavirin <u>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</u>	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret™ (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret™ (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child Pugh B and C)</u> 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 <u>containing sofosbuvir without an NS5A inhibitor.</u> Vosevi™	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret™ (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret™ (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child Pugh B and C)</u> 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 <u>containing sofosbuvir without an NS5A inhibitor.</u> Vosevi™	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) • all drugs in this class • April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet	
All genotypes with out cirrhosis Mavyret <sup>™</sup> (8 weeks of therapy) All genotypes with decompensated cirrhosis (Child Pugh-A) Mavyret <sup>™</sup> (12 weeks of therapy) All genotypes with decompensated cirrhosis (Child-Pugh B and C) Epclusa® Tablet in combination with ribavirin All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1 a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. Vosevi™ Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet Zepatier® Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak) Moderiba® Tablet (branded generic for Copegus®) Pegasys® Proclick / Syringe ribavirin capsule / tablet (generic for Copegus®, Rebetol®) Clinical criteria apply to November 1, 2017 <u>All genotypes without cirrhosis</u> Mavyret™ (8 weeks of therapy) <u>All genotypes with compensated cirrhosis (Child Pugh-A)</u> Mavyret™ (12 weeks of therapy) <u>All genotypes with decompensated cirrhosis (Child Pugh B and C)</u> 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 <u>containing sofosbuvir without an NS5A inhibitor.</u> Vosevi™	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet Zepatier® Tablet	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)         Moderiba® Tablet (branded generic for Copegus®)         Pegasys® Proclick / Syringe         ribavirin capsule / tablet (generic for Copegus®, Rebetol®)         Clinical critteria apply to         November 1, 2017         All genotypes without cirrhosis         Mavyret™ (8 weeks of therapy)         All genotypes with compensated cirrhosis (Child Pugh-A)         Mavyret™ (12 weeks of therapy)         All genotypes with decompensated cirrhosis (Child-Pugh B and C)         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.         Vosevi™         Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)         Clinical criteria apply to	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class '- April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet Zepatier® Tablet all drugs in this class rd after Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a	
Moderiba® Dosepack (branded generic for Ribasphere® Ribapak)         Moderiba® Tablet (branded generic for Copegus®)         Pegasys® Proclick / Syringe         ribavirin capsule / tablet (generic for Copegus®, Rebetol®)         Clinical critteria apply to         November 1, 2017         All genotypes without cirrhosis         Mavyret™ (8 weeks of therapy)         All genotypes with compensated cirrhosis (Child Pugh-A)         Mavyret™ (12 weeks of therapy)         All genotypes with decompensated cirrhosis (Child-Pugh B and C)         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.         Vosevi™         Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)         Clinical criteria apply to	Pegasys® Vial Ribasphere® Ribapak Ribasphere® Capsule / Tablet (branded generic for Rebetrol) all drugs in this class - April 30, 2018 Daklinza® Tablet (for genotype 3) - must request Sovaldi® in addition to Daklinza® with a separate PA Harvoni® Tablet Olysio® Capsule Sovaldi® Tablet Technivie™ Dose Pack (for genotype 4) Viekira™ Pak Viekira™ XR Tablet Zepatier® Tablet	

North Carolina Division	of Medical Assistance	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
	e ( )	
Effective A <sub>I</sub>		
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	5	
Drugs requiring prior authorization, clinical criteria and		
www.nctracks.nc.gov/content/public/providers/	• •	
More information on the PDL can be found at: <u>ht</u>		
Mavyret <sup>TM</sup> (8 weeks of therapy)	Olysio® Capsule	
	Sovaldi® Tablet	
All genotypes with compensated cirrhosis (Child Pugh-A)	Technivie™ Dose Pack (for genotype 4)	
Mavyret <sup>TM</sup> (12 weeks of therapy)	Viekira <sup>™</sup> Pak	
	Viekira™ XR Tablet	
All genotypes with decompensated cirrhosis	Zepatier® Tablet	
Epclusa® Tablet in combination with ribavirin	1	
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 Tr	eatments	
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	
Influe	nza	
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	
Antibiotics	, Inhaled	
Trial and failure of only on	e preferred drug required	
Preferred	Non-Preferred	
Kitabis <sup>™</sup> Pak (tobramycin inhalation solution)	Cayston®	
Bethkis® (tobramycin inhalation solution)	tobramycin solution / pak	
	Tobi®	
BEHAVIORA	L HEALTH	
ANTIDEPR	ESSANTS	
Oth		
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®	
venarazme taolet/ ER capsules (generit 101 Elickol/9, Elickol/9 AK)	Marpian® Nardil® Tablet	
	nefazodone tablet (generic for Serzone®)	
	Oleptro® ER Tablet	
	Okputos EX Tablet	
	Deletion ED Telet	
	Pristiq® ER Tablet	
	Remeron® Solutab / Tablet	
	Remeron® Solutab / Tablet Savella® Tablet / Titration Pack	
	Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER)	
	Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER) Viibryd® Starter Pack / Tablet	
	Remeron® Solutab / Tablet Savella® Tablet / Titration Pack venlafaxine ER tablets (generic for Effexor® ER)	

### Effective April 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>

BE	CHAVIORAL HEALTH
ANTII	DEPRESSANTS (Continued)
	erotonin 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®)
Solution concentrated solution, about (generic for Zolortes)	Lexapro® Solution/ Tablet
	paroxetine capsule (generic for Brisdelle® Capsule)
	paroxetine Capsule (generic for Paxil CR®)
	Paxil® Suspension / Tablet / CR Tablet
	Pexeva® Tablet
	Prozac <sup>®</sup> Pulvule / Weekly Capsule
	Sarafem® Tablet
	Zoloft® Solution / Tablet
A NIT	IHYPERKINESIS / ADHD
Preferred	Non-Preferred
Aptensio® XR	Adderall® Tablet (GENERIC PRODUCT PER FDA)
Adderall® XR Capsule	Addenars <sup>™</sup> 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 <sup>®</sup> )
Concerta® Tablet	Cotempla <sup>™</sup> 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 <sup>®</sup> 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
ATYI	PICAL ANTIPSYCHOTICS
	Injectable Long Acting
	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	

Effective April 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>

Zyprexa® Relprevv Vial Kit

	BEHAVIORAL HEALTH
A	TYPICAL ANTIPSYCHOTICS
	Oral
Trial and fr	ailure of only one preferred drug required
Preferred	Non-Preferred
Abilify® Discmelt	Abilify® Tablet
ripiprazole Tablet / Solution (generic for Abilify®)	aripiprazole ODT (generic for Abilify®)
lozapine tablet (generic for Clozaril®)	clozapine ODT (generic for FazaClo®)
azaClo® ODT	Clozaril® Tablet
atuda® Tablet	Fanapt® Titration Pack
lanzapine ODT / tablet (generic for Zyprexa®)	Fanapt® Tablet
aliperidone (generic for Invega® Tablet)	Geodon® Capsule
uetiapine tablet (generic for Seroquel®)	Invega® Tablet
uetiapine ER tablet (generic for Seroquel® XR Tablet)	Nuplazid® Tablet
isperidone ODT / solution/tablet (generic for Risperdal®)	olanzapine-fluoxetine (generic for Symbyax®)
aphris® SL Tablet	Risperdal® Solution / Tablet / M-Tab ODT
Symbyax® Capsule	Rexulti® Tablet
iprasidone capsule (generic for Geodon®)	Seroquel® Tablet
······································	Seroquel® XR Tablet / XR Sample Kit
	Versacloz® Suspension
	Vraylar® Capsule
	Zyprexa® Tablet / Zydis Tablet
	CARDIOVASCULAR
	ACE INHIBITORS
Preferred	Non-Preferred
enazepril tablet (generic for Lotensin®)	Aceon®
enalapril tablet (generic for Vasotec®)	Accupril® Tablet
isinopril tablet (generic for Prinivil® and Zestril®)	Altace® Capsule
amipril capsule (generic for Altace®)	captopril tablet (generic for Capoten®)
ampin expose (Senere tot ringe a)	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
	Zastril® Tablat
	Zestril® Tablet
	LCIUM CHANNEL BLOCKER COMBINATIONS
Preferred	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred
Preferred	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule
	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule Tarka® ER Tablet
Preferred	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule
<b>Preferred</b> mlodipine-benazepril capsule (generic for Lotrel®)	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule Tarka® ER Tablet trandolapril-verapamil ER tablet (generic for Tarka®)
Preferred mlodipine-benazepril capsule (generic for Lotrel®) ACE INH	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule Tarka® ER Tablet trandolapril-verapamil ER tablet (generic for Tarka®) IBITOR DIURETIC COMBINATIONS
<b>Preferred</b> umlodipine-benazepril capsule (generic for Lotrel®)	LCIUM CHANNEL BLOCKER COMBINATIONS Non-Preferred Lotrel® Capsule Tarka® ER Tablet trandolapril-verapamil ER tablet (generic for Tarka®)

North Carolina Division of Medical Assistance		
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
Effective April 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		
	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	
CARDIOVA	ASCULAR	
ANGIOTENSIN II REG	CEPTOR 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®)	
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	
	Azor® Tablet	
	Prestalia®	
	telmisartan-amlodipine tablet (generic for Twynsta®)	
	Tribenzor® Tablet	
	Twynsta® Tablet	
	,	
ANGIOTENSIN II RECEPTOR BLO	CKER DIURETIC COMBINATIONS	
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	IYTHMICS	
Preferred	Non-Preferred	
amiodarone tablet (generic for Cordarone®)	Cordarone® Tablet	
disopyramide capsule (generic for Norpace®)	dofetilide capsule (generic for Tikosyn®)	

Effective April 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>htt</u>	p://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

CADDIOVAS

DVASCULAR
BLOCKERS
Non-Preferred
acebutolol capsule (generic for Sectral®)
Betapace® AF Tablet / Tablet
betaxolol tablet (generic for Kerlone®)
bisoprolol tablet (generic for Zebeta®)
Bystolic® Tablet
carvedilol ER (generic for Coreg® CR Capsule)
Coreg® Tablet / CR Capsule
Corgard® Tablet
Hemangeol <sup>®</sup> Solution
Inderal® LA Capsule / XL Capsule
Innopran <sup>®</sup> 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
URETIC COMBINATION
Non-Preferred
Corzide® Tablet
Dutoprol® Tablet
Lopressor® HCT Tablet
metoprolol-HCTZ tablet (generic for Lopressor® HCT)
propranolol-HCTZ tablet (generic for Inderide®)
nadolol-bendroflumethiazide (generic for Corzide®)
Tenoretic® Tablet
Ziac® Tablet
SEQUESTRANTS
Non-Preferred
colectipol granules (generic for Colectid® Granules)
Colestid® Granules / Tablet
Prevalite® Packet / Powder
Questran® Light Powder / Packet / Powder
Welchol® Packet / Tablet
WASCIII AD
DVASCULAR LOWERING AGENTS

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

### Effective April 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	

atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
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®)
	ezetimibe-simvastatin (generic for Vytorin®)
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	ASODILATORS
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®, Nitrostat®, Nitrolingual®, Nitromist®)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur® Patch
	Nitrolingual® Spray
	Nitromist® Spray
DIHYDROPYRIDINE CALCI	UM 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 <sup>®</sup> Solution
	Procardia® Capsule / XL Tablet
	Sular® Tablet
DIRECT RENI	N INHIBITOR
Preferred	Non-Preferred
Tekturna® HCT Tablet	
Tekturna® Tablet	
ENDOTHELIN RECEP	TOR ANTAGONISTS
Covered for diagnosis of Pulmon	ary Arterial Hypertension only
Preferred	Non-Preferred
Letairis® Tablet	Opsumit® Tablet
Tracleer® Tablet	Tracleer® Suspsension
CARDIOV	
INHALED PROSTAG	CYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso® Refill Kit/ Solution / Starter Kit	
Ventavis® Solution	

North Carolina Division	of Modical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Ap	oril 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, clinical	•
Drugs requiring prior authorization, clinical criteria and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: ht	
NIACIN DEF	
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
	Cardizem® LA Tablet
Dilt XR® Capsule (branded generic for Dilacor XR®)	
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
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and	Chronic Thromboembolic Pulmonary Hypertension- Adempas®
Preferred	Non-Preferred
Adcirca® Tablet	Adempas® Tablet
sildenafil (generic for Revatio®) tablet	Orenitram® ER Tablet
	Revatio® Suspension / Tablet
	Uptravi® Tablet
PLATELET I	
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	
CARDIOVA	
SYMPATHOLYTICS A	
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®)

North Carolina D	ivision of Medical Assistance
	Health Choice Preferred Drug List (PDL)
	tive April 1, 2018
	-
	drugs are required unless otherwise indicated. PDL. All drugs in the classes not included are considered preferred.
	a, clinical criteria (indicated in RED) may also apply.
	iteria and prior authorization request forms can be found at:
	roviders/pharmacy/pa-drugs-criteria-new-format.html
More information on the PDL can be four	nd at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	methyldopate injection (generic for Aldomet® Injection)
	reserpine tablet (generic for Serpalan®)
	Tenex® Tablet
	IDE LOWERING AGENTS
Preferred	Non-Preferred
enofibrate tablet (Tricor®)	Antara® Capsule
fenofibric acid capsule / tablet (Trilipix®)	fenofibrate capsule / tablet (generic for Antara®, Lofibra®, <del>Tricor®</del> )
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
	Londraw Capsule / Tablet Lopid® Tablet
	Lopid® rabiet 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
	Vascepa® Capsule
	L NERVOUS SYSTEM
ANTIN	L NERVOUS SYSTEM MIGRAINE AGENTS
ANTI Quantity	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans
ANTIN Quantity Preferred	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred
ANTIN Quantity Preferred rizatriptan ODT (generic for Maxalt MLT®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet
ANTIN Quantity rizatriptan ODT (generic for Maxalt MLT®) rizatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet eletriptan (generic for Relpax® Tablet)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet eletriptan (generic for Relpax® Tablet) frovatriptan tablet (generic for Frova®)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet eletriptan (generic for Relpax® Tablet) frovatriptan tablet (generic for Frova®) Frova® Tablet
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) 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
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	<b>IL NERVOUS SYSTEM</b> MIGRAINE AGENTS <b>Imits apply to all triptans Non-Preferred</b> Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	Inits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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®)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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®
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	<b>L NERVOUS SYSTEM</b> MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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
ANTIN Quantity Preferred izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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 (generic for Amerge®)         Onzetra Xsail Nasal Powder®         Relpax® Tablet         sumatriptan kit / refill/ injection (generic for Imitrex®)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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 kit / refill/ injection (generic for Imitrex®)         sumatriptan/naproxen (generic for Treximet® Tablet)
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         imits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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 kit / refill/ injection (generic for Imitrex®)         sumatriptan/naproxen (generic for Treximet® Tablet)         Sumavel DosePro® Syringe
ANTIN Quantity rizatriptan ODT (generic for Maxalt MLT®) rizatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) Amerge® Tablet Axert® Tablet Cambia® Powder Packet eletriptan (generic for Relpax® Tablet) frovatriptan tablet (generic for Frova®) Frova® Tablet Imitres® 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
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         Amerge® Tablet         Axert® Tablet         Cambia® Powder Packet         eletriptan (generic for Relpax® Tablet)         frovatigtan 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, it / refill/ injection (generic for Imitrex®)         sumatriptan/naproxen (generic for Treximet® Tablet)         Sumavel DosePro® Syringe         Treximet® Tablet         Zembrace® SymTouch®
ANTIN Quantity izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) 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/naproxen (generic for Imitrex®) sumatriptan/naproxen (generic for Treximet® Tablet) Sumavel DosePro® Syringe Treximet® Tablet Zembrace® SymTouch® zolmitriptan ODT / tablet (generic for Zomig®)
ANTIN Quantity Preferred izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®)	L NERVOUS SYSTEM         MIGRAINE AGENTS         limits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         Amerge® Tablet         Axert® Tablet         Cambia® Powder Packet         eletriptan (generic for Relpax® Tablet)         frovatigtan 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, it / refill/ injection (generic for Imitrex®)         sumatriptan/naproxen (generic for Treximet® Tablet)         Sumavel DosePro® Syringe         Treximet® Tablet         Zembrace® SymTouch®
ANTIN Quantity I izatriptan ODT (generic for Maxalt MLT®) izatriptan tablet (generic for Maxalt®) numatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) 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/naproxen (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
ANTI Quantity   izatriptan ODT (generic for Maxalt MLT®) izatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)	L NERVOUS SYSTEM MIGRAINE AGENTS limits apply to all triptans Non-Preferred Alsuma® Auto-Injection almotriptan tablet (generic for Axert®) 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/naproxen (generic for Imitrex®) sumatriptan/naproxen (generic for Treximet® Tablet) Sumavel DosePro® Syringe Treximet® Tablet Zembrace® SymTouch® zolmitriptan ODT / tablet (generic for Zomig®)
ANTI Quantity   rizatriptan ODT (generic for Maxalt MLT®) rizatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)	LINERVOUS SYSTEM         MIGRAINE AGENTS         timits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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 hit / 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
ANTI Quantity Preferred rizatriptan ODT (generic for Maxalt MLT®) rizatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) AN Clinical criteria Preferred	L NERVOUS SYSTEM         MIGRAINE AGENTS         imits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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, haproxen (generic for Imitrex®)         sumatriptan kit / refill/ injection (generic for Imitrex®)         sumatriptan kit / refill/ injection (generic for Zomig®)         Zomige Nasal Spray / Tablet / ZMT Tablet         TINARCOLEPSY         apply to all drugs in this class
ANTI Quantity rizatriptan ODT (generic for Maxalt MLT®) rizatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®) AN Clinical criteria	L NERVOUS SYSTEM         MIGRAINE AGENTS         imits apply to all triptans         Non-Preferred         Alsuma® Auto-Injection         almotriptan tablet (generic for Axert®)         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         sumatriptank it / refill/ injection (generic for Imitrex®)         sumatriptank it / refill/ injection (generic for Imitrex®)         sumatry DosePro® Syringe         Treximet® Tablet         Zembrace® SymTouch®         zolmitriptan ODT / tablet (generic for Zomig®)         Zomig® Nasal Spray / Tablet / ZMT Tablet

Effective April 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>

CENTRAL NERVOUS SYSTEM
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	ND 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
Ν	AULTIPLE 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®
c.	
	EDATIVE HYPNOTICS imits 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
zorpacin able (generie for randoms)	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®)
	temazepam 7.5, 22.5 mg capsule (generic for Restoril®) triazolam tablet (generic for Halcion®)
	triazolam tablet (generic for Halcion®)

North Carolina Divi	ision of Medical Assistance
North Carolina Medicaid and He	ealth Choice Preferred Drug List (PDL)
	re April 1, 2018
	ugs are required unless otherwise indicated.
	. All drugs in the classes not included are considered preferred.
	linical criteria (indicated in RED) may also apply.
	ia and prior authorization request forms can be found at:
	<u>iders/pharmacy/pa-drugs-criteria-new-format.html</u> at: http://www.ncdhhs.gov/dma/pharmacy/index.htm
	zolpidem SL tablet (generic for Intermezzo®)
	zolpinist rail spray
CENTRAL	NERVOUS SYSTEM
SMOKI	NG 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 months	12 Nicorette® Gum / Lozenge (Buccal)
Nicorelief® Gum	Zyban® SR Tablet
nicotine gum/ lozenge / patch	
ENDO	OCRINOLOGY
GROW	TH HORMONE
	pply 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
HYPOGLYCI	EMICS - INJECTABLE
Rapid	l Acting Insulin
Preferred	Non-Preferred
Humalog® Vial	Admelog® Solostar / Injection
Novolog® Cartridge / Flexpen / Vial	Afrezza® Inhalation Powder
	Apidra® Solostar / Vial
	Fiasp® Flextouch / Vial
	Humalog® Cartridge
	Humalog® Kwikpen
Short	Acting Insulin
Preferred	Non-Preferred
Humulin® R Vial	Humulin R-U500 Kwikpen®
	Novolin® R Vial/ Relion Vial
	iate Acting Insulin
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N Pen
	Novolin® N Vial / Relion Vial
· · · · · · · · · · · · · · · · · · ·	A stire In culin
	Acting Insulin Non Professed
Preferred Trial and failure of or	Non-Preferred aly one preferred drug required
Lantus® Solostar / Vial	Basaglar Kwikpen®
Levemir® FlexTouch/FlexPen / Vial	Dasagiar Kwikpen® Tresiba® Flextouch
	Toujeo® Solostar
Premixed Ran	id Combination Insulin
Preferred	Non-Preferred
Humalog® Mix 50/50 Kwikpen	
Humalog® Mix 75/25 Kwikpen	
	•

	North Carolina Divisio	n of Medical Assistance
	North Carolina Medicaid and Healt	th Choice Preferred Drug List (PDL)
	Effective A	April 1, 2018
		are required unless otherwise indicated.
Not all		ll 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_
Humalog® Mix 75/25 Vial		
Novolog® Mix 70/30 Flexpen/ Vi	al	
	_	
	Premixed 70/30 C	Combination Insulin
	Preferred	Non-Preferred
Humulin® 70/30 Vial		Humulin® 70/30 Pen
		Novolin® 70/30 Vial / Relion Vial
		RINOLOGY
		NJECTABLE (continued)
	Amylin	Analogs
Requires trial and failure or		unless contraindicated or documented adverse event when using either a preferred
	*	Amylin Analog
	Preferred	Non-Preferred
Symlin <sup>®</sup> Pen Injector		
	CLD 1 December Acc	
D 1 (11 101		nists and Combinations
Requires trial and failure or		unless contraindicated or documented adverse event when using either a preferre eptor 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
		EMICS - ORAL
		n Sulfonylureas
A	Preferred	Non-Preferred
Amaryl® Tablet		
Diabeta® Tablet		
glimepiride tablet (generic for Am glipizide tablet / ER tablet (generic		
Glucotrol® Tablet / XL Tablet	for Glucouolog AL)	
glyburide micronized tablet (gener	ric for Micronase® Glynase®)	
glyburide tablet (generic for Diabe		
Glynase® Tablet		
	Alpha-Glucos	idase Inhibitors
	Preferred	Non-Preferred
acarbose tablet (generic for Precos	;e®)	miglitol tablet (generic for Glyset®)
Glyset® Tablet		Precose® Tablet
	Biguanides an	Combinations
	Preferred	Non-Preferred
glipizide-metformin tablet (generio	c for Metaglip®)	Fortamet® Tablet
glyburide-metformin tablet (gener	ic for Glucovance®)	Glucophage® Tablet / ER Tablet
metformin tablet / ER tablet (gener	ric for Glucophage® / ER)	Glucovance® Tablet
		Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use prefe
		long acting metformin product
		metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®)
		Riomet® Solution

North Carolina Div	vision of Medical Assistance
North Carolina Medicaid and H	Iealth Choice Preferred Drug List (PDL)
	ve April 1, 2018
	rugs are required unless otherwise indicated.
	DL. All drugs in the classes not included are considered preferred.
	clinical criteria (indicated in RED) may also apply.
	eria and prior authorization request forms can be found at:
	viders/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>
DPP-IV Inhi	bitors and Combinations
1 1	ducts unless contraindicated or documented adverse event when using either a preferred or
a non-prefrerred DP	P-IV Inhibitor and Combination
Preferred	Non-Preferred
Janumet <sup>®</sup> Tablet	alogliptin tablet (generic for Nesina®)
anumet® XR Tablet	alogliptin-metformin tablet (generic for Kazano®)
anuvia® Tablet	alogliptin-pioglitazone tablet (generic for Orseni®)
Ientadueto® Tablet	Glyxambi® Tablet
Fradjenta® Tablet	Jentadueto® XR Tablet
	Kazano® Tablet
	Kombiglyze® XR Tablet
	Nesina® Tablet
	Onglyza® Tablet
	Oseni® Tablet
	Qtern® Tablet
	Steglujan™ Tablet
END	OCRINOLOGY
HYPOGLYCE	MICS - ORAL (continued)
1	Meglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	Prandin® Tablet
repaglinide tablet (generic for Prandin®)	Starlix® Tablet
	repaglinide-metformin tablet (generic for Prandimet®)
	repaglinide-metformin tablet (generic for Prandimet®)
Sodium-Glucose Co-Transport	repaglinide-metformin tablet (generic for Prandimet®) ter 2 (SGLT2) Inhibitor and Combinations
*	ter 2 (SGLT2) Inhibitor and Combinations
Requires trial and failure or insufficient response to metformin containing prod	
Requires trial and failure or insufficient response to metformin containing prod	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred of LT2 Inhibitor and Combination Non-Preferred
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokama® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokama® Tablet Invokama® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o SLT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>w</sup> Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or ELT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred <sup>a</sup> arxiga® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o SLT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet Synjardy® Tablet / XR Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred of ELT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet Synjardy® Tablet / XR Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or SLT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>M</sup> Tablet Steglatro <sup>M</sup> Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o SLT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet Steglatro™ Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet diones and Combinations
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o iLT2 Inhibitor and Combination Non-Preferred Invokame® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet Steglatro™ Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o LT2 Inhibitor and Combination Non-Preferred Invokama® Tablet / XR Tablet Invokana® Tablet Segluromet™ Tablet Steglatro™ Tablet Synjardy® Tablet / XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o LT2 Inhibitor and Combination Non-Preferred Invokama® Tablet / XR Tablet Invokama® Tablet Segluromet™ Tablet Steglatro™ Tablet Steglatro™ Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet lardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o LT2 Inhibitor and Combination Non-Preferred Invokama® Tablet / XR Tablet Invokama® Tablet Segluromet™ Tablet Steglatro™ Tablet Steglatro™ Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Actos® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o LT2 Inhibitor and Combination Non-Preferred Invokame® Tablet / XR Tablet Invokama® Tablet Segluromet™ Tablet Steglatro™ Tablet Steglatro™ Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Actos® Tablet Avandamet® Tablet Avandamet® Tablet Avandamet® Tablet Avandamet® Tablet Avandamet® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o CLT2 Inhibitor and Combination Non-Preferred Invokamet® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>m</sup> Tablet Segluromet <sup>m</sup> Tablet Steglatro <sup>m</sup> Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o LT2 Inhibitor and Combination Non-Preferred Invokame® Tablet / XR Tablet Invokame® Tablet Segluromet™ Tablet Steglatro™ Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Ductact® Tablet Ductact® Tablet Ductact® Tablet Ductact® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred o CLT2 Inhibitor and Combination Non-Preferred Invokame® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>m</sup> Tablet Segluromet <sup>m</sup> Tablet Steglatro <sup>m</sup> Tablet Xigduo® XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet ardiance® Tablet Thiazolidinec Preferred bioglitazone tablet (generic for Actos®)	ter 2 (SGLT2) Inhibitor and Combinations  ducts unless contraindicated or documented adverse event when using either a preferred or  LT2 Inhibitor and Combination  Non-Preferred  Invokana® Tablet Invokana® Tablet Seglurom <sup>™</sup> Tablet Seglurom <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Synjardy® Tablet / XR Tablet  diones and Combinations  Non-Preferred  ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duet
Requires trial and failure or insufficient response to metformin containing prod a non-preferred SG Preferred arxiga® Tablet ardiance® Tablet Thiazolidinec Preferred oioglitazone tablet (generic for Actos®)	ter 2 (SGLT2) Inhibitor and Combinations ducts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination Non-Preferred Invokame® Tablet / XR Tablet Invokame® Tablet Segluromet <sup>™</sup> Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Avademet® Tablet / XR Tablet Ctiones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet ROINTESTINAL
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred arxiga® Tablet ardiance® Tablet Thiazolidinec Preferred bioglitazone tablet (generic for Actos®) GASTI ANTIEMETIC-	ter 2 (SGLT2) Inhibitor and Combinations  ducts unless contraindicated or documented adverse event when using either a preferred or  LT2 Inhibitor and Combination  Non-Preferred  Invokana® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet  diones and Combinations  Non-Preferred  ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet Bolet Avandage Tablet Duetact® Tablet Duetact® Tablet Bolet Bo
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet lardiance® Tablet oioglitazone tablet (generic for Actos®) CASTI ANTIEMETIC- Preferred	ter 2 (SGLT2) Inhibitor and Combinations  tucts unless contraindicated or documented adverse event when using either a preferred or  tT2 Inhibitor and Combination  Non-Preferred  Invokana® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>™</sup> Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Synjardy® Tablet / XR Tablet Xigduo® XR Tablet  diones and Combinations  Non-Preferred  ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet ROINTESTINAL -ANTIVERTIGO AGENTS Non-Preferred
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet lardiance® Tablet Thiazolidinec Preferred pioglitazone tablet (generic for Actos®) CASTI ANTIEMETIC- Preferred dimenhydrinate vial (generic for Dramamine®)	ter 2 (SGLT2) Inhibitor and Combinations tucts unless contraindicated or documented adverse event when using either a preferred or t12 Inhibitor and Combination Non-Preferred Invokana® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>™</sup> Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Synjardy® Tablet / XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet ROINTESTINAL ANTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinec Preferred pioglitazone tablet (generic for Actos®) GASTI ANTIEMETIC- Preferred dimenhydrinate vial (generic for Dramamine®) meclizine tablet (generic for Antivert®)	ter 2 (SGLT2) Inhibitor and Combinations tucts unless contraindicated or documented adverse event when using either a preferred or LT2 Inhibitor and Combination Non-Preferred Invokana® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>™</sup> Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Synjardy® Tablet / XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®) ROINTESTINAL ANTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule Anzemet® Tablet / Vial
Requires trial and failure or insufficient response to metformin containing prod a non-prefrerred SG Preferred Farxiga® Tablet Jardiance® Tablet Thiazolidinec Preferred pioglitazone tablet (generic for Actos®) GASTI ANTIEMETIC-	ter 2 (SGLT2) Inhibitor and Combinations tucts unless contraindicated or documented adverse event when using either a preferred or tLT2 Inhibitor and Combination Non-Preferred Invokana® Tablet / XR Tablet Invokana® Tablet Segluromet <sup>™</sup> Tablet Segluromet <sup>™</sup> Tablet Steglatro <sup>™</sup> Tablet Synjardy® Tablet / XR Tablet diones and Combinations Non-Preferred ActoPlus Met® Tablet / XR Tablet Avandamet® Tablet Avandamet® Tablet Duetact® Tablet Duetact® Tablet Duetact® Tablet ROINTESTINAL ANTIVERTIGO AGENTS Non-Preferred Akynzeo® Capsule

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective A	
Trial and failure of two preferred drugs a	
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, 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>	
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
	Sustois 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 ACI	D 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	TESTINAI
H. PYLORI CO	
Preferred	Non-Preferred
Pylera® Capsule	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)
	Omeclamox-Pak® Combo Pack
	Prevpac® Patient Pack
HISTAMINE-2 RECEP	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid®) ranitidine capsule / syrup / tablet (generic for Zantac®)	cimetidine solution/ tablet (generic for Tagamet®) nizatidine capsule / solution (generic for Axid®)
raintume capsule/ syrup/ tablet (generic for Zantaes)	Pepcid® Tablet / Suspension
	Zantac® Tablet
PANCREATI	CENZYMES
Preferred	Non-Preferred
Creon® Capsule	Pancreaze® Capsule
pancrelipase capsule (generic for Pancrease®)	Pertzye® Capsule
Zenpep® Capsule	Ultresa® Capsule
	Viokase® Tablet
PROGESTINS USE	D FOR CACHEXIA
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace®)	Megace® Suspension / ES Suspension
	megestrol ES suspension (generic for Megace® ES)
PROTON PUM	
Preferred	Non-Preferred

#### North Carolina Division of Medical Assistance North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective April 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 Exemption for children < 12 years of age Aciphex® Sprinkle Capsules / Tablets Nexium® RX / Capsule / Packet omeprazole RX capsule (generic for Prilosec® RX) Dexilant® Capsule pantoprazole tablet (generic for Protonix®) esomeprazole capsule (generic for Nexium® RX/ OTC) Protonix® Suspension lansoprazole capsule (generic for Prevacid® RX / OTC) omeprazole OTC capsule / tablet (generic for Prilosec® OTC) omeprazole sodium bicarbonate capsule (generic for Zegerid® RX/ OTC) Prevacid® RX / OTC Capsule / Solutab 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 Giazo® Tablet Sulfazine® (branded generic for Azulfidine®) 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<sup>®</sup> 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 Cardura® Tablet / XL Tablet doxazosin tablet (generic for Cardura®) dutasteride/ tamsulosin capsule (generic Jalyn capsule®) dutasteride capsule (generic Avodart®) finasteride tablet (generic for Proscar®) Flomax<sup>®</sup> Capsule

tamsulosin capsule (generic for Flomax®) terazosin capsule (generic for Hytrin®) Jalyn® Capsule

Proscar® Tablet Rapaflo® Capsule Uroxatral® Tablet

Cialis® Tablet - Clinical criteria apply

North Carolina Division	of Medical Assistance		
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)		
Effective April 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: htt	
		ELECTROLYTI	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		
Kenvela® Powder Pack	-		
	Phoslyra® Solution		
	Renvela® Tablet		
	sevelamer tablet / powder pack (generic for Renvela®)		
	Velphoro® Chewable		
GENITOURIN			
URINARY ANT			
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)		
GO	U <b>T</b>		
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		
Proceneera estemente austa (Genera Ist con Deneminac)	Uloric® Tablet		
	Zyloprim® Tablet		
	Zurampic® Tablet		
НЕМАТС			
ANTICOAC			
Inject			
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		
	1		
Ora			
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			

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective April 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, clinical criteria (indicated in RED) may also apply.	
Drugs requiring prior authorization, clinical criteria an	
www.nctracks.nc.gov/content/public/providers/ More information on the PDL can be found at: ht	
HEMATOPOIE	
Clinical criteria apply t	
Preferred	Non-Preferred
Aranesp® Syringe / Vial	Epogen® Vial
Procrit® Vial	Mircera® Syringe
THROMBOPOIESIS ST	IMULATING AGENTS
Preferred	Non-Preferred
Nplate® Vial	
Promacta® Tablet	
ОРНТН	ALMIC
ALLERGIC CONJUN	
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
ANTIBI	OTICS
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®) polymyxin-trimethoprim drops (generic for Polytrim®)	Polytrim® Drops sulfacetamide ointment (generic for Cetamide®)
sulfacetamide drops (generic for Bleph-10®)	Tobrex® Ointment/ Drops
tobramycin drops (generic for Tobrex®)	Zymaxid® Drops
Vigamox® Drops	
ANTIBIOTICS-STERC	DID 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®)
I	Pred-G® S.O.P. Ointment / Suspension

#### North Carolina Division of Medical Assistance North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Effective April 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 sulfacetamide-prednisolone drops (generic for Vasocidin®) Tobradex® ST Drops tobramycin-dexamethasone suspension (generic for Tobradex® Suspension) Zylet<sup>®</sup> 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 Ocufen® Drops Lotemax<sup>®</sup> 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<sup>®</sup> 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) opidine® Drops Beta Blocker Agents Preferred Non-Preferred carteolol drops (generic for Ocupress®) betaxolol drops (generic for Betoptic®) Combigan® Drops Betagan® Drops Istalol® Drops Betimol® Drops Betoptic® S Drops levobunolol drops (generic for Betagan®) 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

	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective A	pril 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: ht	
 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
OSTEOP	
BONE RESORPTION SUPPRES	
Preferred alendronate tablet (generic for Fosamax®)	Non-Preferred Actonel® Tablet
Evista® Tablet	alendronate solution (generic for Fosamax® Solution)
Fortical® Nasal Spray	Atelvia® Tablet
rondate Nasar Spray	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™
ОТ	Ĺ Ĺ
ANTIB	
	Non-Preferred
Preferred	Non-r referreu
Preferred Ciprodex® Suspension	Cipro® HC Suspension
Ciprodex <sup>®</sup> Suspension	Cipro® HC Suspension
Ciprodex <sup>®</sup> Suspension	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®)
Ciprodex <sup>®</sup> Suspension	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®)
Ciprodex <sup>®</sup> Suspension	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension
Ciprodex <sup>®</sup> Suspension	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®)
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES 4	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES 4 Preferred acetic acid solution (generic for Vosol®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC)
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES A Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC)
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®)	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops <b>NOD ANESTHETICS</b> <b>Non-Preferred</b> Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops CND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAT	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAI Preferred	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops MOHELD, LONG ACTING Non-Preferred
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES / Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAT	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops MDHELD, LONG ACTING Non-Preferred Arcapta® Neohaler
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES A Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAT Preferred	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops MOHELD, LONG ACTING Non-Preferred
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution' suspension (generic for Cortisporin®) ANTI-INFECTIVES A Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAI Preferred Serevent® Diskus	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops ATORY NDHELD, LONG ACTING Non-Preferred Arcapta® Neohaler Striverdi® Respimat Inhalation Spray
Ciprodex® Suspension neomycin-polymyxin-hydrocortisone solution/ suspension (generic for Cortisporin®) ANTI-INFECTIVES A Preferred acetic acid solution (generic for Vosol®) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) Auroguard® Solution (branded generic for Auralgan®) RESPIR BETA-ADRENERGIC HAT Preferred	Cipro® HC Suspension ciprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops AND ANESTHETICS Non-Preferred Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid-hydrocortisone solution (generic for Vosol® HC) Otic Care® Solution Oto-End 10® Drops Otozin® Ear Drops Pinnacaine® Otic Drops Pinnacaine® Otic Drops ATORY NDHELD, LONG ACTING Non-Preferred Arcapta® Neohaler Striverdi® Respimat Inhalation Spray

Effective April 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>

Proventil® HFA Inhaler	Ventolin® HFA Inhaler
	Xopenex® HFA Inhaler
BETA-ADR	ENERGIC 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	
	ESPIRATORY
	DRENERGIC - ORAL
Preferred albuterol tablets (generic for Proventil® Repetabs)	Non-Preferred 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®)	volphes EX faber
ORALLY INHA	LED 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**
COR	RTICOSTEROIDS
	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 <sup>®</sup> Diskus
	Pulmicort® Flexhaler
	QVAR® RediHaler™
CORTICOST	FEROID COMBINATION
	apply to all drugs in this class
Preferred	Non-Preferred
Advair® Diskus	Advair® HFA Inhaler
Dulera® Inhaler	Breo Ellipta®
Symbicort® Inhaler	AirDuo®
1.	

North Carolina Divisio	on of Medical Assistance
North Carolina Medicaid and Heal	th Choice Preferred Drug List (PDL)
Effective	April 1, 2018
	are required unless otherwise indicated.
	Il 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:
	<u>s/pharmacy/pa-drugs-criteria-new-format.html</u> http://www.ncdhhs.gov/dma/pharmacy/index.htm
	fluticasone/salmeterol (generic for AirDuo®)
	Trelegy Ellipta
INTRANASAL	RHINITIS AGENTS
Preferred	Non-Preferred
Trouticu	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
	XI WALLO
	Xhance™ Nasal Spray
	Xhance™ Nasal Spray Zetonna® Nasal Spray
RESPI	
	Zetonna® Nasal Spray
	Zetonna® Nasal Spray RATORY
LEUKOTRIE Preferred	Zetonna® Nasal Spray RATORY NE MODIFIERS
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®)	Zetonna® Nasal Spray RATORY NE MODIFIERS Non-Preferred
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®)	Zetonna® Nasal Spray RATORY NE MODIFIERS Non-Preferred Accolate® Tablet
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®)	Zetonna® Nasal Spray RATORY NE MODIFIERS Non-Preferred Accolate® Tablet Singulair® Chewable/ Granules / Tablet
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®)	Zetonna® Nasal Spray RATORY NE MODIFIERS Accolate® Tablet Singulair® Chewable/ Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING	Zetonna® Nasal Spray RATORY NE MODIFIERS Accolate® Tablet Singulair® Chewable / Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton ANTIHISTAMINES
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred	Zetonna® Nasal Spray  RATORY  NE MODIFIERS  Accolate® Tablet Singulair® Chewable / Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton  ANTIHISTAMINES  Non-Preferred
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)	Zetonna® Nasal Spray  RATORY  NE MODIFIERS  Non-Preferred  Accolate® Tablet Singulair® Chewable / Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton  ANTIHISTAMINES  INOn-Preferred cetirizine OTC syrup lmg/lml (generic for Zyrtec OT@ Syrup)
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray  RATORY  NE MODIFIERS  Non-Preferred  Accolate® Tablet Singulair® Chewable / Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton  ANTIHISTAMINES  Cetirizine OTC syrup 1mg/1ml (generic for Zyrtec M CTC Syrup) cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray  RATORY  NE MODIFIERS  Non-Preferred  Accolate® Tablet Singulair® Chewable / Granules / Tablet Zyflo® CR Tablet / Filmtab zileuton  ANTIHISTAMINES  Cetirizine OTC syrup lmg/lml (generic for Zyrtec OTC® Syrup) cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup) Clarinex® Syrup/ Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet       Singulair® Chewable / Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Ono-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Claritin® Tablet
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet       Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Ono-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup/ Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet       Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet       Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup/ Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         NE MODIFIERS         Non-Preferred         Accolate® Tablet       Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         One-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet       Singulair® Chewable / Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup Img/Iml (generic for Zyrtec OT@ Syrup)         cetirizine OTC syrup Smg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup)	Zetonna® Nasal Spray         RATORY         NE MODIFIERS         Non-Preferred         Accolate® Tablet       Singulair® Chewable / Granules / Tablet         Zyflo® CR Tablet / Filmtab       zileuton         ANTIHISTAMINES         Cetirizine OTC syrup Img/Iml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup Img/Iml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred nontelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred tetirizine tablets OTC (generic for Zyrtec® OTC Tablets) tetirizine RX syrup (generic for Zyrtec® Syrup) oratadine tablet OTC (generic for Claritin® OTC)	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab         zileuton         ANTIHISTAMINES         Cetirizine OTC syrup Img/Iml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup Smg/Sml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab         zileuton         ANTIHISTAMINES         Cetirizine OTC syrup Img/Iml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup Smg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per Preferred	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable / Granules / Tablet         Zyflo® CR Tablet / Filmtab         Zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children <2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per Preferred	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable / Granules / Tablet         Zyflo® CR Tablet / Filmtab         Zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OT@ Syrup)         cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per Preferred	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab         zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup Img/Iml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup Smg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per	Zetonna® Nasal Spray         RATORY         Ne MODIFIERS         Non-Preferred         Accolate® Tablet         Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab         zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup Img/Iml (generic for Zyrtec® OTC® Syrup)         clarinex® Syrup / Tablet - Exemption for children < 2 years of age
LEUKOTRIE Preferred montelukast chewable / granules / tablet (generic for Singulair®) zafirlukast tablet (generic for Accolate®) LOW SEDATING Preferred cetirizine tablets OTC (generic for Zyrtec® OTC Tablets) cetirizine RX syrup (generic for Zyrtec® Syrup) loratadine tablet OTC (generic for Claritin® OTC) LOW SEDATING ANTIH Quantity limit of 102 days supply per Preferred	Zetonna® Nasal Spray         RATORY         Non-Preferred         Accolate® Tablet         Singulair® Chewable/ Granules / Tablet         Zyflo® CR Tablet / Filmtab         zileuton         ANTIHISTAMINES         Non-Preferred         cetirizine OTC syrup Img/Iml (generic for Zyrtec OTC® Syrup)         cetirizine OTC syrup Smg/5ml (generic for Zyrtec® OTC Syrup)         Clarinex® Syrup / Tablet - Exemption for children < 2 years of age

### Effective April 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>

ACNE AGENTS		
Preferred	Non-Preferred	
	Acne Clearing System	
Azelex® Cream	Acanya® Gel Pump	
Benzaclin® Gel Pump	Aczone® Gel	
clindamycin-benzoyl peroxide gel (generic for Benzaclin®)	adapalene cream / gel / gel pump (generic for Differin®)	
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	adapalene/benzoyl peroxide (generic for Epiduo® Gel)	
Differin® Cream/ Gel / Gel Pump / Lotion	Atralin® Gel	
Epiduo® Gel	Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads	
Retin-A® Cream / Gel	Avar-E® Emollient Cream/ Green Emollient Cream/ LS Cream	
	Avita® Cream / Gel	
	Benzaclin® Gel	
	Benzamycin® Gel/ Pak Gel	
	Benzefoam Ultra	
	Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths	
	benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)	
	BP® 10-1 Wash / Cleansing Wash	
	Cleocin® T Gel / Lotion / Pledgets / Solution	
	Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit	
	clindamycin phosphate gel/ lotion (generic for Cleocin-T®)	
	clindamycin phosphate foam (generic for Evoclin®)	
	clindamycin-benzoyl peroxide gel (generic for Duac®, Neuac®)	
	clindamycin/benzoyl peroxide with pump (generic for Benzaclin®)	
	clindamycin/tretinoin (generic for Veltin®)	
	dapsone gel (generic for Aczone® Gel)	
	Duac® Gel	
	Epiduo® 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 <sup>®</sup> 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

North Carolina Divi	sion of Medical Assistance
	ealth Choice Preferred Drug List (PDL)
Effectiv	e April 1, 2018
	igs are required unless otherwise indicated.
- 6	. All drugs in the classes not included are considered preferred.
	linical criteria (indicated in RED) may also apply.
0 1 01	ia and prior authorization request forms can be found at:
	iders/pharmacy/pa-drugs-criteria-new-format.html_ at: http://www.ncdhhs.gov/dma/pharmacy/index.htm_
	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
	OPICALS
	GENIC 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
1	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®
AN	VTIBIOTIC
Preferred	Non-Preferred
Bactroban® Cream	
	Altabax® Ointment
gentamicin cream/ ointment (generic for Garamycin®)	Altabax® Ointment Bactroban® Ointment / Nasal Ointment
	Bactroban® Ointment / Nasal Ointment
	Bactroban® Ointment/ Nasal Ointment Centany® AT Ointment Kit/ Ointment
	Bactroban® Ointment / Nasal Ointment
mupirocin ointment (generic for Bactroban® Ointment)	Bactroban® Ointment/ Nasal Ointment Centany® AT Ointment Kit/ Ointment mupirocin cream (generic for Bactroban® Cream)
nupirocin ointment (generic for Bactroban® Ointment) ANTIBIC	Bactroban® Ointment/ Nasal Ointment Centany® AT Ointment Kit/ Ointment
nupirocin ointment (generic for Bactroban® Ointment) ANTIBIC Preferred	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Non-Preferred
mupirocin ointment (generic for Bactroban® Ointment) ANTIBIC Preferred Cleocin® Vaginal Ovules	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Non-Preferred Cleocin® Vaginal Cream
nupirocin ointment (generic for Bactroban® Ointment) ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel
ANTIBIC ANTIBIC Cleocin® Vaginal Ovules Clindese® Vaginal Cream elindamycin vaginal cream (generic for Cleocin® Vaginal Cream)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Non-Preferred Cleocin® Vaginal Cream
nupirocin ointment (generic for Bactroban® Ointment) ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream Slindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel
ANTIBIC ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream elindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel
mupirocin ointment (generic for Bactroban® Ointment) ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) DTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel
ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS
ANTIBIC ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel Technology	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL
ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream elindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel Treest	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Non-Preferred
ANTIBIC Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) netronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel Treferred ciclopirox cream (generic for Loprox® Cream)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP®
mupirocin ointment (generic for Bactroban® Ointment)  ANTIBIC  Preferred  Cleocin® Vaginal Ovules  Clindese® Vaginal Cream  clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)  metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)  Vandazole® Vaginal Gel  Tree  Ciclopirox cream (generic for Loprox® Cream)  ciclopirox solution (generic for Penlac® Solution)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP <sup>®</sup> Ciclodan® Cream / Cream Kit / Kit / Solution
mupirocin ointment (generic for Bactroban® Ointment)  ANTIBIC  Preferred  Cleocin® Vaginal Ovules  Clindese® Vaginal Cream  elindamycin vaginal cream (generic for Cleocin® Vaginal Cream)  metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)  Vandazole® Vaginal Gel  Techerred  ciclopirox cream (generic for Loprox® Cream)  ciclopirox solution (generic for Penlac® Solution) clotrimazole RX cream (generic for Lotrimin® RX)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)
mupirocin ointment (generic for Bactroban® Ointment)  ANTIBIC  Preferred  Cleocin® Vaginal Ovules  Clindese® Vaginal Cream  clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)  metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)  Vandazole® Vaginal Gel  Telerred  ciclopirox cream (generic for Loprox® Cream)  ciclopirox solution (generic for Penlac® Solution)  clotrimazole RX cream (generic for Lotrimin® RX)  clotrimazole-betamethasone cream (generic for Lotrisone® cream)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Non-Preferred Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP* Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit)
mupirocin ointment (generic for Bactroban® Ointment)  ANTIBIC  Preferred  Cleocin® Vaginal Ovules  Clindese® Vaginal Cream  clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)  metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)  Vandazole® Vaginal Gel  Telerred  ciclopirox cream (generic for Loprox® Cream)  ciclopirox solution (generic for Penlac® Solution)  clotrimazole RX cream (generic for Lotrimin® RX)  clotrimazole-betamethasone cream (generic for Lotrisone® cream)	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP® Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®)
Preferred Cleocin® Vaginal Ovules Clindese® Vaginal Cream clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) metronidazole vaginal gel (generic for Metrogel® Vaginal Gel) Vandazole® Vaginal Gel	Bactroban® Ointment / Nasal Ointment Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban® Cream) OTIC - VAGINAL Non-Preferred Cleocin® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel OPICALS TIFUNGAL Bensal HP* Ciclodan® Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan® Kit)

Effective April 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 miormation on the FDL can be found at.	nup.//www.ncums.gov/uma/phamacy/index.num
Nystop® Powder	Dermacin® RX Therazole PAK
	econazole cream (generic for Spectazole®)
	Ertaczo® Cream
	Exelderm <sup>®</sup> Cream / Solution
	Extina® Foam
	Jublia® Topical Solution
	Kerydin® Topical Solution
	ketoconazole foam (generic for Extina® Foam)
	Loprox <sup>®</sup> 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
	0
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®
	o lonao
	IVIRAL
Preferred	Non-Preferred
	acyclovir ointment/ AG (generic for Zovirax® Ointment)
Zovirax® Cream	Denavir® Cream
Zovirax® Ointment	Xerese® Cream
IMMUNON	IODULATORS
	Dermatitis
-	y to all drugs in this class
Preferred	Non-Preferred
Elidel® Cream	Protopic® Ointment
Eucrisa 2%® Ointment	tacrolimus ointment (generic Protopic®)
	Dupixent®
	unolinamines
Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Aldara® Cream
	Zyclara® Cream / Cream Pump
	PICALS RIASIS

North Carolina Division	
North Carolina Medicaid and Health	
Effective April 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	•
Drugs requiring prior authorization, clinical criteria and	
<u>www.nctracks.nc.gov/content/public/providers/</u> More information on the PDL can be found at: <u>ht</u>	
	Non-Preferred
Preferred Dovonex® Cream	calcipotriene-betamethasone ointment (generic for Talconex®)
Dovonente Cream	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	
Preferred	Non-Preferred
MetroGel®	Finacea® Gel
MetroCream®	metronidazole gel (generic for MetroGel®)
MetroLotion®	Mirvaso® Gel metronidazole cream (generic for MetroCream®)
	metronidazole cream (generic for MetroLream®) metronidazole lotion (generic for MetroLotion®)
	Noritate® Cream
	Rosadan® Cream / Gel / Kit
	Soolantra® Cream
	Rhofade®
STER	DIDS
Low Po	tency
Preferred	Non-Preferred
alclometasone dipropionate cream/ ointment (generic for Aclovate®)	Aqua Glycolic® HC Kit
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil)	Aqua Glycolic® HC Kit Capex® Shampoo
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil Dermasorb™ HC Lotion
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil Dermasorb™ HC Lotion Desonate® Gel
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil Dermasorb™ HC Lotion Desonate® Gel
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil Dermasorb™ HC Lotion Desonate® Gel desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen® Lotion)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ ointment (generic for Hytone®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion/ointment (generic for Hytone®) hydrocortisone in absorbase Medium	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u>	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase Medium	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         Dermasorb™ HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         Dermasorb™ HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         Dermasorb™ HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         Dermasorb™ HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         Dermasorb™ HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil Dermasorb™ HC Lotion Desonate® Gel desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide cream / Resolution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Lotion Dermatop® Cream / Lotion Ointment Elocon® Cream / Lotion / Ointment fluocinolone cream/lotion (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide circam/lotion (generic for Cordran® ointment) fluticasone lotion (generic for Cutivate® Lotion)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Lotion Ointment Elocon® Cream / Lotion / Ointment Elocon® Cream / Lotion / Ointment fluocinolone cream / lotion (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide cite for Cutivate® Lotion) flurandrenolide ointment (generic for Cordran® ointment) fluticasone lotion (generic for Cutivate® Lotion) hydrocortisone butyrate cream / lotion / ointment / solution (generic for Locoid®)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Lotion Dermatop® Cream / Lotion / Ointment Elocon® Cream / Lotion / Ointment fluocinolone cream / ointment / solution (generic for Synalar®) flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide ointment (generic for Cutivate® Lotion) hydrocortisone butyrate cream / lipid cream / lotion / ointment/ solution (generic for Locoid®) hydrocortisone valerate cream / lipid cream / lotion / ointment/ solution (generic for Locoid®) hydrocortisone valerate cream / lotion / ointment / solution (generic for Cwestcort®)
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit         Capex® Shampoo         DermaSmoothe® FS Scalp and Body Oil         DermaSmooth <sup>™</sup> HC Lotion         Desonate® Gel         desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil 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 fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Lotion Dermatop® Cream / Lotion (generic for Synalar®) flucandrenolide cream / lotin (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide cream / lotion (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide ointment (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide ointment (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide ointment (generic for Cordran® ointment) fluticasone lotion (generic for Cutivate® Lotion) hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lotion Luxiq® Foam
alclometasone dipropionate cream/ ointment (generic for Aclovate®) fluocinolone body/ scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) hydrocortisone cream/ gel/ lotion / ointment (generic for Hytone®) hydrocortisone in absorbase <u>Medium</u> fluticasone cream / ointment (generic for Cutivate®)	Aqua Glycolic® HC Kit Capex® Shampoo DermaSmoothe® FS Scalp and Body Oil DermaSorb™ HC Lotion Desonate® Gel desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen®) - Exemption for children < 12 years of age desonide lotion (generic for DesOwen® Lotion) DesOwen® Lotion fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp/ Body Oil) Micort-HC Cream Pediaderm® HC Kit / TA Kit Texacort® Solution Potency Non-Preferred clocortolone cream / pump (generic for Cloderm®) Cloderm® Cream / Pump Cordran® Tape Cutivate® Cream / Lotion Dermatop® Cream / Lotion Dermatop® Cream / Lotion (generic for Synalar®) flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion) flurandrenolide cream / lipid cream / lotion / ointment fluciasone lotion (generic for Cutivate® Lotion) hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / lipid cream / lotion / ointment / solution (generic for Locoid®) hydrocortisone valerate cream / ointment (generic for Westcort®) Locoid® Lotion

Effective April 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>

Synalar® Cream / Ointment / Kit / Solution / TS Kit

	Synalar® Cream / Ointment / Kit / Solution / TS Kit
	TOPICALS
	OIDS (Continued)
	High Potency
Preferred	Non-Preferred
betamethasone valerate cream / lotion / ointment (generic for Valisone®)	amcinonide cream / lotion / ointment (generic for Cyclocort®)
Puocinonidesolution (generic for Lidex®/ Lidex® E)	betamethasone dipropionate augmented cream/ gel / lotion / ointment (generic for Diprolene®
riamcinolone acetonide cream/lotion/ointment (generic for Kenalog®)	betamethasone dipropionate cream/lotion/ointment (generic for Diprosone®)
inalienterier determine et aller, fonder / enhanten (generie for reenalogo)	betamethasone valerate foam (generic for Valisone®)
	desoximetasone cream / gel / ointment (generic for Topicort®)
	diflorasone cream / ointment (generic for Florone®)
	Diprolene® Lotion / Ointment / AF Cream
	fluocinonide cream/ emollient cream/ gel (generic for Lidex®/ Lidex® E)
	fluocinonide circanit entoment (generic for Lidex® / Lidex® L)
	Halog® Cream / Ointment
	Kenalog® Spray
	Sernivo® Spray
	Dermasorb™ TA Cream
	Dermacin Silapak®
	Dermacin RX Silazone®
	Sanaderm®RX Solution
	Silazone®II
	Topicort® Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog® Spray)
	Trianex <sup>®</sup> Ointment
	Vanos® Cream
	Vanos® Cream
	Ellzia®
	ry High Potency
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate®)	Apexicon E® Cream
lobetasol solution (generic for Cormax®)	clobetasol foam / emulsion foam (generic for Olux®/ Olux-E®)
Clobex® Shampoo	clobetasol lotion / shampoo (generic for Clobex®)
alobetasol propionate cream / ointment (generic for Ultravate®)	clobetasol spray (generic for Clobex® spray)
	Clobex® Lotion / 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
	CELLANEOUS SORIATICS, ORAL
Preferred	Non-Preferred
Acitretin (generic for Soriatane <sup>®</sup> )	8-MOP®
	Methoxsalen Rapid (generic for Oxsoralen-Ultra®)
	Oxsoralen-Ultra®
	Soriatane®
	Soriatane®
	our lataire
EPINEPHR	RINE, SELF INJECTED
Preferred	Non-Preferred
epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector)	Adrenaclick® Auto Injector

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health	Choice Preferred Drug List (PDL)
Effective Ap	
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.	
www.nctracks.nc.gov/content/public/providers/	
More information on the PDL can be found at: <u>ht</u>	tp://www.ncdhhs.gov/dma/pharmacy/index.htm
	epinephrine auto injector (generic for Adrenaclick®)
	Epi-Pen® Auto Injector / JR Auto Injector
ESTROGEN AGENT	S, COMBINATIONS 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	
PROGESTATIO	DNAL AGENTS
Preferred	Non-Preferred
Makena® (hydroxyprogesterone caproate injection)	Makena® Auto-Injector
Compounded 17 P	
MISCELL	
ESTROGEN AGENTS, O	
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, VA	GINAL PREPARATIONS
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace® Cream
Premarin® Vaginal Cream	estradiol vaginal tablet / cream
Vagifem® Vaginal Tablet	Femring® Vaginal Ring
	Yuvafem®
GLUCOCORTICOID	
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®)	

North Carolina Division	of Medical Assistance
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)	
Effective April 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	
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>	p://www.ncdhhs.gov/dma/pharmacy/index.htm
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Veripred® Solution
	Taperdex® Tablet
	Zodex™ Tablet
IMMUNOMODULA	
Clinical criteria apply to	~
Trial and failure of only on	e 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
MISCELL	ANEOUS
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®)	
mycophenolic acid tablet (generic for Myfortic®) Myfortic® Tablet	
Myfortic® Tablet	
Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule	
Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet	
Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet Sandimmune® Capsule / Solution	
Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet Sandimmune® Capsule / Solution sirolimus tablet (generic for Rapamune®)	
Myfortic® Tablet Neoral® Capsule / Solution Prograf® Capsule Rapamune® Solution / Tablet Sandimmune® Capsule / Solution	

North Carolina Division	n of Medical Assistance	
North Carolina Medicaid and Health Choice Preferred Drug List (PDL)		
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<u>www.nctracks.nc.gov/content/public/providers</u> More information on the PDL can be found at: hi		
OPIOID AN	TAGONIST	
Preferred	Non-Preferred	
naloxone ampule/ syringe/ vial (generic for Narcan®)		
naltrexone (oral)		
Narcan® Nasal Spray Vivitrol®		
OPIOID DE	OPIOID DEPENDENCE	
Clinical criteria apply to all drugs in this class		
Trial and failure of Suboxone® SL film requ		
For coverage of Sublocade- must have diagnosis of moderate to severe opioid use dis product followed by a dose adjustment		
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 MUSC	T F 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		
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® Multiclix 102 ct Lancets	ACCU-CHEK® Guide 2-Level control solution (2-levels)	
ACCU-CHEK® Soficlix 100 ct Lancets		
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Effective April 1, 2018

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ACCU-CHEK® Fastclix 102 ct Lancets