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ALZHEIMER'S AGENTS

donepezil 5mg, 10mg tablets / ODT (generic for Aricept® / ODT)

Preferred

Exelon® Patch

memantine tablet / titration pack (generic for Namenda®)

Namenda® Solution

rivastigmine capsules (generic for Exelon®)

Non-Preferred

Aricept® ODT / Tablets

donepezil 23mg tablets (generic for Aricept®)

Exelon® Capsule

galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)

memantine solution (oral) (generic for Namenda® Solution) Namenda® Titration Pack / XR Capsule / XR Titration Pack

Namenda® Tablet Namzaric™ Solution (Oral)

rivastigmine (Trandsderm) (generic for Exelon® Patch)

Razadyne® ER Capsule / Tablet

ANALGESICS

OPIOID ANALGESICS

Long Acting

Clinical criteria apply to all drugs in this class

Preferred Non-Preferred

Butrans® Patch Embeda® ER Capsule

fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)

morphine sulfate ER tablet (generic for MS Contin®)

OxyContin® Tablet

Non-Preferred

Avinza® Capsule Belbuca (Buccal) ouprenorphine patch

Arymo® ER

Duragesic® Patch Exalgo® Tablet

fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) hydromorphone ER tablet (generic for Exalgo®)

Hysingla® ER Tablet Kadian® Capsule

morphine sulfate ER capsule (generic for Avinza®, Kadian®)

MorphaBond™ ER MS Contin® Tablet Nucynta® ER Tablet

oxycodone ER tablet (generic for OxyContin®)

oxymorphone ER tablet Xartemis® XR Tablet Xtampza® ER Capsule Zohydro® Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred Non-Preferred

> fentanyl citrate lozenge (generic for Actiq®) Fentora® Buccal Tablet

Abstral® SL Tablet Subsys® Spray

ANALGESICS

OPIOID ANALGESICS (Continued)

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred

Endocet® Tablet (branded generic for Percocet®)

hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®,

Vicodin®)

Actiq® Lozenge

hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)

hydromorphone tablet (generic for Dilaudid® Tablet) morphine solution / tablet (generic for MSIR®)

codeine sulfate solution / tablet

Demerol® Tablet

Dilaudid® Liquid / Tablet

Endodan® Tablet (branded generic for Percodan®)

Hycet® Solution

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oxycodone solution / tablet (generic for Roxicodone®)

oxycodone-acetaminophen capsules (generic for Tylox®)

oxycodone-acetaminophen tablets (generic for Percocet®)

Xylon® (branded generic for Repraxin®)

hydromorphone solution / suppository (generic for Dilaudid®)

Ibudone® Tablet

Lazanda® Nasal Spray

levorphanol tablet (generic for Levo-Dromoran®)

Lorcet® Tablet / HD Tablet / Plus Tablet

Lortab® Tablet

meperidine solution / tablet (generic for Demerol®)

Meperitab® tablet (branded generic for Demerol®)

morphine suppositories (generic for Roxanol®)

Norco® Tablet

Nucynta® Tablet

Opana® Tablet

Oxecta® Tablet

oxycodone/APAP suspension

oxycodone-aspirin tablet (generic for Endodan®, Percodan®)

oxycodone concentrated solution (generic for Roxicodone® Intensol)

oxycodone-ibuprofen tablet (generic for Combunox®)

oxymorphone tablet (generic for Opana®)

oxycodone capsule (generic for OxyIR®)

Percocet® Tablet

Percodan® Tablet

Primlev® Tablet

Reprexain® Tablet

Roxicet® Solution
Roxicodone® Tablet

Vicodin® Tablet / ES Tablet / HP Tablet

viceding rublet, Es rublet,

Vicoprofen® Tablet

Xodol® Tablet

Zamicet® Solution

ANALGESICS

OPIOID ANALGESICS (Continued)

Short Acting Schedule III – IV Analgesic Combinations

Clinical criteria apply to all drugs in this class

Preferred

Preferred

codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)

tramadol tablet (generic for Ultram®)

tramadol-acetaminophen tablet (generic for Ultracet®)

Non-Preferred

Ascomp® Capsule (branded generic for Fiorinal with Codeine®)

outalbital compound with codeine capsule (generic for Fiorinal with Codeine®)

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

pentazocine-naloxone tablet (generic for Talwin NX®)

Synalgos-DC® Capsule

tramadol ER tablet (generic for Ultram ER®, Ryzolt®)

Tylenol® with Codeine Tablet

Ultracet® Tablet

Ultram® Tablet / ER Tablet

ANALGESICS

NSAIDS

ibuprofen suspension / tablet (generic for Motrin®)

Non-Preferred

Anaprox® Tablet / DS Tablet

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indomethacin capsule (generic for Indocin®) ketorolac tablet (generic for Toradol®) meloxicam tablet (generic for Mobic Tablet®)

naproxen EC tablet (generic for Naprosyn® EC)
naproxen tablet (generic for Naprosyn® Tablet)

sulindac tablet (generic for Clinoril®)

Arthrotec® Tablet

DayPro® Caplet

diclofenac potassium tablet (generic for Cataflam®)

diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)

diclofenac sodium-misoprostol tablet (generic for Arthrotec®)

diflunisal tablet (generic for Dolobid®)

EC-Naprosyn® Tablet

etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)

Feldene® Capsule

fenoprofen tablet (generic for Nalfon®) flurbiprofen tablet (generic for Ansaid®) Indocin® Suppository / Suspension

indomethacin ER capsule (generic for Indocin SR®)

Inflammacin ® tablets

ketoprofen capsule (generic for Orudis®)
ketoprofen ER capsule (generic for Oruvail®)
meclofenamate capsule (generic for Meclomen®)
mefenamic acid capsule (generic for Ponstel®)

Mobic® Tablet

nabumetone tablet (generic for Relafen®)

Nalfon® Capsule
Naprelan® Tablet
Naprosyn® Tablet
Naprosyn® EC
naproxen CR

naproxen sodium ER tablet (generic for Naprelan®)

naproxen sodium tablet (generic for Anaprox®)

naproxen suspension (generic for Naprosyn® Suspension)

oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®)

Sprix® Nasal Spray Tivorbex® capsule

Ponstel® Kapseals

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

Non-Preferred

Non-Preferred

Celebrex® Capsule - Clinical criteria apply

Duexis® Tablet Vimovo®

ANALGESICS

NEUROPATHIC PAIN

Preferred duloxetine capsule (generic for Cymbalta®)

celecoxib capsule (generic for Celebrex®) - Clinical criteria apply

Preferred

gabapentin capsule / solution (generic for Neurontin®)

Cymbalta® Capsule

Gralise® Starter Pack / Tablet

Horizant®

Irenka® Capsule

Lyrica® Capsule / Solution

Neurontin® Capsule / Solution / Tablet

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Savella® Tablet / Titration Pack

Dermacin RX® PHN PAK

lidocaine patch (generic for Lidoderm®) - Clinical criteria apply

Lidoderm® Patch - Clinical criteria apply

Qutenza® Kit

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

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

Preferred Non-Preferred

Aptiom® Tablet Carbatrol® Capsule

carbamazepine chewable (generic for Tegretol®) carbamazepine suspension / tablet (generic for Tegretol®) carbamazepine ER capsule (generic for Carbatrol®) carbamazepine XR tablet (generic for Tegretol XR®)

Equetro® Capsule Epitol® Tablet

oxcarbazepine tablet / suspension (generic for Trileptal®)

Oxtellar® XR Tablet

Tegretol® Suspension / Tablet / XR Tablet

Trileptal® Tablet / Suspension (oral)

FIRST GENERATION

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

Preferred

Celontin® Kapseal

Depakene® Capsule / Solution

Depakote® Tablet

Dilantin® Capsule / Infatab / Suspension

divalproex capsule/sprinkle / ER tablet / tablet(generic for Depakote® / ER)

ethosuximide capsule / solution (generic for Zarontin®)

Mysoline® Tablet

Peganone® Tablet

phenobarbital

Phenytek® Capsule

phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®)

phenytoin extended capsules (generic for Phenytek®)

Primidone® Tablet

valproic acid capsule / solution (generic for Depakene®)

Zarontin® Capsule / Solution

Non-Preferred

Depakote® ER Tablet / Sprinkle Capsule

felbamate suspension / tablet (generic for Felbatol®) Felbatol® Suspension / Tablet

Valproate Syrup (oral)

ANTICONVULSANTS

SECOND GENERATION

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

Preferred Non-Preferred

clonazepam tablet (generic for Klonopin®)

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)

Topiragen® Tablet (branded generic for Topamax®)

topiramate sprinkle capsule / tablet (generic for Topamax®)

zonisamide capsule (generic for Zonegran®)

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

Lamictal® Chewable / ODT / Starter Kit / Tablet / XR / XR Starter Kit / Tablet

lamotrigine starter kits (generic for Lamictal®)

lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT)

Lyrica® Capsule / Solution

Neurontin® Capsule / Solution / Tablet

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Onfi® Suspension / Tablet

Potiga® Tablet

Qudexy® XR Capsule

Sabril® Powder Packet / Tablet

Spritam ® Tablet

iagabine tablet (generic for Gabitril®) Fopamax® Sprinkle Capsule / Tablet copiramate ER capsule (generic for Qudexy®)

Trokendi® XR Capsule

Vimpat® Solution / Starter Kit / Tablet

Zonegran® Capsule

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS

Cephalosporins and Related

Preferred Non-Preferred

amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)

amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® /XR)

cefadroxil capsule / suspension (generic for Duricef®)

cefdinir capsule / suspension (generic for Omnicef®)

cefpodoxime suspension / tablet (generic for Vantin®)

cefprozil suspension / tablet (generic for Cefzil®)

Ceftin® Suspension / Tablet

cefuroxime tablet (generic for Ceftin®)

cephalexin capsule / suspension / tablet (generic for Keflex®)

Suprax® Capsule / Chewable / Suspension/ Tablet

Augmentin® Suspension / Tablet / XR Tablet Cedax® Capsule / Suspension

cefaclor capsule / suspension / ER tablet (generic for Ceclor® / CD)

cefadroxil tablet (generic for Duricef®)

cefixime suspension

ceftibuten capsule / suspension (generic for Cedax®)

Keflex® Capsule

Lincosamides and Oxazolidinones

Preferred Non-Preferred

Cleocin® Granules

clindamycin capsules / solution (generic for Cleocin®)

linezolid Tablet (generic for Zyvox®)

linezolid suspension (generic for Zyvox®)

Cleocin® Capsules / Injection

clindamycin injection (generic for Cleocin® Injection)

Lincocin® Vial

incomycin injection (generic for Lincocin Vial®)

inezolid IV solution (generic for Zyvox®)

Sivextro® Tablet / Vial

Synercid® Vial

Zyvox® Tablet / IV Solution / Suspension

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Macrolides and Ketolides

Preferred Non-Preferred azithromycin powder packet / suspension / tablet (generic for Zithromax®)

clarithromycin suspension / tablet (generic for Biaxin®)

E.E.S.® Granules / Filmtab

Eryped® Suspension Erythrocin® Filmtab

erythromycin EC capsule (generic for Ery-C®)

erythromycin filmtab

erythromycin es 200mg suspension (generic for E.E.S.® Suspension)

erythromycin es tablet (E.E.S® Filmtab)

Biaxin® Suspension / Tablet

clarithromycin ER tablet (generic for Biaxin XL®)

Ery-Tab® Tablet Ketek® Tablet

PCE® Tablet

Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak

Zmax® Suspension

Nitromidazoles

Preferred Non-Preferred

metronidazole tablet (generic for Flagyl® Tablet) Alinia® Suspension / Tablet

vancomycin capsule (generic for Vancocin®) Dificid® Tablet

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Flagyl® Capsule / ER Tablet/ Tablet

metronidazole capsule (generic for Flagyl® Capsule)

neomycin tablet (generic for Mycifradin®)

paromomycin capsule (generic for Humatin®)

Tindamax® Tablet

tinidazole tablet (generic for Tindamax®)

Vancocin® Capsule

Xifaxan® Tablet - Exemption for a diagnosis of Hepatic Encephalopathy

Quinolones

Preferred Non-Preferred

Avelox® Tablet

Cipro® Suspension

ciprofloxacin tablets (generic for Cipro®)

levofloxacin tablet (generic for Levaquin® Tablet)

Avelox® ABC Pack

Cipro® Tablet / XR Tablet

ciprofloxacin ER tablet / suspension (generic for Cipro® XR / Suspension)

Levaquin® Solution / Tablet

levofloxacin solution (generic for Levaquin® Solution)

moxifloxacin tablet (generic for Avelox®) ofloxacin tablet (generic for Floxin®)

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Tetracycline Derivatives

Preferred

doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®) doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)

minocycline capsule (generic for Minocin®)

Adoxa® Capsule

demeclocycline tablet (generic for Declomycin®)

Doryx® DR Tablet

Doryx ® MPC Tablet

doxycycline hyclate DR tablet (generic for Doryx DR®)

doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox®, Adoxa®)

Non-Preferred

doxycycline monohydrate 40mg capsules (generic for Oracea® Capsules)

doxycycline monohydrate tablets (generic for Adoxa®)

minocycline ER tablet (generic for Solodyn® ER)

minocycline tablet (generic for Dynacin®)

Morgidox® Capsule / Kit

Oracea® Capsule

Solodyn® ER Tablet - Clinical justification and failure of doxycyline and minocycline

required. Limited to 12 week supply.

tetracycline capsule (generic for Sumycin®)

Vibramycin® Capsules

doxycycline suspension (generic for Vibramycin Suspension®) - Exemption for patients < 12

years of age

Vibramycin® Suspension / Syrup

Antifungals

Preferred Non-Preferred

clotrimazole troche (generic for Mycelex Troche®)

fluconazole suspension / tablet (generic for Diflucan®) griseofulvin suspension (generic for Grifulvin V®)

griseofulvin ultra tablets (generic for Gris-Peg®)

nystatin suspension (generic for Nilstat® Suspension)

nystatin tablet (generic for Mycostatin®)

terbinafine tablet (generic for Lamisil®)

Ancobon® Capsule

Cresemba® Capsule

Diflucan® Suspension / Tablet

flucytosine capsule (generic for Ancobon®)

griseofulvin micro tablets (generic for Grifulvin V®)

Gris-Peg® Tablet

itraconazole capsule (generic for Sporanox®)

ketoconazole tablet (generic for Nizoral®)

Lamisil® Granules Packet / Tablet

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Noxafil® Suspension / Tablet

Onmel® Tablet

Oravig® Buccal Tablet

Baraclude® Tablet

Epivir® HBV Tablet Vemlidy® tablet

Sporanox® Capsule / Solution

Vfend® Suspension / Tablet

voriconazole suspension / tablet (generic for Vfend®)

ANTIVIRALS

Hepatitis B Agents

Preferred

Non-Preferred

adefovir tablet (generic for Hepsera®)

Baraclude® Solution / Suspension

entecavir tablet (generic for Baraclude®)

Epivir® HBV Solution Hepsera® Tablet

lamivudine HBV tablet (generic for Epivir® HBV)

Tyzeka® Tablet

Viread® Powder / Tablet

ANTI-INFECTIVES-SYSTEMIC

ANTIVIRALS (Continued)

Hepatitis C Agents

Preferred Non-Preferred

Copegus® Tablet

All genotypes without cirrhosis

MayvretTM (8 weeks of therapy)

MayvretTM (12 weeks of therapy)

All genotypes without cirrhosis

Mayvret[™] (8 weeks of therapy)

MayvretTM (12 weeks of therapy)

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)

Clinical criteria apply to all drugs in this class

November 1, 2017- 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 genotypes with decompensated cirrhosis (Child-Pugh B and C)

All genotypes with compensated cirrhosis (Child Pugh-A)

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.

All genotypes with compensated cirrhosis (Child Pugh-A)

Vosevi™

Harvoni® Tablet (for completion of therapy initiated prior to November 1, 2017)

Clinical criteria apply to all drugs in this class

May 1, 2018 and after

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

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All genotypes with decompensated cirrhosis

Epclusa® Tablet in combination with ribavirin

Zepatier® Tablet

Viekira™ XR Tablet

All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.

Vosevi™

Herpes Treatments

Preferred Non-Preferred

acyclovir capsule / tablet / suspension (generic for Zovirax®)

Famvir® Tablet

famciclovir tablet (generic for Famvir®)

valacyclovir tablet (generic for Valtrex®)

Valtrex® Caplet

Zovirax® Capsule / Tablet / Suspension

Influenza

Preferred Non-Preferred

amantadine capsule / solution (generic for Symmetrel®)

rimantadine tablet (generic for Flumadine®)

Tamiflu® Capsule / Suspension

amantadine tablet (generic for Symmetrel®)

oseltamivir phosphate

Relenza® Diskhaler

Antibiotics, Inhaled

Trial and failure of only one preferred drug required

Preferred Non-Preferred

Kitabis™ Pak (tobramycin inhalation solution)

Bethkis® (tobramycin inhalation solution)

Cayston®

tobramycin solution / pak

Tobi®

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

Other

Preferred Non-Preferred

bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® / SR / XL)

duloxetine capsule (generic for Cymbalta®)
maprotiline tablet (generic for Ludiomil®)

mirtazapine ODT / tablet (generic for Remeron®)

Parnate® Tablet

phenelzine tablet (generic for Nardil®)

tranylcypromine tablet (generic for Parnate®)

trazodone tablet (generic for Desyrel®)

venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)

Aplenzin® Tablet Trintellix® Tablet

Cymbalta® Capsule

desvenlafaxine ER tablet (generic for Khedezla®)

Effexor® XR Capsules

Emsam® Patch

Fetzima® Capsule / Titration Pak

Forfivo® XL Tablet

Khedezla®

Marplan®

Nardil® Tablet

nefazodone tablet (generic for Serzone®)

Oleptro® ER Tablet Pristiq® ER Tablet

Remeron® Solutab / Tablet

Savella® Tablet / Titration Pack

venlafaxine ER tablets (generic for Effexor® ER)

Viibryd® Starter Pack / Tablet

Wellbutrin® Tablet / SR Tablet / XR Tablet

BEHAVIORAL HEALTH

ANTIDEPRESSANTS (Continued)

Selective Serotonin Reuptake Inhibitor (SSRI)

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citalopram solution / tablet (generic for Celexa®)
escitalopram tablet (generic for Lexapro® Tablet)

fluoxetine capsule / solution (generic for Prozac®)

fluvoxamine tablet (generic for Luvox®) paroxetine tablet (generic for Paxil®)

sertraline concentrated solution / tablet (generic for Zoloft®)

Non-Preferred

Brisdelle® Capsule Celexa® Tablet

escitalopram solution (generic for Lexapro® Solution) fluoxetine DR capsules (generic for Prozac® Weekly)

fluoxetine tablet (generic for Prozac®) - Exemption for children < 12 years of age

fluvoxamine ER capsule (generic for Luvox CR®)

Lexapro® Solution / Tablet

paroxetine CR tablet (generic for Paxil CR®)
Paxil® Suspension / Tablet / CR Tablet

Pexeva® Tablet

Prozac® Pulvule / Weekly Capsule

Sarafem® Tablet Zoloft® Solution / Tablet

ANTIHYPERKINESIS/ ADHD

Preferred Non-Preferred

Aptensio® XR Adderall® XR Capsule

amphetamine salt combo tablets (generic for Adderall®)

atomoxetine capsule
Daytrana® Patch

dextroamphetamine tablet (generic for Dexedrine®)

Focalin® Tablet / XR Capsule

guanfacine ER tablet (generic for Intuniv®)

Kapvay® Tablet Methylin® Solution

methylphenidate tablets (generic for Methylin®, Ritalin®)

Quillichew® ER Oral Quillivant® XR Suspension

Ritalin® Tablet

Vyvanse® Capsule / Chewable Tablet

Adderall® Tablet (GENERIC PRODUCT PER FDA)

Adzenys® XR ODT

amphetamine salt combo XR capsules (generic for Adderall XR)

clonidine ER tablet (generic for Kapvay®)

Concerta® Tablet

Dexedrine® Tablet / Spansules

dexmethylphenidate tablet / ER capsules (generic for Focalin® / XR)

Desoxyn® Tablet

dextroamphetamine solution (generic for ProCentra®)

dextroamphetamine ER capsule (generic for Dexedrine® Spansules)

Dyanavel® XR
Evekeo® Tablet
Intuniv® Tablet

methamphetamine tablet (generic for Desoxyn®)

Methylin® Chewable

methylphenidate CD capsules (generic for Metadate® CD) methylphenidate chewable / solution (generic for Methylin®)

methylphenidate ER tablets

methylphenidate LA capsules (generic for Ritalin® LA)

ProCentra® Solution
Ritalin® LA Capsule
Strattera® Capsule
Zenzedi® Tablet

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Trial and failure of only one preferred drug required

Preferred
Abilify Maintena® Syringe / Vial

fluphenazine decanoate vial (generic for Prolixin decanoate®)

Haldol® decanoate Ampule

haloperidol decanoate ampule / vial (generic for Haldol decanoate®)

Invega® Sustenna Prefilled Syringe / Trinza Syringe

Risperdal® Consta Syringe Zyprexa® Relprevv Vial Kit Aristada® Syringe

Non-Preferred

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

Oral

Trial and failure of two preferred drugs are required unless otherwise indicated.

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| Trial and failure of only one preferred drug required | | |
|---|--|--|
| Preferred | Non-Preferred | |
| Abilify® Discmelt | Abilify® Tablet | |
| aripiprazole Tablet / Solution (generic for Abilify®) | aripiprazole ODT (generic for Abilify®) | |
| clozapine ODT (generic for FazaClo®) | Clozaril® Tablet | |
| clozapine tablet (generic for Clozaril®) | Fanapt® Titration Pack | |
| Invega® Tablet | Fanapt® Tablet | |
| Latuda® Tablet | FazaClo® ODT | |
| olanzapine ODT / tablet (generic for Zyprexa®) | Geodon® Capsule | |
| quetiapine tablet (generic for Seroquel®) | Nuplazid® Tablet | |
| quetiapine ER tablet (generic for Seroquel® XR Tablet) | olanzapine-fluoxetine (generic for Symbyax®) | |
| risperidone ODT / solution/tablet (generic for Risperdal®) | paliperidone (generic for Invega® Tablet) | |
| Saphris® SL Tablet | Risperdal® Solution / Tablet / M-Tab ODT | |
| Seroquel® XR Tablet | Rexulti® Tablet | |
| Symbyax® Capsule | Seroquel® Tablet | |
| ziprasidone capsule (generic for Geodon®) | Seroquel® XR Tablet / XR Sample Kit | |
| ziprasidone capsule (generie foi Geodone) | Versacloz® Suspension | |
| | Vraylar® Capsule | |
| | Zyprexa® Tablet / Zydis Tablet | |
| | Zypiena® Tablet / Zydis Tablet | |
| | CARDIOVASCULAR | |
| | ACE INHIBITORS | |
| Preferred | Non-Preferred | |
| benazepril tablet (generic for Lotensin®) | Aceon® | |
| enalapril tablet (generic for Vasotec®) | Accupril® Tablet | |
| lisinopril tablet (generic for Prinivil® and Zestril®) | Altace® Capsule | |
| ramipril capsule (generic for Altace®) | captopril tablet (generic for Capoten®) | |
| rampin capsule (generic for Attaces) | Epaned® Solution - Exemption for children < 12 years of age | |
| | fosinopril tablet (generic for Monopril®) | |
| | Lotensin® Tablet | |
| | Mavik® Tablet | |
| | moexipril tablet (generic for Univasc®) | |
| | Qbrelis® Solution - Exemption for children < 12 years of age | |
| | perindopril tablet (generic for Aceon®) | |
| | Prinivil® Tablet | |
| | | |
| | quinapril tablet (generic for Accupril®) | |
| | trandolapril tablet (generic for Mavik®) | |
| | Univasc® Tablet | |
| | Vasotec® Tablet | |
| | Zestril® Tablet | |
| ACE INHIBITOR CA | ALCIUM CHANNEL BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred | |
| amlodipine-benazepril capsule (generic for Lotrel®) | Lotrel® Capsule | |
| annospino ovinizepini cuponic (generic foi zonere) | Tarka® ER Tablet | |
| | trandolapril-verapamil ER tablet (generic for Tarka®) | |
| | dundonapin verapanin ER tablet (generie for Tankas) | |
| ACE INF | HIBITOR DIURETIC COMBINATIONS | |
| Preferred | Non-Preferred | |
| enalapril-HCTZ tablet (generic for Vaseretic®) | Accuretic® Tablet | |
| lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®) | benazepril-HCTZ tablet (generic for Lotensin® HCT) | |
| | captopril-HCTZ tablet (generic for Capozide®) | |
| | fosinopril-HCTZ tablet (generic for Monopril® HCT) | |
| | Lotensin® HCT Tablet | |
| | moexipril-HCTZ tablet (generic for Uniretic®) | |
| | quinapril-HCTZ tablet (generic for Accuretic® Quinaretic®) | |

quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Vaseretic® Tablet Zestoretic® Tablet

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II

Receptor Blocker

| 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

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II

Receptor Blocker Combination

| 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 BLOCKER DIURETIC COMBINATIONS

Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Angiotensin II

Receptor Blocker Diuretic Combination

| 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-NEPRILYSIN BLOCKER COMBINATIONS | |
| Preferred | Non-Preferred |
| Enterest & Clinical Cuitaria Apple | |

Entresto® Clinical Criteria Apply

ANTI-ARRHYTHMICS

Preferred
amiodarone tablet (generic for Cordarone®)

Cordarone® Tablet

Trial and failure of two preferred drugs are required unless otherwise indicated.

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disopyramide capsule (generic for Norpace®)

flecainide tablet (generic for Tambocor®)

mexiletine capsule (generic for Mexitil®)

propafenone tablet (generic for Rythmol®)

quinidine sulfate tablet / ER tablet (generic for Quinidex® Extentabs / Tablet)

Rythmol SR® Capsule

dofetilide capsule (generic for Tikosyn®)

Multaq® Tablet

Norpace® Capsule / CR Capsule

Pacerone® Tablet

propafenone SR capsule (generic for Rythmol SR®)

quinidine gluconate tablet (generic for Quinaglute DuraTabs®)

Rythmol® Tablet Tikosyn® Capsule

CARDIOVASCULAR

BETA BLOCKERS

Preferred Non-Preferred

atenolol tablet (generic for Tenormin®)
carvedilol tablet (generic for Coreg®)

labetalol tablet (generic for Trandate®)

metoprolol succinate XL tablet (generic for Toprol XL®)

metoprolol tartrate tablet (generic for Lopressor®)

propranolol solution / tablet / ER capsule (generic for Inderal®)

Sorine® Tablet

sotalol AF tablet / tablet (generic for Betapace® / AF, Sorine®)

acebutolol capsule (generic for Sectral®)

Betapace® AF Tablet / Tablet

betaxolol tablet (generic for Kerlone®)

bisoprolol tablet (generic for Zebeta®) Bystolic® Tablet

Coreg® Tablet / CR Capsule

Corgard® Tablet

Hemangeol® Solution

Inderal® LA Capsule / XL Capsule

Innopran® XL Capsule Levatol® Tablet

Lopressor® Tablet

nadolol tablet (generic for Corgard®)

pindolol tablet (generic for Visken®)

Sectral® Capsule

Sotylize® Solution

Tenormin® Tablet

timolol tablet (generic for Blocadren®)

Toprol XL® Tablet Trandate® Tablet Zebeta® Tablet

BETA BLOCKER DIURETIC COMBINATION

Preferred Non-Preferred

atenolol-chlorthalidone tablet (generic for Tenoretic®)

bisoprolol-HCTZ tablet (generic for Ziac®)

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

BILE ACID SEQUESTRANTS

Preferred

cholestyramine light packet / light powder / packet / powder (generic for Questran® / Light)

colestipol tablet (generic for Colestid® Tablet)

Non-Preferred

colestipol granules (generic for Colestid® Granules)

Colestid® Granules / Tablet Prevalite® Packet / Powder

One stance District Description / Description

Questran® Light Powder / Packet / Powder

Welchol® Packet / Tablet

CARDIOVASCULAR

CHOLESTEROL LOWERING AGENTS

Preferred Non-Preferred

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Altoprev® Tablet atorvastatin tablet (generic for Lipitor®) amlodipine-atorvastatin tablet (generic for Caduet®) lovastatin tablet (generic for Mevacor®) Caduet® Tablet prayastatin tablet (generic for Prayachol®) Crestor® Tablet simvastatin tablet (generic for Zocor®) rosuvastatin tablet (generic for Crestor®) ezetimibe (generic for Zetia®) Zetia® Tablet (used as an adjunctive to statin therapy) fluvastatin capsule / ER tablet (generic for Lescol® / XL) Lescol® Capsule / XL Tablet Lipitor® Tablet Livalo® Tablet Pravachol® Tablet Vytorin® Tablet Zocor® Tablet Juxtapid® Capsule - Clinical criteria apply Kynamro® Syringe - <mark>Clinical criteria apply</mark> CORONARY VASODILATORS **Preferred Non-Preferred** Dilatrate® SR Capsule isosorbide dinitrate tablet / ER (generic for Isordil Titradose®, IsoDitrate®, et.al.) isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®) Gonitro® Sublingual Powder sordil® Tablet / Titradose Tablet nitroglycerin ER capsules / patches / spray / sublingual (generic for Nitro-Dur®, Minitran®, Nitro-Bid® Ointment Nitrostat®, Nitrolingual®, Nitromist®) Nitro-Dur® Patch Nitrostat® SL Tablet Nitrolingual® Spray Nitromist® Spray DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS **Preferred** Non-Preferred Afeditab CR® Tablet (branded generic for Adalat CC®) Adalat® CC Tablet amlodipine tablet (generic for Norvasc®) felodipine ER tablet (generic for Plendil®) Nifedical® XL Tablet (branded generic for Procardia XL®) isradipine capsule (generic for Dynacirc®) nifedipine capsule (generic for Procardia®) nicardipine capsule (generic for Cardene®) nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) nimodipine capsule (generic for Nimotop®) nisoldipine ER tablet (generic for Sular®) Norvasc® Tablet Nymalize® Solution Procardia® Capsule / XL Tablet Sular® Tablet DIRECT RENIN INHIBITOR Requires trial and failure of an ACE Inhibitor unless contraindicated or documented adverse event when using a either a preferred or non-preferred Direct Renin **Inhibitor Preferred** Non-Preferred Tekturna® HCT Tablet Tekturna® Tablet ENDOTHELIN RECEPTOR ANTAGONISTS **Preferred Non-Preferred** Letairis® Tablet Opsumit® Tablet Tracleer® Tablet **CARDIOVASCULAR** INHALED PROSTACYCLIN ANALOGS

Non-Preferred

Preferred

Γyvaso® Refill Kit / Solution / Starter Kit

Ventavis® Solution

Trial and failure of two preferred drugs are required unless otherwise indicated.

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| More information on the Libe found of | at. <u>http://www.ncarins.gov/ama/pnarmacy/index.htm</u> |
|---|--|
| NIACIN | DERIVATIVES |
| Preferred | Non-Preferred |
| niacin ER tablet (generic for Niaspan®) | Niacor® Tablet |
| | Niaspan® ER Tablet |
| | |
| NITRATE | E COMBINATION |
| Preferred | Non-Preferred |
| Bidil® Tablet | |
| | |
| | CALCIUM CHANNEL BLOCKERS |
| Preferred | Non-Preferred |
| Calan® Tablet | Calan SR® Caplet |
| Cartia XT® Capsule (branded generic for Cardizem CD®) | Cardizem CD® Capsule |
| Dilt XR® Capsule (branded generic for Dilacor XR®) | Cardizem® LA Tablet |
| diltiazem ER 24 hour capsule (generic for Dilacor XR®, Tiazac®) | Cardizem® Tablet |
| diltiazem tablet / CD capsules / ER 12 hour capsule (generic for Cardizem® / CD / SR) | diltiazem LA tablet (generic for Cardizem LA®) |
| Taztia XT® Capsule (branded generic for Tiazac®) | Matzim® LA Tablet (generic for Cardizem LA®) |
| verapamil tablet / ER tablet (generic for Calan® / SR) | Tiazac® Capsule |
| | verapamil 360 mg capsule |
| | verapamil ER capsules (generic for Verelan®) |
| | verapamil PM capsule (generic for Verelan PM®) |
| | Verelan® Capsule |
| | Verelan® PM Capsule |
| | |
| ORAL PULMON | NARY HYPERTENSION |
| Preferred | Non-Preferred |
| Adcirca® Tablet | Adempas® Tablet |
| sildenafil (generic for Revatio®) tablet | Orenitram® ER Tablet |
| | Revatio® Suspension / Tablet |
| | Uptravi® Tablet |
| | |
| | ET INHIBITORS |
| Preferred | Non-Preferred |
| Aggrenox® Capsule | aspirin/dipyridamole ER capsule (generic for Aggrenox®) |
| Brilinta® Tablet | Durlaza® Capsule |
| clopidogrel tablet (generic for Plavix®) | Persantine® Tablet |
| dipyridamole tablet (generic for Persantine®) | Plavix® Tablet |
| Effient® Tablet | prasugrel tabelet (generic for Effient® Tablet) |
| | ticlopidine tablet (generic for Ticlid®) |
| | Yosprala® Tablet |
| | Zontivity® Tablet |
| | |
| | L & ANTI-ISCHEMIC |
| Preferred | Non-Preferred |
| Ranexa® Tablet | |
| CADDI | IOVASCULAR |
| | CS AND COMBINATIONS |
| Preferred | Non-Preferred |
| Catapres®-TTS Patch | Catapres® Tablet |
| clonidine tablets (generic for Catapres®) | clonidine patches (generic for Catapres®-TTS) |
| guanfacine tablet (generic for Tenex®) | Clorpres® Tablet (branded generic for Combipres®) |
| methyldopa tablet (generic for Aldomet®) | methyldopa-HCTZ tablet (generic for Aldoril®) |
| menyaopa aotet (generic for Autometw) | |
| | methyldopate injection (generic for Aldomet® Injection) |

Trial and failure of two preferred drugs are required unless otherwise indicated.

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reserpine tablet (generic for Serpalan®)

Tenex® Tablet

TRIGLYCERIDE LOWERING AGENTS

Preferred
Antara® Capsule

fenofibrate tablet (Tricor®)

Antara® Capsu
fenofibric acid capsule / tablet (Trilipix®)

fenofibrate capsu

gemfibrozil tablet (generic for Lopid®)

fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Tricor®)

fenofibrate tablet (generic for Fenoglide®)

fenofibric acid capsule / tablet (generic for Fibricor®, Trilipix®)

Fenoglide® Tablet Fibricor® Tablet

Lipofen® Capsule Lofibra® Capsule / Tablet

Lopid® Tablet

Lovaza® Capsule - Exemption for patients with triglycerides ≥ 500mg/dl

omega-3 acid ethyl esters capsule (generic for Lovaza®) - Exemption for patients with

Non-Preferred

Non-Preferred

Non-Preferred

triglycerides ≥ 500 mg/dl

Tricor® Tablet Triglide® Tablet Trilipix® Capsule Vascepa® Capsule

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to all triptans

Preferred

rizatriptan tablet (generic for Maxalt®)

Nuvigil® Tablet

Provigil® Tablet

rizatriptan ODT (generic for Maxalt MLT®)

sumatriptan nasal spray / syringe / tablet/ vial (generic for Imitrex®)

Preferred

Alsuma® Auto-Injection

almotriptan tablet (generic for Axert®)

Amerge® Tablet

Axert® Tablet

Cambia® Powder Packet

frovatriptan tablet (generic for Frova®)

Frova® Tablet

Imitrex® Cartridges / Nasal Spray / Pen / Tablet / Vial

Maxalt® Tablet / MLT Tablet

Migranow® Kit

naratriptan tablet (generic for Amerge®)

Onzetra Xsail Nasal Powder®

Relpax® Tablet

sumatriptan kit / refill/ injection (generic for Imitrex®)

Sumavel DosePro® Syringe

Treximet® Tablet

Zembrace® SymTouch®

zolmitriptan ODT / tablet (generic for Zomig®)
Zomig® Nasal Spray / Tablet / ZMT Tablet

ANTINARCOLEPSY

Clinical criteria apply to all drugs in this class

armodafinil tablet (generic for Nuvigil®)
modafinil tablet (generic for Provigil®)

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Trial and failure of two preferred drugs are required unless otherwise indicated.

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benztropine tablet (generic for Cogentin®)

bromocriptine tablet (generic for Parlodel®)

carbidopa-levodopa ODT (generic for Parcopa®)

carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)

Preferred

pramipexole tablet (generic for Mirapex®)

ropinirole tablet (generic for Requip®)

selegiline capsule / tablet (generic for Emsam®)

trihexyphenidyl elixir / tablet (generic for Artane®)

Non-Preferred

Azilect® Tablet

carbidopa tablet (generic for Lodosyn®)

carbidopa-levodopa-entacapone tablet (generic for Stalevo®)

Comtan® Tablet

Duopa® Suspension

entacapone tablet (generic for Comtan®)

Horizant®

Lodosyn® Tablet

Mirapex® Tablet / ER Tablet

Neupro® Patch

Parlodel® Capsule / Tablet

pramipexole ER tablet (generic for Mirapex ER®)

rasagiline (generic for Azilect®) Requip® Tablet / XL Tablet

ropinirole ER tablet (generic for Requip XL®)

Rytary® ER Capsule Sinemet® Tablet / CR Tablet

Stalevo® Tablet Tasmar® Tablet

tolcapone tablet (generic for Tasmar®)

Xadago® Zelapar® ODT

MULTIPLE SCLEROSIS

Preferred

Avonex® Pack / Pen / Syringe Betaseron® Kit / Vial Copaxone® Syringe Gilenya® Capsule

Rebif® Ribidose / Titration Pack / Syringe

Tecfidera® Capsule / Starter Pack

Non-Preferred

Non-Preferred

Ampyra® Tablet
Aubagio® Tablet
Extavia® Kit / Vial
Glatopa® Syringe
Lemtrada® Vial

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

Zinbryta® Injection

Ocrevus®

SEDATIVE HYPNOTICS

Quantity limits apply to all sedative hypnotics

Preferred

flurazepam capsule (generic for Dalmane®)

temazepam 15mg, 30mg capsule (generic for Restoril®)

zolpidem tablet (generic for Ambien®)

m 11 ·

Ambien® Tablet / CR Tablet

Belsomra® Tablet Edluar® SL Tablet

estazolam tablet (generic for Prosom®)

eszopiclone tablet (generic for Lunesta®)

Halcion® Tablet Hetlioz® Capsule

Intermezzo® SL Tablet

Lunesta® Tablet

Restoril® Capsule Rozerem® Tablet

Silenor® Tablet

Sonata® Capsule

temazepam 7.5, 22.5 mg capsule (generic for Restoril®)

triazolam tablet (generic for Halcion®)

zaleplon capsule (generic for Sonata®)

zolpidem ER tablet (generic for Ambien® CR)

zolpidem SL tablet (generic for Intermezzo®)

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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 | p://www.ncdhhs.gov/dma/pharn | nacy/index.htm |
|---|---|----------------|
| | zolpimist oral spray | |
| CENTRAL NERV | OUS SYSTEM | |
| SMOKING C | ESSATION | |
| Preferred Buproban® Tablet (branded generic for Zyban®) bupropion SR tablet (generic for Zyban®) Chantix® Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months Nicorelief® Gum nicotine gum / lozenge / patch | Nicoderm® CQ Patch Nicotrol® Inhaler / NS Spray Nicorette® Gum / Lozenge (Buccal) Zyban® SR Tablet | Non-Preferred |
| ENDOCRIN | NOLOGY | |
| GROWTH H | ORMONE | |
| Clinical criteria apply to | all drugs in this class | |
| Preferred Genotropin® Cartridge / Miniquick Norditropin® Flexpro / Nordiflex Serostim® Vial | Humatrope® Cartridge / Vial Nutropin® AQ Pen / Nuspin Omnitrope® Cartridge / Vial Saizen® Click-Easy Cartridge / Vial TevTropin® Vial Zomacton® Vial Zorbtive® Vial | Non-Preferred |
| HYPOGLYCEMIC | S - INJECTABLE | |
| Rapid Actir | ng Insulin | |
| Novolog® Cartridge / Flexpen / Vial | Humalog® Kwikpen Afrezza® Inhalation Powder Apidra® Solostar / Vial Humalog® Cartridge | Non-Preferred |
| Short Actin | g Insulin | |
| | Humulin R-U500 Kwikpen® Novolin® R Vial / Relion Vial | Non-Preferred |
| Intermediate A | cting Insulin | |
| | Humulin® N Pen Novolin® N Vial / Relion Vial | Non-Preferred |
| Long Actin | g Insulin | |
| Preferred Trial and failure of only one | e preferred drug required | Non-Preferred |
| Lantus® Solostar / Vial Levemir® FlexTouch / FlexPen / Vial | Basaglar Kwikpen® Tresiba® Flextouch Toujeo® Solostar | |
| Premixed Rapid Co. | mbination Insulin | |
| Preferred Humalog® Mix 50/50 Kwikpen Humalog® Mix 75/25 Kwikpen Humalog® Mix 75/25 Vial Novolog® Mix 70/30 Flexpen / Vial | | Non-Preferred |

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm Premixed 70/30 Combination Insulin **Preferred** Non-Preferred Humulin® 70/30 Pen Humulin® 70/30 Vial Novolin® 70/30 Vial / Relion Vial **ENDOCRINOLOGY** HYPOGLYCEMICS - INJECTABLE (continued) **Amylin Analogs** Requires trial and failure or insufficient response to metformin containing product unless contraindicated or documented adverse event when using either a preferred or non-preferred Amylin Analog **Preferred** Non-Preferred Symlin® Pen Injector **GLP-1** Receptor Agonists and Combinations Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred GLP-1 Receptor Agonist and Combination **Preferred Non-Preferred** Continuation of therapy requires documentation that clinical goals have been met Adlyxin® Injection Byetta® Pen Soliqua® Injection Bydureon® Pen / Vial Tanzeum® Pen Injector Trulicity® Pen Victoza® Pen Xultophy® Injection **HYPOGLYCEMICS - ORAL** 2nd Generation Sulfonylureas **Preferred Non-Preferred** Amaryl® Tablet Diabeta® Tablet glimepiride tablet (generic for Amaryl®) glipizide tablet / ER tablet (generic for Glucotrol® / XL) Glucotrol® Tablet / XL Tablet glyburide micronized tablet (generic for Micronase®, Glynase®) glyburide tablet (generic for Diabeta®) Glynase® Tablet Alpha-Glucosidase Inhibitors **Preferred Non-Preferred** carbose tablet (generic for Precose®) miglitol tablet (generic for Glyset®) Glyset® Tablet Precose® Tablet **Biguanides and Combinations Preferred Non-Preferred** Fortamet® Tablet glipizide-metformin tablet (generic for Metaglip®) glyburide-metformin tablet (generic for Glucovance®) Glucophage® Tablet / ER Tablet metformin tablet / ER tablet (generic for Glucophage® / ER) Glucovance® Tablet Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred ong acting metformin product metformin ER tablet (generic for Fortamet®) metformin ER tablet (generic for Glumetza®) Riomet® Solution **DPP-IV Inhibitors and Combinations** Requires trial and failure or insufficient response to metformin containing products unless contraindicated or documented adverse event when using either a preferred or a non-prefrerred DPP-IV Inhibitor and Combination

Non-Preferred

Preferred

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 Janumet® Tablet

Janumet® XR Tablet Januvia® Tablet Jentadueto® Tablet

Tradjenta® Tablet

alogliptin tablet (generic for Nesina®)

alogliptin-metformin tablet (generic for Kazano®)

alogliptin-pioglitazone tablet (generic for Orseni®)

Glyxambi® Tablet Jentadueto® XR Tablet Kazano® Tablet

Kombiglyze® XR Tablet Nesina® Tablet Onglyza® Tablet Oseni® Tablet

ENDOCRINOLOGY

HYPOGLYCEMICS - ORAL (continued)

Preferred

Meglitinides

Prandin® Tablet Starlix® Tablet

nateglinide tablet (generic for Starlix®) repaglinide tablet (generic for Prandin®)

epaglinide-metformin tablet (generic for Prandimet®)

Non-Preferred

Non-Preferred

Non-Preferred

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

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

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

Thiazolidinediones and Combinations

Preferred pioglitazone tablet (generic for Actos®)

ActoPlus Met® Tablet / XR Tablet

Actos® Tablet

Avandamet® Tablet Avandaryl® Tablet Avandia® Tablet Duetact® Tablet

pioglitazone-glimepiride tablet (generic for Duetact®) pioglitazone-metformin tablet (generic for ActoPlus Met®)

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

Preferred

dimenhydrinate vial (generic for Dramamine®)

meclizine tablet (generic for Antivert®)

metoclopramide / solution / tablet (generic for Reglan®)

ondansetron ODT / solution / tablet(generic for Zofran®) prochlorperazine tablet (generic for Compazine®)

promethazine syrup / tablet (generic for Phenergan®)

Transderm-Scop® Patch

Akynzeo® Capsule Anzemet® Tablet / Vial

Cesamet® Capsule

dronabinol capsule (generic for Marinol®) granisetron tablets (generic for Kytril®)

Marinol® Capsule

metoclopramide ODT (generic for Metozolv®) metoclopramide ODT (generic for Reglan®)

Metozolv® ODT Sancuso® patch scopolamine patch Sustol® Injection

trimethobenzamide capsule (generic for Tigan®)

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Varubi® Tablet

Zofran® Solution / ODT / Tablet

Zuplenz® Soluble Film

aprepitant capsule/pack (generic for Emend®) - Clinical criteria apply

Emend® Powder Packet - Clinical criteria apply Emend®Trifold Pack - Clinical criteria apply

Diclegis® Tablet - Exemption for diagnosis of pregnancy

BILE ACID SALTS

Preferred Non-Preferred

ursodiol tablet (generic for Urso®)

Pylera® Capsule

Emend® Capsule - Clinical criteria apply

Actigall® Capsule Chenodal® Tablet Cholbam® Capsule Ocaliva® Tablet

Urso® Tablet / Urso® Forte Tablet ursodiol capsule (generic for Actigall®)

GASTROINTESTINAL

H. PYLORI COMBINATIONS

Preferred Non-Preferred

lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac®)

Omeclamox-Pak® Combo Pack Prevpac® Patient Pack

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred Non-Preferred

cimetidine solution / tablet (generic for Tagamet®) famotidine tablet / suspension (generic for Pepcid®) ranitidine capsule / syrup / tablet (generic for Zantac®) nizatidine capsule / solution (generic for Axid®)

Pepcid® Tablet / Suspension

Zantac® Tablet

PANCREATIC ENZYMES

Preferred Non-Preferred

Creon® Capsule Pancreaze® Capsule

Pertzye® Capsule pancrelipase capsule (generic for Pancrease®) Zenpep® Capsule Ultresa® Capsule

Viokase® Tablet

PROGESTINS USED FOR CACHEXIA

Preferred **Non-Preferred**

megestrol suspension / tablet (generic for Megace®) Megace® Suspension / ES Suspension

megestrol ES suspension (generic for Megace® ES)

PROTON PUMP INHIBITORS

Preferred Non-Preferred

Exemption for children < 12 years of age

Nexium® RX / Capsule / Packet Aciphex® Sprinkle Capsules / Tablets

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

Trial and failure of two preferred drugs are required unless otherwise indicated.

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rabeprazole tablet (generic for Aciphex®)

Zegerid® RX / Capsule / Packet

SELECTIVE CONSTIPATION AGENTS

Preferred

Non-Preferred

alosetron tablet (generic for Lotronex® Tablet)

Amitiza® Capsule Lotronex® Tablet

Linzess® Capsule Relistor® Syringe / Vial / Oral Tablet

Movantik® Tablet

Trulance®

Viberzi® Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)

GASTROINTESTINAL

ULCERATIVE COLITIS

Oral

Preferred Non-Preferred

Apriso® Capsule Asacol® HD Tablet

balsalazide capsule (generic for Colazal®)

Azulfidine® Entab / Tablet

sulfasalazine DR tablet (generic for Azulfidine® Entab)

Sulfasalazine IR tablet (generic for Azulfidine®)

Colazal® Capsule

Delzicol® Capsule

Sulfazine® (branded generic for Azulfidine®)

Dipentum® Capsule

Dipentum® Capsule Giazo® Tablet Lialda® Tablet

mesalamine tablet (generic for Asacol® HD)

Pentasa® Capsule Uceris® TabletA

Rectal

Trial and failure of only one preferred drug required

Preferred Non-Preferred

Canasa® Suppository mesalamine kit (generic for Rowasa® Kit)

Rowasa® Kit SFRowasa® Enema Uceris® Rectal Foam

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Preferred Non-Preferred

alfuzosin ER tablet (generic for Uroxatral®)

doxazosin tablet (generic for Cardura®)

Avodart® Softgel

Cardura® Tablet / XL Tablet

dutasteride capsule (generic Avodart®) dutasteride/ tamsulosin capsule (generic Jalyn capsule®)

finasteride tablet (generic for Proscar®)

Flomax® Capsule tamsulosin capsule (generic for Flomax®)

Jalyn® Capsule terazosin capsule (generic for Hytrin®)

Proscar® Tablet

Rapaflo® Capsule

Uroxatral® Tablet

mesalamine enema (generic for Rowasa® Enema)

Cialis® Tablet - Clinical criteria apply

ELECTROLYTE DEPLETERS

Preferred Non-Preferred

calcium acetate capsule (generic for PhosLo®)

Auryxia® Tablet

calcium acetate tablet (generic for Eliphos®)

Eliphos® Tablet

Fosrenol® Chewable
Fosrenol® Powder Pack

Renagel® Tablet

Renvela® Powder Pack

Magnebind® 400 RX Tablet

PhosLo® Gelcap / Solution

Phoslyra® Solution

Renvela® Tablet

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sevelamer tablet / powder pack (generic for Renvela®) Velphoro® Chewable **GENITOURINARY/RENAL** URINARY ANTISPASMODICS **Preferred Non-Preferred** darifenacin er tablet (generic for Enablex®) oxybutynin syrup / tablet (generic for Ditropan®) Toviaz® Tablet Detrol® Tablet / LA Capsule Vesicare® Tablet Ditropan® XL Tablet Enablex® Tablet flavoxate tablet (generic for Urispas®) Gelnique® Gel / Gel Sachets Myrbetriq® Tablet oxybutynin ER tablet (generic for Ditropan XL®) Oxytrol® Patch tolterodine tablet / ER capsule(generic for Detrol® / LA) trospium tablet / ER capsule (generic for Sanctura® / XR) **GOUT Preferred Non-Preferred** colchicine tablet (generic for Colcrys®) allopurinol tablet (generic for Zyloprim®) colchicine capsule (generic for Mitigare®) Colcrys® Tablet probenecid tablet(generic for Benemid®) Mitigare® Capsule Uloric® Tablet probenecid-colchicine tablet (generic for Col-Benemid®) Zyloprim® Tablet Zurampic® Tablet **HEMATOLOGIC** ANTICOAGULANTS Injectable **Preferred Non-Preferred** Fragmin® Syringe / Vial Arixtra® Syringe Lovenox® Syringe / Vial enoxaparin syringe / vial (generic for Lovenox®) fondaparinux syringe (generic for Arixtra®) Oral **Preferred Non-Preferred** Coumadin® Tablet Eliquis® Tablet Jantoven® (branded generic for Coumadin®) Pradaxa® Capsule Savaysa® Tablet warfarin tablet (generic for Coumadin®) Xarelto® Starter Pack / Tablet HEMATOPOIETIC AGENTS Clinical criteria apply to all drugs in this class **Preferred Non-Preferred** Aranesp® Syringe / Vial Epogen® Vial Procrit® Vial Mircera® Syringe THROMBOPOIESIS STIMULATING AGENTS Preferred Non-Preferred Nplate® Vial Promacta® Tablet

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OPHTHALMIC

| ALLERGIC CONJUNCTIVITIS AGENTS | |
|---|--|
| Preferred | Non-Preferred |
| cromolyn sodium drops (generic for Crolom®) | Alocril® Drops |
| olopatadine drops (AG generic for Patanol®) | Alomide® Drops |
| | Alrex® Drops |
| | azelastine drops (generic for Optivar®) |
| | Bepreve® Drops |
| | Elestat® Drops |
| | Emadine® Drops |
| | epinastine drops (generic for Elestat®) |
| | Lastacaft® Drops |
| | olopatadine drops (generic for Pataday®) |
| | Optivar® Drops |
| | Patanol® Drops |
| | Pataday® Drops |
| | Pazeo® Drops |

ANTIBIOTICS

Preferred Non-Preferred

Azasite® Drops bacitracin ointment (generic for AK-Tracin®)

AK-Poly-Bac® Ointment (branded generic for Polysporin®)

Besivance® Suspension

Bleph-10® Drops

ciprofloxacin solution drops (generic for Ciloxan®)

ciprofloxacin solution drops (generic for Ciloxan®)

ciprofloxacin solution drops (generic for Ciloxan®)

Ciloxan® Drops / Ointment

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

neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)

Neosporin® Drops

ofloxacin drops (generic for Ocuflox®)

Polycin® Ointment (branded generic for Polysporin®)

Ocuflox® Drops

Polytrim® Drops

polymyxin-trimethoprim drops (generic for Polytrim®) sulfacetamide ointment (generic for Cetamide®)

sulfacetamide drops (generic for Bleph-10®)

Tobrex® Ointment/ Drops tobramycin drops (generic for Tobrex®)

Zymaxid® Drops

tobramycin drops (generic for Tobrex®)

Vigamox® Drops

Neo-Polycin® (branded generic for Neosporin® Ophthalmic Ointment)

ANTIBIOTICS-STEROID COMBINATIONS

Preferred Non-Preferred

neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)

Blephamide® Drops / S.O.P. Ointment

Tobradex® Drops / Ointment

Maxitrol® Drops / Ointment

Neo-Polycin® HC (branded generic for Cortisporin®)

neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)

Natacyn® Drops

neomycin-polymyxin-HC drops / ointment (generic for Ocutricin®)

Pred-G® S.O.P. Ointment / Suspension

sulfacetamide-prednisolone drops (generic for Vasocidin®)

Tobradex® ST Drops

tobramycin-dexamethasone suspension (generic for Tobradex® Suspension)

Zylet® Drops

OPHTHALMIC

ANTI INFLAMMATORY

Preferred Non-Preferred

dexamethasone drops (generic for Decadron®)

Acular® Drops / LS Solution

diclofenac drops (generic for Voltaren®)

Acuvail® Solution

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm Durezol® Drops bromfenac drops (generic for Xibrom®) Flarex® Drops FML® Liquifilm Drops fluorometholone drops (generic for FML®) Ilevro® Drops Iluvien® Implant flurbiprofen drops (generic for Ocufen®) FML® Forte Drops / S.O.P. Ointment Lotemax® Gel / Ointment Nevanac® Droptainer ketorolac solution (generic for Acular® / LS) Lotemax® Drops Ocufen® Drops Maxidex® Drops Omnipred® Drops Pred Mild® Drops Ozurdex® Implant Pred Forte® Drops prednisolone acetate drops (generic for Pred Forte®) prednisolone sodium phosphate drops (generic for Inflamase Forte®) Prolensa® Drops Retisert® Implant Triesence® Vial Vexol® Drops ANTI INFLAMMATORY/IMMUNOMODULATOR **Preferred Non-Preferred** Xiidra® Restasis® 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 levobunolol drops (generic for Betagan®) Betoptic® S Drops timolol drops / GFS gel-solution / gel-solution (generic for Timoptic® / Timoptic XE®) metipranolol drops (generic for OptiPranolol®) Γimoptic® Drops / Ocudose Drops / XE Solution Carbonic Anhydrase Inhibitors **Preferred Non-Preferred** Cosopt® Drops / PF Drops Azopt® Drops Trusopt® Drops dorzolamide drops (generic for Trusopt®) dorzolamide-timolol drops (generic for Cosopt®) Simbrinza® Drops Prostaglandin Agonists **Preferred** Non-Preferred bimatoprost (generic for Lumigan® Drops) latanoprost drops (generic for Xalatan®) Travatan® Z Drops Lumigan® Drops ravoprost drops (generic for Travatan®) Xalatan® Drops Zioptan® Drops **OSTEOPOROSIS** BONE RESORPTION SUPPRESSION AND RELATED AGENTS **Preferred Non-Preferred** Actonel® Tablet alendronate tablet (generic for Fosamax®)

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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:

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More information on the PDL can be found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm Evista® Tablet alendronate solution (generic for Fosamax® Solution) Fortical® Nasal Spray Atelvia® Tablet Binosto® Effervescent Tablet Boniva® Tablet calcitonin salmon nasal spray (generic for Miacalcin®) etidronate tablet (generic for Didronel®) Forteo® Pen Injection Fosamax® Tablet / Plus D Tablet ibandronate tablet (generic for Boniva®) Miacalcin® Nasal Spray Prolia® Syringe raloxifene tablet (generic for Evista®) risedronate tablet (generic for Actonel®) Γymlos™ **OTIC ANTIBIOTICS** Preferred **Non-Preferred** Ciprodex® Suspension Cipro® HC Suspension neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®) iprofloxacin solution (generic for Cetraxal®) Coly-Mycin® S Drops Cortisporin-TC® Suspension ofloxacin drops (generic for Floxin®) Otiprio® Suspension Otovel® Drops ANTI-INFECTIVES AND ANESTHETICS **Preferred Non-Preferred** Acetasol HC® Drops (branded generic for Vosol® HC) acetic acid solution (generic for Vosol®) acetic acid-hydrocortisone solution (generic for Vosol® HC) acetic acid-aluminum drops (generic for Domeboro®) antipyrine-benzocaine drops (generic for Auralgan®) Otic Care® Solution Oto-End 10® Drops Auroguard® Solution (branded generic for Auralgan®) Otozin® Ear Drops Pinnacaine® Otic Drops RESPIRATORY BETA-ADRENERGIC HANDHELD, LONG ACTING **Preferred Non-Preferred** Serevent® Diskus Arcapta® Neohaler Striverdi® Respimat Inhalation Spray BETA-ADRENERGIC HANDHELD, SHORT ACTING **Preferred** Non-Preferred Proair Respiclick® Proair® HFA Inhaler Proventil® HFA Inhaler Ventolin® HFA Inhaler Xopenex® HFA Inhaler BETA-ADRENERGIC NEBULIZERS **Preferred Non-Preferred** albuterol 0.63mg/3ml solution (generic for Accuneb®) Brovana® Solution albuterol 1.25mg/3ml solution (generic for Accuneb®) levalbuterol solution / concetrate solution (generic for Xopenex® / Concetrate) albuterol sulfate 2.5mg/0.5ml solution Perforomist® Solution albuterol sulfate 2.5mg/3ml solution Xopenex® Solution / Concetrate Solution albuterol sulfate 5mg/ml solution

RESPIRATORY

Trial and failure of two preferred drugs are required unless otherwise indicated.

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

| BETA- | -ADRENERGIC - ORAL |
|--|--|
| Preferred | Non-Preferred |
| albuterol tablets (generic for Proventil® Repetabs) | albuterol ER tablets (generic for VoSpire® ER) |
| albuterol syrup (generic for Ventolin® Syrup) | metaproterenol tablet (generic for Alupent® Tablet) |
| metaproterenol syrup (generic for Alupent® Syrup) | VoSpire® ER Tablet |
| terbutaline tablet (generic for Brethine®) | |
| | |
| | COPD AGENTS |
| Preferred | Non-Preferred |
| Trial and failure of Spiriva® only | required to obtain a non-preferred drug in this class |
| 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 |
| | 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** |
| | |
| | ORTICOSTEROIDS |
| | ria apply to all drugs in this class |
| Preferred | Non-Preferred |
| Pulmicort® Respules 0.25mg, 0.5mg, 1mg | Aerospan® Inhaler |
| QVAR® Inhaler | Alvesco® Inhaler |
| | Arnuity Elipta® Inhaler |
| | Asmanex® HFA Inhaler |
| | Asmanex® Twisthaler |
| | budesonide suspension (generic for Pulmicort® Respules) Flovent® Diskus / HFA Inhaler |
| | Pulmicort® Flexhaler |
| | runniconto riexilalei |
| CORTICO | OSTEROID COMBINATION |
| | ria apply to all drugs in this class |
| Preferred | Non-Preferred |
| Advair® Diskus | Advair® HFA Inhaler |
| Dulera® Inhaler | Breo Elipta® |
| Symbicort® Inhaler | AirDuo® |
| | fluticasone/salmeterol (generic for AirDuo®) |
| | |
| | ASAL RHINITIS AGENTS |
| Preferred | Non-Preferred Examplian for staroids applies to shildren < 4 years of ago |
| azelastine spray (generic for Astepro®) | Exemption for steroids applies to children < 4 years of age Astepro® Nasal Spray |
| | |
| azelastine spray (generic for Astelin®) fluticasone spray (generic for Flonase®) | Astelin® Nasal Spray Atrovent® Spray |
| ipratropium spray (generic for Atrovent® Nasal) | Beconase® AQ spray |
| pratropium spray (generic for Atrovent® Nasai) Patanase® Nasal Spray | |
| i atanasee iyasai spray | budesonide nasal spray (generic for Rhinocort® Aqua) Dymista® Nasal Spray |
| | |
| | Flonase® Nasal Spray (RX ONLY) flynicolide spray (generic for Neselide®) |
| | flunisolide spray (generic for Nasalide®) |
| | mometasone nasal spray (generic for Nasonex®) |
| | Nasonex® Nasal Spray |

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:

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olopatadine nasal spray(generic for Patanase®)

Omnaris® Nasal Spray

QNasl® Nasal Spray / Children's Spray

Rhinocort® Aqua Nasal Spray

Γicanase nasal spray

triamcinolone nasal spray (generic for Nasacort® AQ)

Veramyst® Nasal Spray Zetonna® Nasal Spray

RESPIRATORY

LEUKOTRIENE MODIFIERS

Preferred Non-Preferred

montelukast chewable / granules / tablet (generic for Singulair®)

zafirlukast tablet (generic for Accolate®)

Accolate® Tablet

Singulair® Chewable / Granules / Tablet

Zyflo® CR Tablet / Filmtab

zileuton

LOW SEDATING ANTIHISTAMINES

Preferred

cetirizine tablets OTC (generic for Zyrtec® OTC Tablets)

cetirizine RX syrup (generic for Zyrtec® Syrup)

loratadine tablet OTC (generic for Claritin® OTC)

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

Non-Preferred

Claritin® Tablet

desloratadine ODT / Tablet (generic for Clarinex®)

fexofenadine 60mg, 180 mg tablet (generic for Allegra®)

fexofenadine OTC suspension / tablet (generic for Allegra® OTC)

levocetirizine solution / tablet (generic for Xyzal®)

oratadine OTC ODT / solution (generic for Claritin® OTC)

Xyzal® Solution / Tablet

LOW SEDATING ANTIHISTAMINE COMBINATION

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

Preferred

cetirizine-D OTC tablet (generic for Zyrtec-D® OTC)

Clarinex-D® Tablet

fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC)

Non-Preferred

Semprex-D® Capsule

TOPICALS

ACNE AGENTS

Preferred Non-Preferred

loratadine-D OTC tablet (generic for Claritin-D® OTC)

Benzaclin® Gel / Gel Pump

clindamycin phosphate pledgets / solution (generic for Cleocin-T®)

Differin® Cream / Gel / Gel Pump / Lotion

Retin-A® Cream / Gel

Azelex® Cream

Acne Clearing System Acanya® Gel Pump

Aczone® Gel

adapalene cream / gel / gel pump (generic for Differin®)

Atralin® Ge

Avar® Cleanser / Cleansing Pads / LS Cleanser / LS Cleansing Pads

Avar-E® Emollient Cream / Green Emollient Cream / LS Cream

Avita® Cream / Gel

Benzamycin® Gel / Pak Gel

Benzefoam Ultra

Benzepro® Creamy Wash / Emollient Foam / Foam / Foaming Cloths

benzoyl peroxide cleanser / wash / foam / gel / kit / towlette (generic for Benzac®, et. al)

BP® 10-1 Wash / Cleansing Wash

Cleocin® T Gel / Lotion / Pledgets / Solution

Clindacin® ETZ Pledget / Kit / P Pledgets / PAC Kit

Trial and failure of two preferred drugs are required unless otherwise indicated.

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clindamycin phosphate gel / lotion (generic for Cleocin-T®)

clindamycin phosphate foam (generic for Evoclin®)

clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Duac®, Neuac®)

clindamycin/benzoyl peroxide with pump (generic for Benzaclin®)

clindamycin/tretinoin (generic for Veltin®)

Duac® Gel

Epiduo® Gel / Gel Pump/ Forte

Ery® Pads

Erygel® Gel

erythromycin gel / pledgets / solution (generic for Emcin®, Erycette®, EryDerm®, EryGel®,

EryMax®, A/T/S®, T-Stat®)

erythromycin-benzoyl peroxide gel (generic for Benzamycin®)

Evoclin® Foam

Fabior® Foam

Inova® (4/1, 8/2)

Klaron® Lotion

Neuac® Gel / Kit

Onexton® Gel / Gel Pump

Ovace® Plus Cleansing Gel / Plus Cream / Plus Lotion / Plus Shampoo / Wash

Promiseb® Complete

Retin-A® / Micro Gel / Micro Pump Gel

Rosula® Cloths / Wash

Seb-Prev® Wash

sodium sulfacetamide shampoo, wash (generic for Ovace® / Plus)

sodium sulfacetamide cleanser / cream (generic for Avar® / LS)

sodium sulfacetamide lotion (generic for Klaron®)

sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula®)

sodium sulfacetamide sulfur kit / wash (generic for Sumadan®)

sodium sulfacetamide sulfur lotion / suspension (generic for Novacet®, Plexion®, Zetacet®)

Non-Preferred

sodium sulfacetamide sulfur pad / suspension / wash (generic for Suamxin®)

SSS® 10-5 Cream / Foam

sulfacetamide sulfur cream (generic for Avar® E, SSS® 10-5)

Sulfacleanse® Suspension

Sumadan® Kit / Wash / XLT Kit

Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash

tazarotene cream

Tazorac® Cream / Gel

tretinoin microsphere gel / gel pump (generic for Retin-A® Micro)

tretinoin cream / gel (generic for Retin-A®)

Veltin® Gel

Virti-Sulf® Emollient Cream

Ziana® Gel

TOPICALS

ANDROGENIC AGENTS

Androgel® Packet / Pump

Preferred

Androderm® Patch

Axiron® Actuation Solution

Fortesta® Gel Pump

Natesto® Nasal

Testim® Gel

testosterone gel (generic for Testim, Vogelxo®)

testosterone gel packet / pump (generic for Androgel, Vogelxo®)

testosterone gel pump (generic for Fortesta®)

Vogelxo® Gel / Gel Packet / Gel Pump

NSAIDS

Trial and failure of two preferred drugs are required unless otherwise indicated.

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Preferred Voltaren Gel® diclofenac solution (generic for Pennsaid®) diclofenac topical gel (generic for Voltaren ® Gel) Flector® Patch Pennsaid® Pump / Solution Pennsaid® Packet Klofensaid ® II Vopac® MDS Xrylix®

ANTIBIOTIC

Non-Preferred Preferred

Altabax® Ointment Bactroban® Cream

gentamicin cream / ointment (generic for Garamycin®) Bactroban® Ointment / Nasal Ointment mupirocin ointment (generic for Bactroban® Ointment) Centany® AT Ointment Kit / Ointment

mupirocin cream (generic for Bactroban® Cream)

ANTIBIOTIC - VAGINAL

Preferred Non-Preferred

Cleocin® Vaginal Ovules Cleocin® Vaginal Cream Clindese® Vaginal Cream Nuvessa® Vaginal Gel Metrogel® Vaginal Gel clindamycin vaginal cream (generic for Cleocin® Vaginal Cream)

metronidazole vaginal gel (generic for Metrogel® Vaginal Gel)

Vandazole® Vaginal Gel

TOPICALS ANTIFUNGAL

Preferred Non-Preferred

Bensal HP® ciclopirox cream (generic for Loprox® Cream)

ciclopirox solution (generic for Penlac® Solution) Ciclodan® Cream / Cream Kit / Kit / Solution

clotrimazole RX cream (generic for Lotrimin® RX) ciclopirox gel / shampoo / suspension (generic for Loprox®)

clotrimazole-betamethasone cream (generic for Lotrisone® cream) ciclopirox treatment kit (generic for Ciclodan® Kit)

ketoconazole cream / shampoo (generic for Nizoral®) clotrimazole-betamethasone lotion (generic for Lotrisone® lotion)

Nyamyc® Powder (branded generic for Nystop®) clotrimazole RX solution (generic for Lotrimin® RX)

nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®) CNL® 8 Nail Kit

Nystop® Powder Dermacin® RX Therazole PAK econazole cream (generic for Spectazole®)

Ertaczo® Cream

Exelderm® Cream / Solution

Extina® Foam

Jublia® Topical Solution Kerydin® Topical Solution

ketoconazole foam (generic for Extina® Foam)

Loprox® suspension/cream/kit

Loprox® Shampoo Lotrisone® Cream Luzu® Cream Mentax® Cream

naftifine cream / gel (generic for Naftin® Cream / Gel)

Naftin® Cream / Gel Nizoral® Shampoo

nystatin-triamcinolone cream / ointment (generic for Mycolog II®)

oxiconazole cream (generic for Oxistat®)

Oxistat® Cream / Lotion Pediaderm AF® Kit Penlac® Solution

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:

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Vusion® Ointment - Clinical criteria apply Xolegel® Gel

Non-Preferred

ANTIPARASITICS

| Trial and failure of o | only one preferred | drug required |
|------------------------|--------------------|---------------|
|------------------------|--------------------|---------------|

Eurax® Cream Elimite® Cream Natroba® Topical Suspension Eurax® Lotion

Preferred

permethrin cream (generic for Elimite®) lindane lotion / shampoo

Sklice® Lotion malathion lotion (generic for Ovide®)

Ovide® Lotion

spinosad topical suspension (generic for Natroba®) Ulesfia®

ANTIVIRAL

Preferred Non-Preferred

cyclovir ointment/ AG (generic for Zovirax® Ointment) Denavir® Cream Zovirax® Cream

> Xerese® Cream Zovirax® Ointment

IMMUNOMODULATORS

Atopic Dermatitis

Clinical criteria apply to all drugs in this class

Preferred Non-Preferred

Elidel® Cream Protopic® Ointment

Eucrisa 2%® Ointment tacrolimus ointment (generic Protopic®)

Dupixent®

Imidazoquinolinamines

Non-Preferred **Preferred**

imiquimod cream packet (generic for Aldara®) Aldara® Cream

Zyclara® Cream / Cream Pump

TOPICALS

Preferred Non-Preferred

PSORIASIS

calcipotriene cream / ointment / solution (generic for Dovonex®) calcipotriene-betamethasone ointment (generic for Talconex®)

Calcitrene® Ointment (branded generic for Dovonex®)

calcitriol ointment (generic for Vectical®)

Dovonex® Cream Enstilar® Foam

Sorilux® Foam

Taclonex® Ointment / Suspension

Vectical® Ointment

ROSACEA AGENTS

Preferred Non-Preferred

MetroGel® Finacea® Gel

MetroCream® metronidazole gel (generic for MetroGel®)

MetroLotion® Mirvaso® Gel

metronidazole cream (generic for MetroCream®)

metronidazole lotion (generic for MetroLotion®)

Noritate® Cream

Rosadan® Cream / Gel / Kit

Soolantra® Cream

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:

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

| More information on the PDL can be for | found at: http://www.ncdhhs.gov/dma/pharmacy/index.htm |
|--|---|
| | Rhofade® |
| | STEROIDS |
| | Low Potency |
| Preferred | Non-Preferred |
| alclometasone dipropionate cream / ointment (generic for Aclovate®) | Aqua Glycolic® HC Kit |
| DermaSmoothe® FS Scalp and Body Oil | Capex® Shampoo |
| hydrocortisone cream / gel/ lotion / ointment (generic for Hytone®) | Desonate® Gel |
| hydrocortisone in absorbase | desonide cream / ointment (generic for DesOwen®) - Exemption for children < 12 years of a |
| | 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 |
| | Medium Potency |
| Preferred | Non-Preferred |
| fluticasone cream / ointment (generic for Cutivate®) | clocortolone cream / pump (generic for Cloderm®) |
| mometasone cream / ointment / solution (generic for Elocon®) | Cloderm® Cream / Pump |
| | Cordran® Tape |
| | Cutivate® Cream / Lotion |
| | Dermatop® Cream / Emollient Cream / Ointment |
| | Elocon® Cream / Lotion / Ointment |
| | fluocinolone cream / ointment / solution (generic for Synalar®) |
| | flurandrenolide cream/lotion (generic for Cordran® SP cream and Cordran® lotion) |
| | flurandrenolide ointment (generic for Cordran® ointment) |
| | fluticasone lotion (generic for Cutivate® Lotion) |
| | hydrocortisone butyrate cream / lipid cream / ointment / solution (generic for Locoid®) |
| | hydrocortisone valerate cream / ointment (generic for Westcort®) |
| | Locoid® Lotion |
| | Luxiq® Foam |
| | Pandel® Cream |
| | predincarbate cream / ointment (generic for Dermatop®) |
| | Synalar® Cream / Ointment / Kit / Solution / TS Kit |
| | TOPICALS |
| ST | STEROIDS (Continued) |
| Preferred | High Potency Non-Preferred |
| betamethasone valerate cream / lotion / ointment (generic for Valisone®) | amcinonide cream / lotion / ointment (generic for Cyclocort®) |
| fluocinonide-solution (generic for Lidex® / Lidex® E) | betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®) | betamethasone dipropionate cream / lotion / ointment (generic for Diprosone®) |
| | 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 ointment (generic for Lidex® Ointment) |
| | Halog® Cream / Ointment |
| | Kenalog® Spray |
| | Sernivo® Spray |
| | Dermacin Silapak® |

Dermacin RX Silazone® Sanaderm®RX Solution

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 an | , |
|--|--|
| 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 |
| | Silazone®II |
| | Topicort® Cream / Gel / Ointment / Spray / LP |
| | triamcinolone spray (generic for Kenalog® Spray) |
| | Trianex® Ointment |
| | Vanos® Cream |
| | Vanos® Cream |
| | Ellzia® |
| | |
| Very High | Potency |
| Preferred | Non-Preferred |
| clobetasol cream / emollient cream / gel / ointment (generic for Temovate®) | Apexicon E® Cream |
| clobetasol solution (generic for Cormax®) | clobetasol foam / emulsion foam (generic for Olux® / Olux-E®) |
| halobetasol propionate cream / ointment (generic for Ultravate®) | clobetasol lotion / shampoo (generic for Clobex®) |
| | clobetasol spray (generic for Clobex® spray) |
| | Clobex® Lotion / Shampoo / Spray |
| | Clodan® Kit / Shampoo |
| | Olux® Foam / E-Foam |
| | Temovate® Cream / Emollient Cream / Ointment |
| | Ultravate® Cream / Ointment / X Cream Combo Pack / X Ointment Combo Pack |
| | Ultravate® Lotion |
| | |
| MISCELL | ANEOUS |
| ANTIPSORIA | TICS, ORAL |
| Preferred | Non-Preferred |
| Acitretin (generic for Soriatane®) | 8-MOP® |
| | Methoxsalen Rapid (generic for Oxsoralen-Ultra®) |
| | Oxsoralen-Ultra® |
| | Soriatane® |
| | Soriatane® |
| | |
| EPINEPHRINE, S | |
| Preferred | Non-Preferred |
| epinephrine auto injector / JR (generic for Epi-Pen® Auto Injector / JR Auto Injector) | Adrenaclick® Auto Injector |
| | Auvi-Q® Auto Injector |
| | epinephrine auto injector (generic for Adrenaclick®) |
| | Epi-Pen® Auto Injector / JR Auto Injector |
| ESTROGEN AGENTS | COMPINATIONS |
| Preferred | Non-Preferred |
| Activella® Tablet | Lopreeza® Tablet |
| estradiol/norethindrone tablet (generic for Activella®) | Especial Fusion |
| 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 | |
| Trempros Tablet | |
| PROGESTATIO | NAL AGENTS |
| Preferred | Non-Preferred |
| Makena® (hydroxyprogesterone caproate injection) | |
| Compounded 17 P | |
| | |
| MISCELL | ANEOUS |
| ESTROGEN AGENTS, C | DRAL/TRANSDERMAL |

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.

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

ESTROGEN AGENTS, VAGINAL PREPARATIONS

Preferred

Estring® Vaginal Ring
Premarin® Vaginal Cream
Premarin® Vaginal Tablet

Vagifem® Vaginal Tablet

Femring® Vaginal Ring
Yuvafem®
Intrarosa®

GLUCOCORTICOID STEROIDS, ORAL

Preferred
budesonide EC capsule (generic for Entocort® EC)

dexamethasone elixir / tablet (generic for Decadron®)

dexamethasone solution (generic for Concedix®)

hydrocortisone tablet (generic for Cortef®)

methylprednisolone 4mg dosepack / tablet (generic for Medrol®)

Orapred® ODT

Non-Preferred

Cortef® Tablet

cortisone tablet (generic for Patisone®)

Dexamethasone Intensol® Drops

Dexpak® Tablet

Emflaza®

Entocort® EC Capsule

prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)

Medrol® Dose Pack / Tablet

Premarin® Tablet Vivelle-Dot® Patch

prednisolone solution (generic for Prelone®, Millipred®) methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®) methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®) Millipred® Dose Pack / Tablet / Solution

prednisone solution / tablet (generic for Deltasone®)

PediaPred® Solution

prednisolone ODT (generic for Orapred® ODT)

Prednisone Intensol® Concentrated Solution
Rayos® Tablet

Veripred® Solution

IMMUNOMODULATORS, SYSTEMIC

Clinical criteria apply to all drugs in this class

Trial and failure of only one preferred drug required

Preferred Non-Preferred Enbrel® Kit / Sureclick Syringe / Syringe Actemra® Syringe / Vial Humira® Crohn's Starter Pack / Pediatric Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe Arcalyst® SQ Syringe Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Pen / Syringe Entyvio® Vial Ilaris® Injection Inflectra™ Vial Kevzara® Orencia® SQ Syringe / Clickjet Orencia® Vial Otezla® Starter Pack / Tablet Remicade® Injection Renflexis™ Injection

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.

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Simponi® Aria Vial / Pen Injector / Syringe

Stelara® Syringe

Taltz® Auto-injector/syringe

Xeljanz® Tablet/ Xeljanz®XR

Kineret® Syringe - Exemption for diagnosis of Neonatal Onset: Multi-System Inflammatory

MISCELLANEOUS

IMMUNOSUPPRESSANTS

| ININIONOSUFFRESSANTS | | |
|----------------------|--|---------------|
| | 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 | |

Myfortic® Tablet

Neoral® Capsule / Solution

Prograf® Capsule

Rapamune® Solution / Tablet

Sandimmune® Capsule / Solution

sirolimus tablet (generic for Rapamune®)

tacrolimus capsule (generic for Hecoria®, Prograf®)

mycophenolic acid tablet (generic for Myfortic®)

mycophenolate capsule / suspension / tablet (generic for Cellcept®)

Zortress® Tablet

Narcan® Nasal Spray

Vivitrol®

OPIOID ANTAGONIST

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

OPIOID DEPENDENCE

Clinical criteria apply to all drugs in this class

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

| SKELETAL MUSCLE RELAXANTS | |
|---|--|
| Preferred | Non-Preferred |
| baclofen tablet (generic for Lioresal®) | Amrix® ER Capsule |
| chlorzoxazone tablet (generic for Parafon Forte®) | Dantrium® Capsule / Vial |
| cyclobenzaprine tablet (generic for Flexeril®) | dantrolene sodium capsule (generic for Dantrium®) |
| methocarbamol tablet (generic for Robaxin®) | Fexmid® Tablet |
| tizanidine tablet (generic for Zanaflex® Tablet) | Lorzone® Tablet |
| | metaxalone tablet (generic for Skelaxin®) |
| | orphenadrine citrate ampule / tablet / vial (generic for Norflex®) |

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

Parafon® Forte Caplet Robaxin® Tablet / Vial

Skelaxin® Tablet

tizanidine capsules (generic for Zanaflex® Capsule)

Zanaflex® Capsule / Tablet

DIABETIC SUPPLIES

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

Meters Lancing Devices

ACCU-CHEK® Aviva Plus care kit

ACCU-CHEK® Softclix lancing device kit (Blue)

ACCU-CHEK® Compact Plus care kit

ACCU-CHEK® Softclix lancing device kit (Black)

ACCU-CHEK® Nano SmartView care kit

ACCU-CHEK® Multiclix lancing device kit

ACCU-CHEK® Guide Retail care kit

ACCU-CHEK® Fastclix 102 ct Lancets

Test Strips ACCU-CHEK® Fastclix lancing device kit

ACCU-CHEK® AVIVA 50 ct test strips

ACCU-CHEK® AVIVA PLUS 50 ct test strips

ACCU-CHEK® Aviva glucose control solution (2 levels)

ACCU-CHEK® Compact blue glucose control solution (2 levels)

ACCU-CHEK® COMPACT Plus 51 ct test strips

ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)

ACCU-CHEK® Guide 50 ct test strips

ACCU-CHEK® SmartView glucose control solution (1 level)

Lancets
ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK® Multiclix 102 ct Lancets
ACCU-CHEK® Softclix 100 ct Lancets