

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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Yellow shade signifies a new product being added as a new to market Non-Preferred product **OR** current coverage is being clarified

Orange shade signifies a significant change to the drug, category, or a clinical recommendation

Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa

Green shade signifies a Brand / Generic switch within the same category

Peach shade signifies categories that will be open for discussion even though there are no recommendations in that category

Purple shade signifies a product either no longer covered (rebatable) or no longer available from the manufacturer

ALZHEIMER'S AGENTS

Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Aduhelm™ Vial TO BE REVIEWED 1/13/22 Clinical Criteria Apply
Exelon® Patch	Aricept® Tablet
memantine tablet / titration pack (generic for Namenda®)	donepezil 23mg tablet (generic for Aricept®)
rivastigmine capsule (generic for Exelon®)	galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda® Titration Pack / XR Capsule / XR Titration Pack
	Namenda® Tablet
	Namzaric® Capsule / Titration Pack
	rivastigmine (Transdermal) (generic for Exelon® Patch)
	Razadyne® ER Capsule

ANALGESICS

OPIOID ANALGESICS

Long Acting Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Butrans® Patch	Arymo® ER
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	Belbuca® (Buccal) Film
methadone concentrate / diskets / intensol / tablets / solution ADDING FOR CLARIFICATION	buprenorphine film (generic for Belbuca®) TO BE REVIEWED 1/13/22
morphine sulfate ER tablet (generic for MS Contin®)	buprenorphine patch (generic for Butrans® Patch)
OxyContin® Tablet	Conzip® Capsule
tramadol ER tablet (generic for Ultram ER®, Ryzolt®)	Duragesic® Patch
Xtampza® ER Capsule	fentanyl patch (37.5, / 62.5 / 87.5mcg dosages) (generic for Duragesic®)
	hydrocodone ER capsule (generic for Zohydro® ER)
	hydrocodone ER tablet (generic for Hysingla® ER Tablet) TO BE REVIEWED 1/13/22
	hydromorphone ER tablet (generic for Exalgo®)
	Hysingla® ER Tablet
	Kadian® Capsule
	morphine sulfate ER capsule (generic for Avinza®, Kadian®)
	MorphaBond® ER
	MS Contin® Tablet
	Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®)
	OxyContin® Tablet
	oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip® Capsule)
	Zohydro® ER Capsule

Orally Disintegrating / Oral Spray Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Actiq® Lozenge	Abstral™ SL Tablet
	Dusivia™ SL Tablet
	fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq®)
	Fentora® Buccal Tablet

Short Acting Schedule II Opioids

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	Apadaz™ Tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorecet®, Lortab®, Norco®, Vicodin®)	benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet)
hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	codeine sulfate tablet
hydromorphone tablet (generic for Dilaudid® Tablet)	Dilaudid® Liquid / Tablet
morphine solution / tablet (generic for MSIR®)	hydromorphone solution / suppository (generic for Dilaudid®)
oxycodone solution / tablet (generic for Roxicodone®)	levorphanol tablet (generic for Levo-Dromoran®)
oxycodone-acetaminophen capsules (generic for Tylox®)	Lorcet® Tablet / HD Tablet / Plus Tablet
oxycodone-acetaminophen tablets (generic for Percocet®)	Lortab® Elixir
	mepiridine solution / tablet (generic for Demerol®)
	morphine oral syringe
	morphine suppositories (generic for Roxanol®)
	Nalocet® Tablet
	Norco® Tablet
	Nucynta® Tablet
	Oxaydo® Tablet
	oxycodone-aspirin tablet (generic for Endodan®, Percodan®)
	oxycodone concentrated solution (generic for Roxicodone® Intensol)

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	oxycodone-ibuprofen tablet (generic for Combunox [®])
	oxycodone oral syringe
	oxymorphone tablet (generic for Opana [®])
	oxycodone capsule (generic for OxyIR [®])
	Percocet [®] Tablet
	Primlev [®] Tablet
	Prolate [®] Tablet
	Roxicodone [®] Tablet
	RoxyBond [®] Tablet

Short Acting Schedule III – IV Opioids / Analgesic Combinations

Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine [®])	Ascomp [®] Capsule (branded generic for Fiorinal with Codeine [®])
tramadol tablet (generic for Ultram [®])	butalbital compound with codeine capsule (generic for Fiorinal with Codeine [®])
tramadol-acetaminophen tablet (generic for Ultracet [®])	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine [®])
	butorphanol spray (generic for Stadol [®])
	dihydrocodeine-acetaminophen-caffeine tablet (generic for Panlor SS [®])
	Fioricet with Codeine [®] Capsule
	Fiorinal with Codeine [®] Capsule
	pentazocine-naloxone tablet (generic for Talwin NX [®])
	Qdolo [™] Solution TO BE REVIEWED 1/13/22
	Ultracet [®] Tablet
	Ultram [®] Tablet

NSAIDS

Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex [®])	Arthrotec [®] Tablet
ibuprofen suspension / tablet (generic for Motrin [®])	Celebrex [®] Capsule
indomethacin capsule (generic for Indocin [®])	Daypro [®] Caplet
ketorolac tablet (generic for Toradol [®])	diclofenac potassium tablet (generic for Cataflam [®])
meloxicam tablet (generic for Mobic Tablet [®])	diclofenac sodium tablet / ER tablet (generic for Voltaren [®] / XR)
naproxen EC / DR tablet (generic for Naprosyn [®] EC)	diclofenac sodium-misoprostol tablet (generic for Arthrotec [®])
naproxen tablet (generic for Naprosyn [®] Tablet)	diffunisal tablet (generic for Dolobid [®])
sulindac tablet (generic for Clinoril [®])	Duexis [™] Tablet - Trial and failure of only celecoxib required ADDED "ONLY"
	etodolac capsule / tablet / ER tablet (generic for Lodine [®] / XL)
	ibuprofen / famotidine tablet (generic for Duexis [™]) Trial and failure of only celecoxib required TO BE REVIEWED 1/13/22
	Feldene [®] Capsule
	fenoprofen capsule/ tablet (generic for Nalfon [®])
	flurbiprofen tablet (generic for Ansaid [®])
	Indocin [®] Suppository / Suspension
	indomethacin ER capsule (generic for Indocin SR [®])
	ketoprofen capsule (generic for Orudis [®])
	ketoprofen ER capsule (generic for Oruvail [®])
	ketorolac tromethamine nasal spray (generic for Sprix [®])
	meclfenamate capsule (generic for Meclomen [®])
	mefenamic acid capsule (generic for Ponstel [®])
	meloxicam capsule (generic for Vivlodex [®] Capsule) TO BE REVIEWED 1/13/22
	Mobic [®] Tablet
	nabumetone tablet (generic for Relafen [®])
	Nalfon [®] Capsule / Tablet
	Naprelan [®] Tablet
	naproxen sodium ER tablet (generic for Naprelan [®])
	naproxen sodium tablet (generic for Anaprox [®])
	naproxen suspension (generic for Naprosyn [®])
	naproxen-esomeprazole tablet (generic for Vimovo [®] Tablet) - Trial and failure of only celecoxib required ADDED "ONLY"
	oxaprozin tablet (generic for DayPro [®])
	piroxicam capsule (generic for Feldene [®])
	Qmiiiz [™] ODT Tablet
	Relafen [™] DS Tablet
	Sprix [®] Nasal Spray
	Tivorbex [®] Capsule
	tolmetin capsule / tablet (generic for Tolectin [®])
	Vimovo [®] Tablet - Trial and failure of only celecoxib required ADDED "ONLY"
	Vivlodex [®] Capsule
	Zipsor [®] Capsule
	Zorvolex [®] Capsule

NEUROPATHIC PAIN

Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule
gabapentin capsule / solution / tablet (generic for Neurontin [®])	Drizalma [™] Sprinkle
pregabalin capsule / solution (generic for Lyrica [®] Capsule / Solution)	duloxetine capsule (generic for Irenka [®]) TO BE REVIEWED 1/13/22
	Gralise [®] Tablet
	Horizant [®] Tablet
	lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply
	Lidoderm [®] Patch - Clinical criteria apply
	Lyrica [®] Capsule / Solution
	Lyrica [®] CR Tablet
	Neurontin [®] Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica [®] CR Tablet) TO BE REVIEWED 1/13/22

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	Qutenza [®] Kit
	Savella [®] Tablet / Titration Pack
	ZTLido [™] Patch - Clinical criteria apply

ANTICONSULSANTS

CARBAMAZEPINE DERIVATIVES

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

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

FIRST GENERATION

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

Preferred	Non-Preferred
Celontin [®] Kapsal	Depakote [®] ER Tablet / Sprinkle Capsule
Dilantin [®] Capsule / Infatab / Suspension	Depakote [®] Tablet
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote [®] / ER / Sprinkle)	felbamate suspension / tablet (generic for Felbatol [®])
ethosuximide capsule / solution (generic for Zarontin [®])	Felbatol [®] Suspension / Tablet
phenobarbital tablet / elixir / solution	Mysoline [®] Tablet
Phenytek [®] Capsule	Peganone [®] Tablet
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin [®])	Zarontin [®] Capsule / Solution
phenytoin extended capsules (generic for Phenytek [®])	
primidone Tablet (generic for Mysoline [®])	
valproic acid capsule / solution (generic for Depakene [®])	

SECOND GENERATION

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

Preferred	Non-Preferred
clonazepam tablet (generic for Klonopin [®])	Banzel [®] Suspension / Tablet
Diastat [®] Acudial [®] / Pedi System	Briquet [®] Tablet and Solution
Epidiolex[®] Solution - Clinical Criteria Apply	clobazam suspension / tablet (generic for Onfi [®] Suspension / Tablet)
gabapentin capsule / solution (generic for Neurontin [®])	clonazepam ODT (generic for Klonopin [®] Wafer)
gabapentin tablet (generic for Neurontin [®] Tablet)	diazepam rectal / system (generic for Diastat [®] Acudial / Pedi System)
Gabitril [®] Tablet	Diacomit [®] Capsule / Powder Pack
lamotrigine chewable / tablet (generic for Lamictal [®])	Elepsia [™] XR Tablet TO BE REVIEWED 01/13/22
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Epidiolex[®] Solution - Clinical Criteria Apply
Nayzilam[®] Nasal Spray	Fiintepla [®] Solution
Rowcepra [™] Tablet	Fycompa [®] Tablet / Suspension
Sabril [®] Powder Packet	Keppra [®] Tablet / Solution / XR Tablet
topiramate sprinkle capsule / tablet (generic for Topamax [®])	Klonopin [®] Tablet
zonisamide capsule (generic for Zonegran [®])	Lamictal [®] Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
	lamotrigine starter kits (generic for Lamictal [®])
	lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal [®] XR / ODT)
	Lyrca [®] Capsule / Solution
	Nayzilam[®] Nasal Spray
	Neurontin [®] Capsule / Solution / Tablet
	Onfi [®] Suspension / Tablet
	Qudexy [®] XR Capsule
	rufinamide suspension (generic for Banzel[®] Suspension) TO BE REVIEWED 1/13/22
	Sabril [®] Tablet
	Spritam [®] Tablet
	Sympazan [®] Film
	tiagabine tablet (generic for Gabitril [®])
	Topamax [®] Sprinkle Capsule / Tablet
	topiramate ER capsule (generic for Qudexy [®])
	Trokendi [®] XR Capsule
	Valtoco [®] Nasal Spray
	vigabatrin powder packet / tablet (generic for Sabril [®] Powder Packet / Tablet)
	Vigadrone [®] Powder Packet
	Vimpat [®] Solution / Starter Kit / Tablet
	Xcopri [®] Tablet / Titration Pack

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS

Penicillins, Cephalosporins and Related

Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil [®] , Trimox [®])	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin [®] / XR)	Augmentin [®] Suspension / XR Tablet
ampicillin capsule / injection / vial	cefactor capsule / suspension / ER tablet (generic for Ceclor [®] / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef [®])
Bicillin C-R injection	cefepoxime suspension / tablet (generic for Vantin [®])
cefadroxil capsule / suspension (generic for Duricef [®])	Keflex [®] Capsule
cefdinir capsule / suspension (generic for Omnicef [®])	Suprax [®] Capsule / Chewable / Suspension
cefixime capsule / suspension (generic for Suprax [®] Capsule / Suspension)	
cefprozil suspension / tablet (generic for Cefzil [®])	

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cefuroxime tablet (generic for Ceftin [®])	
cephalexin capsule / suspension / tablet (generic for Keflex [®])	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen [®] injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
Lincosamides and Oxazolidinones	
Preferred	Non-Preferred
Cleocin[®] Granules	Cleocin [®] Capsules / Injection
clindamycin capsules / solution (generic for Cleocin [®])	Cleocin [®] Pediatric Solution
linezolid suspension (oral) / tablet (generic for Zyvox [®])	clindamycin injection (generic for Cleocin [®] Injection)
	Lincocin [®] Vial
	lincomycin injection (generic for Lincocin Vial [®])
	linezolid IV solution (generic for Zyvox [®])
	Sivextro [®] Tablet / Vial
	Synercid [®] Vial
	Zyvox [®] Tablet / IV Solution / Suspension
Macrolides and Ketolides	
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax [®])	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin [®])	erythromycin e.s. 200mg suspension (generic for E.E.S. [®] Suspension)
E.E.S. [®] Granules / Filmtab	Ery-Tab [®] Tablet
Eryped [®] Suspension	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
Erythrocin [®] Filmtab	
erythromycin EC capsule (generic for Eryc [®])	
erythromycin filmtab	
erythromycin e.s. tablet (generic for E.E.S. [®] Filmtab)	
Nitromidazoles	
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Dificid [®] Suspension / Tablet - Trial and failure of only vancomycin is required for treatment of Clostridium difficile
vancomycin capsule (generic for Vancocin [®])	Firvanq [™] Solution
	Flagyl [®] Capsule / Tablet
	metronidazole capsule (generic for Flagyl [®])
	neomycin tablet (generic for Mycifradin [®])
	nitazoxanide tablet (generic for Alinia [®] Tablet) TO BE REVIEWED 1/13/22
	paromomycin capsule (generic for Humatin [®])
	Solosec [™] Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	Xifaxan [®] Tablet - Exemption for a diagnosis of Hepatic Encephalopathy
Quinolones	
Preferred	Non-Preferred
Cipro [®] Suspension	Baxdela [™] Tablet
ciprofloxacin tablet (generic for Cipro [®])	Cipro [®] Tablet
levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin ER tablet / suspension (generic for Cipro [®] XR / Suspension)
moxifloxacin tablet (generic for Avelox [®])	levofloxacin solution (generic for Levaquin [®] Solution)
	ofloxacin tablet (generic for Floxin [®])
Tetracycline Derivatives	
Preferred	Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox [®])	Doryx [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin [®])	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monohydrate 40mg IR-DR capsule (generic for Oracea [®])
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet
	doxycycline suspension (generic for Vibramycin Suspension [®]) - Exemption for patients < 12 years of age
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [™] ER Tablet
	Morgidox [®] Capsule / Kit
	Nuzyra [™] Tablet
	Oracea [®] Capsule
	Solodyn [®] ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin [®])
	Vibramycin [®] Capsule / Suspension / Syrup
	Ximino [™] ER Capsule
Antifungals	
Preferred	Non-Preferred

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clotrimazole troche (generic for Mycelex [®] Troche)	Ancobon [®] Capsule
fluconazole suspension / tablet (generic for Diflucan [®])	Brexafemme [®] Tablet TO BE REVIEWED 01/13/22
griseofulvin suspension (generic for Grifulvin V [®])	Cresemba [®] Capsule
griseofulvin ultra tablet (generic for Gris-Peg [®])	Diflucan [®] Suspension / Tablet
nystatin suspension (generic for Nilstat [™])	flucytosine capsule (generic for Ancobon [®])
nystatin tablet (generic for Mycostatin [®])	griseofulvin micro tablets (generic for Grifulvin V [®])
terbinafine tablet (generic for Lamisil [®])	itraconazole capsule / solution (generic for Sporanox [®])
	ketoconazole tablet (generic for Nizoral [®])
	Noxafil [®] Suspension / Tablet
	Oravig [®] Buccal Tablet
	posaconazole suspension / tablet (generic for Noxafil [®])
	Sporanox [®] Capsule / Solution
	Tolsura [™] Capsule
	Vfend [®] Suspension / Tablet
	voriconazole suspension / tablet (generic for Vfend [®])
Antivirals (Hepatitis B Agents)	
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®])	adefovir tablet (generic for Hepsera [®])
lamivudine HBV tablet (generic for Epivir [®] HBV)	Baraclude [®] Solution / Tablet
tenofovir tablet (generic for Viread [®])	Epivir [®] HBV Tablet / Solution
Viread [®] Powder / Tablet	Hepsera [®] Tablet
	Vemlidy [®] tablet
Antivirals (Hepatitis C Agents)	
Preferred	Non-Preferred
Pegasys [®] Syringe	Pegasys [®] Vial
ribavirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	Pegintron [®] Kit
	Ribasphere [®] Capsule / Tablet / RibaPak [™]
Clinical criteria apply to all drugs listed below	
All genotypes without cirrhosis	Epclusa [®] Tablet
Mavyret [™] Tablet (8 weeks of therapy)	Harvoni [®] Pellet Pack / Tablet
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	ledipasvir-sofosbuvir tablet (generic for Harvoni [®] Tablet)
All genotypes with compensated cirrhosis (Child Pugh-A)	Sovaldi [®] Pellet Pack / Tablet
Mavyret [™] Tablet (Up to 12 weeks of therapy)	Viekira [™] Pak
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	Zepatier [®] Tablet
All genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.	
Vosevi [™]	
All genotypes with decompensated cirrhosis	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®] Tablet)	
Antivirals (Herpes Treatments)	
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax [®])	Sitavig [®] Buccal Tablet
famciclovir tablet (generic for Famvir [®])	Valtrex [®] Caplet
valacyclovir tablet (generic for Valtrex [®])	Zovirax [®] Suspension
Antivirals (Influenza)	
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu [®])	amantadine tablet (generic for Symmetrel [®])
rimantadine tablet (generic for Flumadine [®])	Flumadine[®] Tablet TO BE REVIEWED 01/13/22
	Relenza [®] Diskhaler
	Tamiflu [®] Capsule / Suspension
	Xofluza [™] Tablet Trial and failure of only one preferred drug required
Antibiotics, Inhaled	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Kitabis [™] Pak (tobramycin inhalation solution)	Arikayce [®] Vial
Bethkis [®] (tobramycin inhalation solution)	Cayston [®] Solution
	tobramycin solution / pak
	Tobi [™] Podhaler [™] / Solution
BEHAVIORAL HEALTH	
ANTIDEPRESSANTS	
Other	
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin [®] Tablet / SR / XL)	Aplenzin [®] Tablet
desvenlafaxine ER tablet (generic for Pristiq [®])	Trintellix [®] Tablet
duloxetine capsule (generic for Cymbalta [®])	Cymbalta [®] Capsule
maprotiline tablet (generic for Ludiomil [®])	desvenlafaxine ER tablet (generic for Khedezla [®])
mirtazapine ODT / tablet (generic for Remeron [®])	duloxetine capsule (generic for Irenka[®]) TO BE REVIEWED 1/13/22
phenelzine tablet (generic for Nardil [®])	Effexor [®] XR Capsule
tranylcypromine tablet (generic for Parnate [®])	Emsam [®] Patch

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
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trazodone tablet (generic for Desyrel [®])	Fetzima [®] Capsule / Titration Pak
venlafaxine tablet / ER capsules (generic for Effexor [®] , Effexor [®] XR)	Forfivo [®] XL Tablet
	Khedezla [®] Tablet
	Marplan [®] Tablet
	Nardil [®] Tablet
	nefazodone tablet (generic for Serzone [®])
	Pristiq [®] ER Tablet
	Remeron [®] Soltab [™] / Tablet
	venlafaxine ER tablet
	Vibryd [®] Starter Pack / Tablet
	Wellbutrin [®] SR / XL Tablet
Selective Serotonin Reuptake Inhibitor (SSRI)	
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa [®])	Brisdelle [®] Capsule
escitalopram tablet (generic for Lexapro [®])	Celexa [®] Tablet
fluoxetine capsule / solution (generic for Prozac [®])	escitalopram solution (generic for Lexapro [®] Solution)
fluvoxamine tablet (generic for Luvox [®])	fluoxetine tablet (generic for Prozac [®]) - Exemption for children < 12 years of age
paroxetine tablet (generic for Paxil [®])	fluoxetine DR capsules (generic for Prozac [®] Weekly)
sertraline concentrated solution / tablet (generic for Zoloft [®])	fluvoxamine ER capsule (generic for Luvox CR [®])
	Lexapro [®] Tablet
	paroxetine capsule (generic for Brisdelle [®] Capsule)
	paroxetine CR tablet (generic for Paxil CR [®])
	Paxil [®] Suspension / Tablet / CR Tablet
	Pexeva [®] Tablet
	Prozac [®] Pultvule
	Sarafem [®] Tablet
	Zoloft [®] Solution / Tablet
ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Aptensio [®] XR Capsule	Adderall [®] Tablet (Generic Product Per FDA)
Adderall [®] XR Capsule	Adhansii [™] XR Capsule
amphetamine salt combo tablet (generic for Adderall [®])	Adzenys [®] XR ODT / ER suspension
atomoxetine capsule (generic for Strattera [®])	amphetamine ER suspension (generic for Adzenys [®])
clonidine ER tablet (generic for Kapvay [®])	amphetamine salt combo XR capsule (generic for Adderall [®] XR)
Concerta [®] Tablet	Azstarys[™] Capsule TO BE REVIEWED 1/13/22
Daytrana [®] Patch	Cotempla [™] XR-ODT
dextroamphetamine tablet (generic for Dexedrine [®])	Desoxyn [®] Tablet
Dyanavel [®] XR Suspension	Dexedrine [®] Spansule [®]
Focalin [®] Tablet / XR Capsule	dexamethylphenidate tablet / ER capsules (generic for Focalin [®] / XR)
guanfacine ER tablet (generic for Intuniv [®])	dextroamphetamine solution (generic for ProCentra [®])
Methylin [®] Solution	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	Evekeo [®] Tablet / Evekeo [®] ODT Tablet
Quillichew [®] ER Tablet	Intuniv [®] Tablet
Quillivant [®] XR Suspension	Jornay PM [™] Capsule
Vyvanse [®] Capsule / Chewable Tablet	methamphetamine tablet (generic for Desoxyn [®])
	methylphenidate CD capsule (generic for Metadate [®] CD)
	methylphenidate chewable / solution (generic for Methylin [®])
	methylphenidate ER capsule (generic for Aptensio [®] XR)
	methylphenidate ER tablet (generic for Concerta [®] Tablet)
	methylphenidate LA capsule (generic for Ritalin [®] LA)
	Mydavis [®] ER Capsule
	ProCentra [®] Solution
	Qelbree[™] Capsule TO BE REVIEWED 1/13/22
	Rellexii [™] ER Tablet
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera [®] Capsule
	Zenzedi [®] Tablet

North Carolina Division of Health Benefits
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INJECTABLE ANTIPSYCHOTICS Injectable Long Acting	
Preferred	Non-Preferred
Abilify Maintena [®] Syringe / Vial	
Aristada [®] / Initio [™] Syringe	
fluphenazine decanoate vial (generic for Prolixin decanoate [®])	
Haldol [®] decanoate Ampule	
haloperidol decanoate ampule / vial (generic for Haldol decanoate [®])	
Invega[®] Hafyera TO BE REVIEWED 1/13/22	
Invega [®] Sustenna Prefilled Syringe	
Invega [®] Trinza Syringe	
Perseris [®] Syringe	
Risperdal [®] Consta Syringe	
Zyprexa [®] Relprev [™] Vial Kit	

ATYPICAL ANTIPSYCHOTICS Oral / Topical Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
clozapine tablet (generic for Clozaril [®])	aripiprazole ODT (generic for Abilify [®] Discemelt [®])
FazaClo [®] ODT	asenapine tablet (generic for Saphris [®] SL Tablet) TO BE REVIEWED 01/13/22
Invega [®] Tablet	Caplyta [™] Capsule
Latuda [®] Tablet	clozapine ODT (generic for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa [®])	Clozaril [®] Tablet
paliperidone ER tablet (generic for Invega [®])	Fanapt [®] Tablet / Titration Pack
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Geodon [®] Capsule
risperidone ODT / solution / tablet (generic for Risperdal [®])	Invega[®] Tablet
Saphris [®] SL Tablet	Lybalvi [™] Tablet TO BE REVIEWED 1/13/22
Symbyax [®] Capsule	Nuplazid [®] Tablet
Vraylar[®] Capsule Trial and Failure of 1 Preferred Atypical Antipsychotic required	olanzapine-fluoxetine capsule (generic for Symbyax [®])
ziprasidone capsule (generic for Geodon [®])	paliperidone ER tablet (generic for Invega [®])
	Rexulti [®] Tablet
	Risperdal [®] Solution / Tablet
	Secuado [®] Patch
	Seroquel [®] Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Vraylar[®] Capsule
	Zyprexa [®] Tablet / Zydis [®] Tablet

CARDIOVASCULAR ACE INHIBITORS	
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule
lisinopril tablet (generic for Prinivil [®] and Zestril [®])	captopril tablet (generic for Capoten [®])
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned[®]) - Exemption for children < 12 years of age TO BE REVIEWED 1/13/22
	Epaned [®] Solution - Exemption for children < 12 years of age
	fosinopril tablet (generic for Monopril [®])
	Lotensin [®] Tablet
	moexipril tablet (generic for Univasc [®])
	Qbrelis [®] Solution - Exemption for children < 12 years of age
	perindopril tablet (generic for Accon [®])
	Prinivil [®] Tablet
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Vasotec [®] Tablet
	Zestril [®] Tablet

ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel [®])	Lotrel [®] Capsule
	Tarka [®] ER Tablet
	trandolapril-verapamil ER tablet (generic for Tarka [®])

ACE INHIBITOR / DIURETIC COMBINATIONS	
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vasoretic [®])	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
	quinapril-HCTZ tablet (generic for Accuretic [®] , Quinaretic [®])
	Vasoretic [®] Tablet
	Zestoretic [®] Tablet

ANGIOTENSIN II RECEPTOR BLOCKERS	
Preferred	Non-Preferred
irbesartan tablet (generic for Avapro [®])	Atacand [®] Tablet
losartan tablet (generic for Cozaar [®])	Avapro [®] Tablet
olmesartan tablet (generic for Benicar [®] Tablet)	Benicar [®] Tablet

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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valsartan tablet (generic for Diovan [®])	candesartan tablet (generic for Atacand [®])
	Cozaar [®] Tablet
	Diovan [®] Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten [®])
	Micardis [®] Tablet
	telmisartan tablet (generic for Micardis [®] Tablet)
ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred	Non-Preferred
amlodipine-olmesartan tablet (generic for Azor [®])	Azor [®] Tablet
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge [®] Tablet
amlodipine-valsartan-HCTZ tablet (generic for Exforge [®] HCT)	Exforge [®] HCT Tablet
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor [®] Tablet)	telmisartan-amlodipine tablet (generic for Twynsta [®])
	Tribenzor [®] Tablet
ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
irbesartan-HCTZ tablet (generic for Avalide [®])	Atacand [®] HCT Tablet
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet
olmesartan-HCTZ tablet (generic for Benicar [®] HCT Tablet)	Benicar [®] HCT Tablet
valsartan-HCTZ tablet (generic for Diovan [®] HCT)	candesartan-HCTZ tablet (generic for Atacand [®] HCT)
	Diovan [®] HCT Tablet
	Edarbyclor [®] Tablet
	Hyzaar [®] Tablet
	Micardis [®] HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)
ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred	Non-Preferred
Entresto [®] - Clinical Criteria Apply	
ANTI-ARRHYTHMICS	
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone [®])	Multaq [®] Tablet
disopyramide capsule (generic for Norpace [®])	Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn [®])	Pacerone [®] Tablet
flecainide tablet (generic for Tambocor [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®])
mexiletine capsule (generic for Mexitil [®])	Rythmol SR [®] Capsule
propafenone tablet (generic for Rythmol [®])	Tikosyn [®] Capsule
propafenone SR capsule (generic for Rythmol SR [®])	
quinidine sulfate tablet (generic for Quinidex [®] Tablet)	
BETA BLOCKERS	
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin [®])	acebutolol capsule (generic for Sectral [®])
carvedilol tablet (generic for Coreg [®])	Betapace [®] Tablet / AF Tablet
labetalol tablet (generic for Trandate [®])	betaxolol tablet (generic for Kerlone [®])
metoprolol succinate XL tablet (generic for Toprol XL [®])	bisoprolol tablet (generic for Zebeta [®])
metoprolol tartrate tablet (generic for Lopressor [®])	Bystolic [®] Tablet
propranolol solution / tablet / ER capsule (generic for Inderal [®])	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
Sorine [®] Tablet	Coreg [®] Tablet / CR Capsule
sotalol tablet / AF tablet (generic for Betapace [®] / AF, Sorine [®])	Corgard [®] Tablet
	Hemangeol [®] Solution - Exemption for diagnosis of infantile hemangioma
	Inderal [®] LA Capsule / XL Capsule
	Innopran [®] XL Capsule
	Kapsargo [™] Sprinkle - Exemption for children < 12 years of age
	Lopressor [®] Tablet
	nadolol tablet (generic for Corgard [®])
	nebivolol tablet (generic for Bystolic[®]) TO BE REVIEWED 1/13/22
	pindolol tablet (generic for Visken [®])
	Sotylize [®] Solution
	Tenormin [®] Tablet
	timolol tablet (generic for Blocadren [®])
	Toprol XL [®] Tablet
BETA BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic [®])	metoprolol-HCTZ tablet (generic for Lopressor [®] HCT)
bisoprolol-HCTZ tablet (generic for Ziac [®])	nadolol-bendroflumethiazide tablet (generic for Corzide [®])
	propranolol-HCTZ tablet (generic for Inderide [®])
	Tenoretic [®] Tablet
	Ziac [®] Tablet
BILE ACID SEQUESTRANTS	
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran [®] / Questran [®] Light)	colesevelam packet / tablet (generic for Welchol [®])
colestipol tablet (generic for Colestid [®] Tablet)	Colestid [®] Granules / Tablet
	colestipol granules (generic for Colestid [®] Granules)
	Prevalite [®] Packet / Powder
	Questran [®] Light Powder / Packet / Powder

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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	Welchol [®] Packet / Tablet
CHOLESTEROL LOWERING AGENTS	
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor [®])	Altoprev [®] Tablet
ezetimibe (generic for Zetia [®])	amlodipine-atorvastatin tablet (generic for Caduet [®])
lovastatin tablet (generic for Mevacor [®])	Caduet [®] Tablet
pravastatin tablet (generic for Pravachol [®])	Crestor [®] Tablet
rosuvastatin tablet (generic for Crestor [®])	Ezallor [™] Capsule
simvastatin tablet (generic for Zocor [®])	ezetimibe-simvastatin (generic for Vytorin [®])
	fluvastatin capsule / ER tablet (generic for Lescol [®] / XL)
	Juxtapid [®] Capsule - Clinical criteria apply
	Lescol [®] XL Tablet
	Lipitor [®] Tablet
	Livalo [®] Tablet
	Nexletol [®] Tablet
	Nexlizet [®] Tablet
	Pravachol [®] Tablet
	Vytorin [®] Tablet
	Zetia [®] Tablet
	Zocor [®] Tablet
	Zypitama [™] Tablet
CORONARY VASODILATORS	
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil [®] Titrados [®] , IsoDitrate [®] , et.al.)	Dilatrate [®] SR Capsule
isosorbide mononitrate tablet / ER tablet (generic for Ismo [®] , Monoket [®] , Imdur [®])	Gonitro [®] Sublingual Powder
Minitran [®] Patch	Isordil [®] Tablet / Titrados [®] Tablet
nitroglycerin ER capsule / patch / spray / sublingual (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , Nitrolingual [®] , Nitromist [®])	Nitro-Bid [®] Ointment
Nitrostat [®] SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual [®] Spray
	Nitromist [®] Spray
	Verquvo [™] Tablet TO BE REVIEWED 1/13/22
DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc [®])	Adalat [®] CC Tablet
nifedipine capsule (generic for Procardia [®])	felodipine ER tablet (generic for Plendil [®])
nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	isradipine capsule (generic for Dynacirc [®])
	Katerzia [™] Suspension Exemption for children < 12 years of age
	nicardipine capsule (generic for Cardene [®])
	nimodipine capsule (generic for Nimotop [®])
	nisoldipine ER tablet (generic for Sular [®])
	Norvasc [®] Tablet
	Nymalize [®] Solution
	Procardia [®] Capsule / XL Tablet
	Sular [®] Tablet
DIRECT RENIN INHIBITOR	
Preferred	Non-Preferred
Tekturna [®] Tablet	aliskiren tablet (generic for Tekturna [®] Tablet)
Tekturna [®] HCT Tablet	
ENDOTHELIN RECEPTOR ANTAGONISTS	
Covered for diagnosis of Pulmonary Arterial Hypertension only	
Preferred	Non-Preferred
Letairis [®] Tablet	ambrisentan tablet (generic for Letairis [®] Tablet)
Tracleer [®] Tablet	bosentan tablet (generic for Tracleer [®] Tablet)
	Opsumit [®] Tablet
	Tracleer [®] Suspension
INHALED PROSTACYCLIN ANALOGS	
Preferred	Non-Preferred
Tyvaso [®] Refill Kit / Solution / Starter Kit	
Ventavis [®] Solution	
NIACIN DERIVATIVES	
Preferred	Non-Preferred
Niaspan [®] ER Tablet	niacin ER tablet (generic for Niaspan [®])

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NITRATE COMBINATION	
Preferred	Non-Preferred
Bidil [®] Tablet	
NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS	
Preferred	Non-Preferred
Cartia XT [®] Capsule (branded generic for Cardizem CD [®])	Calan SR [®] Caplet
Dilt XR [®] Capsule (branded generic for Dilacor XR [®])	Cardizem CD [®] Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®])	Cardizem [®] Tablet / LA Tablet
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR)	diltiazem LA tablet (generic for Cardizem LA [®])
Taztia XT [®] Capsule (branded generic for Tiazac [®])	Matzani [®] LA Tablet (generic for Cardizem LA [®])
Tiadylt [®] ER Capsule	Tiazac [®] Capsule
verapamil tablet / ER tablet (generic for Calan [®] / SR)	verapamil 360 mg capsule
	verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM)
	Verelan [®] Capsule / Verelan [®] PM Capsule
ORAL PULMONARY HYPERTENSION	
Covered for diagnosis of Pulmonary Arterial Hypertension (all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas[®] only	
Preferred	Non-Preferred
sildenafil (generic for Revatio [®]) Tablet	Adcirca [®] Tablet
tadalafil tablet (generic for Adcirca [®] Tablet)	Adempas [®] Tablet
	Alyq [®] Tablet
	Orenitram [®] ER Tablet
	Revatio [®] Suspension / Tablet Exemption for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio [®] Suspension) Exemption for children < 12 years of age
	Uptravi [®] Tablet
PLATELET INHIBITORS	
Preferred	Non-Preferred
Aggrenox [®] Capsule	aspirin/dipyridamole ER capsule (generic for Aggrenox [®])
Brilinta [®] Tablet	Effient [®] Tablet
clopidogrel tablet (generic for Plavix [®])	Plavix [®] Tablet
dipyridamole tablet (generic for Persantine [®])	Yospira [®] Tablet
prasugrel tablet (generic for Effient [®] Tablet)	Zontivity [®] Tablet
ANTIANGINAL & ANTI-ISCHEMIC	
Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa [®] Tablet)	Ranexa [®] Tablet
SYMPATHOLYTICS AND COMBINATIONS	
Preferred	Non-Preferred
Catapres [®] TTS Patch	Catapres [®] Tablet
clonidine tablets (generic for Catapres [®])	clonidine patch (generic for Catapres [®] -TTS)
guanfacine tablet (generic for Tenex [®])	methyldopa-HCTZ tablet (generic for Aldorii [®])
methyldopa tablet (generic for Aldomet [®])	methyldopa injection (generic for Aldomet [®] Injection)
TRIGLYCERIDE LOWERING AGENTS	
Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor [®])	Antara [®] Capsule
gemfibrozil tablet (generic for Lopid [®])	fenofibrate capsule / tablet (generic for Antara [®] , Lofibra [®])
	fenofibrate tablet (generic for Fenoglide [®] , Triglide [®])
	fenofibric acid tablet (generic for Fibricor [®])
	fenofibric acid capsule (generic for Trilipix [®])
	Fenoglide [®] Tablet
	Fibricor [®] Tablet
	icosapent ethyl capsule (generic for Vascepa [®] Capsule) TO BE REVIEWED 1/13/22
	Lipofen [®] Capsule
	Lopid [®] Tablet
	Lovaza [®] Capsule - Exemption for patients with triglycerides ≥ 500mg/dl
	omega-3 acid ethyl esters capsule (generic for Lovaza [®]) - Exemption for patients with triglycerides ≥ 500mg/dl
	Tricor [®] Tablet
	Trilipix [®] Capsule
	Vascepa [®] Capsule
CENTRAL NERVOUS SYSTEM	
ANTIMIGRAINE AGENTS	
Quantity limits apply to all triptans	
Preferred	Non-Preferred
rizatriptan ODT (generic for Maxalt MLI [®])	almotriptan tablet (generic for Axert [®])
rizatriptan tablet (generic for Maxalt [®])	Amerge [®] Tablet
sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])	Cambia [®] Powder Packet Trial and failure of 2 preferred NSAIDs, in addition to trial and failure of 2 preferred triptans in the Antimigraine Agents class required for coverage
	eletriptan (generic for Relpax [®] Tablet)
	frovatriptan tablet (generic for Frova [®])
	Frova [®] Tablet
	Imitrex [®] Cartridge / Nasal Spray / Pen / Tablet / Vial
	Maxalt [®] Tablet / MLT Tablet
	naratriptan tablet (generic for Amerge [®])
	Onzetra [™] Xsail [™] Nasal Powder
	Relpax [®] Tablet

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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	Reyvow™ Tablet
	sumatriptan injection kit / refill / syringe (generic for Imitrex®)
	sumatriptan/naproxen (generic for Treximet® Tablet)
	Tosymra™ Nasal Spray
	Treximet® Tablet
	Zembrace® SymTouch®
	zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) NASAL SPRAY TO BE REVIEWED 1/13/22
	Zomig® Nasal Spray / Tablet / ZMT® Tablet

ANTIMIGRAINE AGENTS
CGRP Blockers/Modulators PREVENTATIVE
Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Aimovig™	Ajovy™
Emgality®	Nurtec™ ODT Tablet
	Qulipta Tablet TO BE REVIEWED 1/13/22
	Ubrovelvy™ Tablet Trial and failure of Preferred agents in this category not required for treatment of acute migraine. Clinical criteria apply.
	Vyepti™ Vial

ANTIMIGRAINE AGENTS
CGRP Blockers/Modulators ACUTE TREATMENT
Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Ubrovelvy™ Tablet	Nurtec™ ODT Tablet

ANTI-NARCOLEPSY
Clinical criteria apply to all drugs in this class

Preferred	Non-Preferred
Nuvigil® Tablet	armodafinil tablet (generic for Nuvigil®)
Provigil® Tablet	modafinil tablet (generic for Provigil®)
	Sunosi™ Tablet
	Wakix® Tablet

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Injection TO BE REVIEWED 1/13/22
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®)	Gocovri® Capsule - Clinical criteria apply
trihexyphenidyl elixir / tablet (generic for Artane®)	Horizant® Tablet
	Inbrija™ Inhalation
	Kynmobi™ SL Film
	Lodosyn® Tablet
	Mirapex® ER Tablet
	Neupro® Patch
	Nourianz™ Tablet
	Ongentys® Capsule
	Osmolex ER™ Tablet - Clinical criteria apply
	Parlodel® Capsule / Tablet
	pramipexole ER tablet (generic for Mirapex ER®)
	rasagiline tablet (generic for Azilect®)
	ropinirole ER tablet (generic for Requip XL®)
	Rytary® ER Capsule
	Sinemet® Tablet / CR Tablet
	Stalevo® Tablet
	Tasmar® Tablet
	tolcapone tablet (generic for Tasmar®)
	Xadago® Tablet
	Zelapar® ODT

MULTIPLE SCLEROSIS
Injectable

Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Extavia® Kit / Vial
Betaseron® Kit / Vial	glatiramer syringe (generic for Copaxone® Syringe)
Copaxone® Syringe	Glatopa® Syringe
Rebif® Rebiodose® / Titration Pack / Syringe	Kesimpta® Injection
	Lemtrada® Vial
	Ocrevus® Vial
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack

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MULTIPLE SCLEROSIS

Oral

Preferred	Non-Preferred
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dalfampridine ER tablet (generic for Ampyra [®])	Ampyra [®] Tablet
Gilenya [®] Capsule	Aubagio [®] Tablet
Tecfidera [®] Capsule / Starter Pack	Bafiertam [™] Capsule
	dimethyl fumarate DR capsule (generic for Tecfidera [®] Capsule)
	Mavenclad [®] Tablet
	Mayzent [®] Starter Pack / Tablet
	Ponvory [™] Starter Pack / Tablet TO BE REVIEWED 1/13/22
	Vumerity [™] Capsule
	Zeposia [®] Starter Pack / Capsule

SEDATIVE HYPNOTICS

Quantity limits apply to all sedative hypnotics

Preferred	Non-Preferred
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flurazepam capsule (generic for Dalmane [®])	Ambien [®] Tablet / CR Tablet
temazepam 15mg, 30mg capsule (generic for Restoril [®])	Belsomra [®] Tablet
zolpidem tablet (generic for Ambien [®])	Dayvigo [™] Tablet
	doxepin tablet (generic for Silenor [®])
	Eduar [®] SL Tablet
	estazolam tablet (generic for Prosom [®])
	eszopiclone tablet (generic for Lunesta [®])
	Halcion [®] Tablet
	Hetlioz [®] Capsule
	Hetlioz [®] LQ Suspension TO BE REVIEWED 1/13/22
	Intermezzo [®] SL Tablet
	Lunesta [®] Tablet
	ramelteon tablet (generic for Rozerem [®] Tablet)
	Restoril [®] Capsule
	Rozerem [®] Tablet
	Silenor [®] Tablet
	temazepam 7.5, 22.5 mg capsule (generic for Restoril [®])
	triazolam tablet (generic for Halcion [®])
	zaleplon capsule (generic for Sonata [®])
	zolpidem ER tablet (generic for Ambien [®] CR)
	zolpidem SL tablet (generic for Intermezzo [®])

SMOKING CESSATION

Preferred	Non-Preferred
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bupropion SR tablet (generic for Zyban [®] Tablet)	Nicotrol [®] Inhaler / NS Nasal Spray
Chantix [®] Tablet / Starting Box / Continuation Month Box - Quantity limited to 6 months per 12 months	
nicotine gum / lozenge (buccal) / patch	
varenicline tablet (generic for Chantix [®] Tablet) Quantity limited to 6 months per 12 months. Only rebate eligible versions are covered. TO BE REVIEWED 1/13/22	

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply to all drugs in this class

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

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
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Humalog [®] U-100 Junior KwikPen [®]	Admelog [®] SoloStar [®] / Vial
Humalog [®] U-100 KwikPen [®] / Vial	Afrezza [®] Inhalation Powder
Novolog [®] U-100 Cartridge / FlexPen [®] / Vial	Apidra [®] SoloStar [®] / Vial
	Fiasp [®] FlexTouch [®] / Penfill [®] / Vial
	Humalog [®] U-100 Cartridge
	Humalog [®] U-200 KwikPen [®]
	insulin aspart U-100 cartridge / FlexPen [®] / vial (generic for Novolog [®])
	insulin lispro U-100 KwikPen [®] / vial (generic for Humalog [®])
	insulin lispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior)
	Lyumjev [™] U-100 KwikPen [®] / Vial
	Lyumjev [™] U-200 KwikPen [®]

North Carolina Division of Health Benefits
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Short Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin™ Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
	Novolin R FlexPen® TO BE REVIEWED 1/13/22
Intermediate Acting Insulin	
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N Vial / ReliOn® N Vial
Long Acting Insulin	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Lantus® SoloStar® / Vial	Basaglar® KwikPen®
Levemir® FlexTouch® / Vial	Insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn) TO BE REVIEWED 1/13/22
	Semglee™ Pen / Vial
	Semglee™ yfgn Pen / Vial TO BE REVIEWED 1/13/22
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba® FlexTouch® / Vial
Premixed Rapid Combination Insulin	
Preferred	Non-Preferred
Humalog® 50/50 Mix KwikPen® / Vial	insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)
Humalog® 75/25 Mix KwikPen® / Vial	insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
Novolog® Mix 70/30 FlexPen® / Vial	
Premixed 70/30 Combination Insulin	
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
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 (except for diabetic beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination	
Preferred	Non-Preferred
	Continuation of therapy requires documentation that clinical goals have been met
Bydureon® Pen	Adlyxin® Injection
Byetta® Pen	Bydureon® BCise™
Trulicity® Pen	Ozempic® Injection
Victoza® Pen	Rybelsus® Tablet
	Soliqua® Injection
	Xultophy® Injection
HYPOGLYCEMICS - ORAL	
2nd Generation Sulfonylureas	
Preferred	Non-Preferred
Amaryl® Tablet	
glimepiride tablet (generic for Amaryl®)	
glipizide tablet / ER tablet (generic for Glucotrol® / XL)	
Glucotrol® Tablet / XL Tablet	
glyburide micronized tablet (generic for Micronase®, Glynase®)	
glyburide tablet (generic for Diabeta®)	
Glynase® Tablet	
Alpha-Glucosidase Inhibitors	
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
Glyset® Tablet	Precose® Tablet
Biguanides and Combinations	
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Fortamet® Tablet
glyburide-metformin tablet (generic for Glucovance®)	Glucophage® Tablet / ER Tablet
metformin tablet / ER tablet (generic for Glucophage® / ER)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
	metformin solution (generic for Riomet® Solution) Exemption for children < 12 years of age
	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Glumetza®)
	Riomet® Solution / ER Suspension

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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DPP-IV Inhibitors and Combinations

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

Preferred	Non-Preferred
Glyxambi [®] Tablet	alogliptin tablet (generic for Nesina [®])
Janumet [®] Tablet	alogliptin-metformin tablet (generic for Kazano [®])
Janumet [®] XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni [®])
Januvia [®] Tablet	Jentadueto [®] XR Tablet
Jentadueto [®] Tablet	Kazano [®] Tablet
Onglyza [®] Tablet	Kombiglyze [®] XR Tablet
Tradjenta [®] Tablet	Nesina [®] Tablet
	Oseni [®] Tablet
	Qtern [®] Tablet
	Steglujan [®] Tablet
	Trijardy [®] XR Tablet

Meglitinides

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

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

For use in type 2 diabetes mellitus, requires trial and failure or insufficient response to metformin containing products (except for beneficiaries with ASCVD, heart failure, or CKD) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor and Combination. When the primary indication is heart failure, no trial and failure of metformin-containing products is required.

Preferred	Non-Preferred
Farxiga [®] Tablet	Invokamet [®] Tablet / XR Tablet
Jardiance [®] Tablet	Invokana [®] Tablet
	Segluromet [™] Tablet
	Steglatro [™] Tablet
	Synjardy [®] Tablet / XR Tablet
	Xigduo [®] XR Tablet

Thiazolidinediones and Combinations

Preferred	Non-Preferred
pioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet / XR Tablet
	Actos [®] Tablet
	Avandia [®] Tablet
	Duetact [®] Tablet
	pioglitazone-glimepiride tablet (generic for Duetact [®])
	pioglitazone-metformin tablet (generic for ActoPlus Met [®])

**GASTROINTESTINAL
ANTIEMETIC-ANTIVERTIGO AGENTS**

Preferred	Non-Preferred
Diclegis [®] Tablet	Akynzeo [®] Capsule / Vial
dimenhydrinate vial (generic for Dramamine [®])	Aloxi [®] Vial ADDED FOR CLARITY
Emend [®] Capsule - Clinical criteria apply	Anzemet [®] Tablet
meclizine tablet (generic for Antivert [®])	aprepitant capsule/pack (generic for Emend [®]) - Clinical criteria apply
metoclopramide solution / tablet (generic for Reglan [®])	Barhemsy's Vial ADDED FOR CLARITY
ondansetron ODT / solution / tablet (generic for Zofran [®])	Bonjesta [®] Tablet
prochlorperazine tablet (generic for Compazine [®])	Cinvanti [®] Injectable Emulsion
promethazine 12.5 mg, 25 mg rectal (generic for Phenergan [®])	Compro [®] Rectal
promethazine syrup / tablet (generic for Phenergan [®])	doxylamine-pyridoxine tablet (generic for Diclegis [®] Tablet)
promethazine ampule/vial (generic for Phenergan [®])	dronabinol capsule (generic for Marinol [®])
Transderm-Scop [®] Patch	Emend [®] Powder Packet / Trifold Pack - Clinical criteria apply
	Emend[®] Vial ADDED FOR CLARITY
	Iosaprepitant vial (generic for Emend [®])
	Gimoti[™] Nasal Spray TO BE REVIEWED 1/13/22
	granisetron tablets (generic for Kytril [®])
	granisetron injection (generic for Kytril[®]) ADDED FOR CLARITY
	Marinol [®] Capsule
	metoclopramide ODT (generic for Metozolv [®])
	metoclopramide ODT (generic for Reglan [®])
	metoclopramide vial ADDED FOR CLARITY
	ondansetron vial ADDED FOR CLARITY
	palonosetron injection (generic for Aloxi [®])
	Phenergan[®] injection ADDED FOR CLARITY
	promethazine 50 mg rectal (generic for Phenergan [®])
	prochlorperazine rectal (generic for Compazine [®])
	prochlorperazine injection ADDED FOR CLARITY
	Reglan [®] Tablet
	Sancuso [®] Patch
	scopolamine patch (generic for Transderm-Scop [®])
	Sustol [®] Injection
	Tigan[®] Capsule / Injection ADDED FOR CLARITY
	trimethobenzamide capsule (generic for Tigan [®])
	Varubi [®] Tablet
	Zofran [®] ODT / Tablet
	Zuplenz [®] Soluble Film

North Carolina Division of Health Benefits
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BILE ACID SALTS	
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall [®])	Actigall [®] Capsule
ursodiol tablet (generic for Urso [®])	Bylvay [™] Capsule / Pellet TO BE REVIEWED 1/13/22
	Chenodal [®] Tablet
	Cholbam [®] Capsule
	Ocaliva [®] Tablet
	Reltone [™] Capsule TO BE REVIEWED 1/13/22
	Urso [®] Tablet / Urso [®] Forte Tablet
H. PYLORI COMBINATIONS	
Preferred	Non-Preferred
Pylera [®] Capsule	Helidac [®] Therapy Pack
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
	Omeclamox-Pak [®] Combo Pack
	Talicia [®] Capsule
HISTAMINE-2 RECEPTOR ANTAGONISTS	
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid [®])	cimetidine solution / tablet (generic for Tagamet [®])
ranitidine capsule / syrup / tablet (generic for Zantac [®])	nizatidine capsule / solution (generic for Axid [®])
	Pepcid [®] Tablet
PANCREATIC ENZYMES	
Preferred	Non-Preferred
Creon [®] Capsule	Pancreaze [®] Capsule
Zenpep [®] Capsule	Pertzye [®] Capsule
	Viokase [®] Tablet
PROGESTINS USED FOR CACHEXIA	
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace [®])	megestrol ES suspension (generic for Megace [®] ES)
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
esomeprazole magnesium capsule (generic for Nexium [®] Rx)	Exemption for children < 12 years of age
esomeprazole magnesium capsule / tablet OTC (generic for Nexium [®] OTC)	Aciphex [®] Sprinkle Capsules / Tablets
lansoprazole capsule (generic for Prevacid [®] Rx)	Dexilant [®] Capsule
Nexium [®] Rx Packet	esomeprazole magnesium packet (generic for Nexium [®] Rx Packet)
omeprazole Rx capsule (generic for Prilosec [®] Rx)	lansoprazole capsule (generic for Prevacid [®] OTC)
pantoprazole tablet (generic for Protonix [®])	lansoprazole ODT (generic for Prevacid [®] SoluTab [™])
Protonix [®] Suspension	Nexium [®] Rx Capsule
	omeprazole OTC capsule / tablet (generic for Prilosec [®] OTC)
	omeprazole / sodium bicarbonate capsule (generic for Zegerid [®] Rx / OTC)
	pantoprazole suspension (generic for Protonix [®])
	Prevacid [®] Rx / OTC Capsule / Solutab
	Prilosec [®] Rx Suspension
	Protonix [®] Tablet
	rabeprazole tablet (generic for Aciphex [®])
	Zegerid [®] Rx / Capsule / Packet
SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred
Amitiza [®] Capsule	alosetron tablet (generic for Lotronex [®] Tablet)
Linzess [®] Capsule	Lotronex [®] Tablet
Movantik [®] Tablet	lubiprostone capsule (generic for Amitiza[®] Capsule) TO BE REVIEWED 1/13/22
	Motegrity [™] Tablet
	Relistor [®] Syringe / Vial / Oral Tablet
	Symproic [®] Tablet
	Trulance [®]
	Viberzi [®] Tablet - Exemption for Irritable Bowel Syndrome with Diarrhea (IBS-D)
ULCERATIVE COLITIS	
Oral	
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol [®] HD Tablet
balsalazide capsule (generic for Colazal [®])	Azulfidine [®] Entab / Tablet
Lialda [®] Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine DR tablet (generic for Azulfidine [®] Entab)	Colazal [®] Capsule
sulfasalazine IR tablet (generic for Azulfidine [®])	Delzicol [®] Capsule
	Dipentum [®] Capsule

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	mesalamine DR capsule (generic for Delzicol [®] Capsule)
	mesalamine ER capsule (generic for Apriso [®] Capsule)
	mesalamine tablet (generic for Asacol [®] HD / Lialda [®] Tablet)
	Pentasa [®] Capsule
	Uceris [®] Tablet
ULCERATIVE COLITIS	
Rectal	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Canasa [®] Suppository	mesalamine kit (generic for Rowasa [®] Kit)
mesalamine enema (generic for Rowasa [®] Enema)	mesalamine suppository (generic for Canasa [®] Suppository)
	Rowasa [®] Kit
	SF Rowasa [®] Enema
	Uceris [®] Rectal Foam
ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo [®])	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos [®])	Fosrenol [®] Chewable
sevelamer tablet / powder pack (generic for Renage [®] and Renvela [®])	Fosrenol [®] Powder Pack
	MagneBind [®] 400 Rx Tablet
	Phoslyra [®] Solution
	Renage [®] Tablet
	Renvela [®] Powder Pack / Tablet
	Velphoro [®] Chewable
GENITOURINARY/RENAL	
BENIGN PROSTATIC HYPERPLASIA TREATMENTS	
Preferred	Non-Preferred
alfuzosin ER tablet (generic for Uroxatral [®])	Avodart [®] Softgel
doxazosin tablet (generic for Cardura [®])	Cardura [®] Tablet / XL Tablet
dutasteride capsule (generic Avodart [®])	Cialis [®] Tablet (2.5mg and 5mg strengths only) Clinical criteria apply
finasteride tablet (generic for Proscar [®])	dutasteride/ tamsulosin capsule (generic Jalyn capsule [®])
tamsulosin capsule (generic for Flomax [®])	Flomax [®] Capsule
terazosin capsule (generic for Hytrin [®])	Jalyn [®] Capsule
	Proscar [®] Tablet
	Rapaflo [®] Capsule
	silodosin capsule (generic for Rapaflo [®])
	tadalafil tablet (generic for Cialis [®]) (2.5mg and 5mg strengths only) Clinical criteria apply
URINARY ANTISPASMODICS	
Preferred	Non-Preferred
oxybutynin syrup / tablet (generic for Ditropan [®])	darifenacin ER tablet (generic for Enablex [®])
oxybutynin ER tablet (generic for Ditropan XL [®])	Detrol [®] Tablet / LA Capsule
solifenacin tablet (generic for Vesicare [®] Tablet)	Ditropan [®] XL Tablet
Toviaz [®] Tablet	Enablex [®] Tablet
	flavoxate tablet (generic for Urispas [®])
	Gelnique [®] Gel / Gel Sachets
	Gemtesa [®] Tablet TO BE REVIEWED 1/13/22
	Myrbetriq [®] Granules / Tablet GRANULES TO BE REVIEWED 1/13/22
	Oxytrol [®] Patch
	tolterodine tablet / ER capsule (generic for Detrol [®] / LA)
	trospium tablet / ER capsule (generic for Sanctura [®] / XR)
	Vesicare [®] Tablet
	Vesicare [®] LS Suspension TO BE REVIEWED 1/13/22
GOUT	
Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®])	colchicine tablet (generic for Colcrys [®])
Mitigare [®] (branded colchicine 0.6mg) Capsules	colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid [®])	Colcrys [®] Tablet
probenecid-colchicine tablet (generic for Col-Benemid [®])	febuxostat tablet (generic for Uloric [®] Tablet)
	Gloperba [®] Solution
	Krystexxa [®] Injection
	Uloric [®] Tablet
	Zyloprim [®] Tablet
HEMATOLOGIC	
ANTICOAGULANTS	
Injectable	
Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lovenox [®])	Arixtra [®] Syringe
Fragmin [®] Syringe / Vial	fondaparinux syringe (generic for Arixtra [®])
	Lovenox [®] Syringe / Vial
Oral	
Preferred	Non-Preferred
Eliquis [®] Tablet and Starter Dose Pack	Bevyxxa [®] Capsule
Jantoven [®] (branded generic for Coumadin [®])	Coumadin [®] Tablet

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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Pradaxa [®] Capsule	Savaysa [®] Tablet
warfarin tablet (generic for Coumadin [®])	
Xarelto [®] Starter Pack / Tablet	
COLONY STIMULATING FACTORS	
Preferred	Non-Preferred
Fulphila [™] Syringe	Neulasta [®] Syringe / Kit
Granix [®] Injection	Nivestym [™] Syringe / Vial
Leukine [®] Injection	Nvvepria[™] Syringe TO BE REVIEWED 1/13/22
Neupogen [®] Vial / Syringe	Ziextenzo [®] Syringe
Udenyca [™] Syringe	
Zarxio [®] Injection	
HEMATOPOIETIC AGENTS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Aranesp [®] Syringe / Vial	Epogen [®] Vial
Procrit [®] Vial	Mircera [®] Syringe
	Reblozyl [®] Vial
	Retacrit [®] Vial
THROMBOPOIESIS STIMULATING AGENTS	
Preferred	Non-Preferred
Nplate [®] Vial	Tavalisse [™] Tablet
Promacta [®] Suspension / Tablet	
OPHTHALMIC	
ALLERGIC CONJUNCTIVITIS AGENTS	
Preferred	Non-Preferred
cromolyn sodium drops (generic for Cromol [®])	Alocril [®] Drops
olopatadine drops (generic for Pataday [®])	Alomide [®] Drops
Pazeo [®] Drops	Alrex [®] Drops
	azelastine drops (generic for Optivar [®])
	bepotastine drops (generic for Bepreve[®] Drops) TO BE REVIEWED 1/13/22
	Bepreve [®] Drops
	epinastine drops (generic for Elestat [®])
	Lastacaft [®] Drops
	olopatadine drops (generic for Patanol [®])
	Pataday [®] Drops
	Patanol [®] Drops
	Zerviate [™] Drops
ANTIBIOTICS	
Preferred	Non-Preferred
AK-Poly-Bac [®] Ointment (branded generic for Polysporin [®])	bacitracin ointment (generic for AK-Tracin [®])
Azsite [®] Drops	Besivance [®] Suspension
bacitracin-polymyxin ointment (generic for Polysporin [®])	Bleph-10 [®] Drops
ciprofloxacin solution drops (generic for Ciloxan [®])	Ciloxan [®] Drops / Ointment
erythromycin ointment (generic for Ilotycin [®])	gatifloxacin drops (generic for Zymaxid [®])
Gentak [®] Ointment (branded generic for Garamycin [®])	levofloxacin drops (generic for Quixin [®])
gentamicin drops (generic for Garamycin [®])	Moxeza [®] Drops
moxifloxacin ophthalmic solution (generic for Moxeza [®] and Vigamox [®] Drops)	Natacyn [®] Drops
ofloxacin drops (generic for Ocuflor [®])	Neo-Polycin [®] Ointment (branded generic for Neosporin [®] Ophthalmic Ointment)
Polycin [®] Ointment (branded generic for Polysporin [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment)
polymyxin-trimethoprim drops (generic for Polytrim [®])	neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)
sulfacetamide drops (generic for Bleph-10 [®])	Ocuflor [®] Drops
tobramycin drops (generic for Tobrex [®])	Polytrim [®] Drops
	sulfacetamide ointment (generic for Cetamide [®])
	Tobrex [®] Ointment/ Drops
	Vigamox [®] Drops
	Zymaxid [®] Drops
ANTIBIOTICS-STERIOD COMBINATIONS	
Preferred	Non-Preferred
neomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol [®])	Blephamide [®] Drops / S.O.P. Ointment
Tobradex [®] Drops / Ointment	Maxitrol [®] Drops / Ointment
	Neo-Polycin [®] HC (branded generic for Cortisporin [®])
	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin [®])
	neomycin-polymyxin-HC drops / ointment (generic for Ocutricin [®])
	Pred-G [®] S.O.P. Ointment / Suspension
	sulfacetamide-prednisolone drops (generic for Vasocidin [®])

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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	Tobradex [®] ST Drops
	tobramycin-dexamethasone suspension (generic for Tobradex [®] Suspension)
	Zylet [®] Drops
ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron [®])	Acular [®] Drops / LS Solution
diclofenac drops (generic for Voltaren [®])	Acuvail [®] Solution
Durezol [®] Drops	bromfenac drops (generic for Xibrom [®])
Flarex [®] Drops	Bromsite [™] Solution
fluorometholone drops (generic for FML [®])	Dextenza [™] Insert
flurbiprofen drops (generic for Ocufen [®])	Dexycu [™] Vial
Ilevro [®] Drops	diffiprednate drops (generic for Durezol [®]) TO BE REVIEWED 1/13/22
ketorolac solution (generic for Acular [®] / LS)	FML [®] Forte Drops / S.O.P. Ointment
Lotemax [®] Drops	FML [®] Liquifilm [®] Drops
Pred Mild [®] Drops	Iluvien [®] Implant
prednisolone acetate drops (generic for Pred Forte [®])	Inveltys [™] Drops
	Lotemax [®] Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax [®]) GEL IS TO BE REVIEWED 1/13/22
	Maxidex [®] Drops
	Nevanae [®] Droptainer
	Omnipred [®] Drops
	Ozurdex [®] Implant
	Pred Forte [®] Drops
	prednisolone sodium phosphate drops (generic for Inflammase Forte [®])
	Prolensa [®] Drops
	Retisert [®] Implant
	Trisesce [®] Vial
	Yutiq [™] Implant
ANTI-INFLAMMATORY/IMMUNOMODULATOR	
Preferred	Non-Preferred
Restasis [®] Drops / Restasis [®] Multidose [™] Drops	Cequi [™] Drops
	Eysavis [™] Drops TO BE REVIEWED 1/13/22
	Xiidra [®] Drops
ALPHA 2 ADRENERGIC AGENTS	
Preferred	Non-Preferred
Alphagan [®] P Drops	apraclonidine drops (generic for Iopidine [®])
brimonidine drops (generic for Alphagan [®])	brimonidine P drops (generic for Alphagan [®] P)
	Iopidine [®] Drops
BETA BLOCKER AGENTS / COMBINATIONS	
Preferred	Non-Preferred
Combigan [®] Drops	betaxolol drops (generic for Betoptic [®])
timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®])	Betoptic [®] S Drops
	carteolol drops (generic for Ocupress [®])
	Istalol [®] Drops
	levobunolol drops (generic for Betagan [®])
	timolol drop (generic for Istalol [®] Drops)
	timolol maleate drop (generic for Timoptic [®] Ocudose [®] Drops) TO BE REVIEWED 1/13/22
	Timoptic [®] Drops / Ocudose [®] Drops / XE [®] Solution
CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt [®])	Azopt [®] Drops
dorzolamide-timolol drops (generic for Cosopt [®])	brinzolamide drops (generic for Azopt [®] Drops) TO BE REVIEWED 1/13/22
Simbrinza [®] Drops	Cosopt [®] Drops / PF Drops
	dorzolamide-timolol PF drops (generic for Cosopt [®] PF)
	Trusopt [®] Drops
PROSTAGLANDIN AGONISTS	
Preferred	Non-Preferred
latanoprost drops (generic for Xalatan [®])	bimatoprost drops (generic for Lumigan [®] Drops)
Travatan [®] Z Drops	Lumigan [®] Drops
	travoprost drops (generic for Travatan [®] Z)
	Vyzulta [®] Drops
	Xalatan [®] Drops
	Xelpros [®] Drops
	Zioptan [®] Drops
RHO KINASE MODIFIERS / COMBINATIONS	
Preferred	Non-Preferred
Rhopressa [®] Drops	
Rocklatan [®] Drops	

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax [®])	Actonel [®] Tablet
raloxifene tablet (generic for Evista [®])	alendronate solution (generic for Fosamax [®] Solution)
	Atelvia [®] Tablet
	Binosto [®] Effervescent Tablet
	Boniva [®] Tablet
	calcitonin salmon nasal spray (generic for Miacalcin [®])
	Evenity [™] Syringe
	Evista [®] Tablet
	Forteo [®] Pen Injection
	Fosamax [®] Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva [®])
	Prolia [®] Syringe
	risedronate tablet (generic for Actonel [®])
	teriparatide injection (generic for Forteo [®] Injection)
	Tymlos [®] Injection

OTIC

ANTIBIOTICS

Preferred	Non-Preferred
Ciprodex [®] Suspension	Cipro [®] HC Suspension
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin [®])	ciprofloxacin solution (generic for Cetraxal [®])
ofloxacin drops (generic for Floxin [®])	ciprofloxacin-dexamethasone suspension (generic for Ciprodex [®])
	ciprofloxacin-fluocinolone drops (generic for Otovel [®])
	Cortisporin-TC [®] Suspension
	Otiprio [®] Suspension
	Otovel [®] Drops

ANTI-INFECTIVES AND ANESTHETICS

Preferred	Non-Preferred
acetic acid solution (generic for Vosol [®])	acetic acid-hydrocortisone solution (generic for Vosol [®] HC)

ANTI-INFLAMMATORY

Preferred	Non-Preferred
Dermotic [®] Oil	Flac [®] Otic Oil TO BE REVIEWED 1/13/22
	fluocinolone 0.01% oil (generic for Dermotic [®])

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

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

BETA-ADRENERGIC HANDHELD, SHORT ACTING

Preferred	Non-Preferred
Proair [®] HFA Inhaler	albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
	Proair [®] Dighaler [™]
	Proair [®] RespiClick [®]
	Proventil [®] HFA Inhaler
	Ventolin [®] HFA Inhaler
	Xopenex [®] HFA Inhaler

BETA-ADRENERGIC, NEBULIZERS

Trial and failure of only one preferred drug required

Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb [®])	arformoterol solution (generic for Brovana [®] Solution) TO BE REVIEWED 1/13/22
albuterol 1.25mg / 3ml solution (generic for Accuneb [®])	Brovana [®] Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist [®] Solution) TO BE REVIEWED 1/13/22
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex [®] / Concentrate)
albuterol sulfate 5mg / ml solution	Perforomist [®] Solution
	Xopenex [®] Solution / Concentrate Solution

BETA-ADRENERGIC, ORAL

Preferred	Non-Preferred
albuterol syrup (generic for Ventolin [®] Syrup)	albuterol tablets (generic for Proventil [®] Repetabs)
metaproterenol syrup (generic for Alupent [®] Syrup)	albuterol ER tablets (generic for VoSpire [®] ER)
terbutaline tablet (generic for Brethine [®])	

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler	Daliresp [®] Tablet
Atrovent [®] HFA Inhaler	Duaklir [®] Pressair [®]
Bevespi [®] Aerosphere [®]	Incruse [®] Ellipta [®] Inhaler
Combivent [®] Respimat [®] Inhalation Spray	Lonhala [®] Magnair [®]
ipratropium nebulizer solution (generic for Atrovent [®] Nebulizer Solution)	Secbri [®] Neohaler [®]
ipratropium-albuterol solution (generic for Duoneb [®])	Tudorza [®] Pressair [®] Inhaler
Spiriva [®] Handihaler [®]	Utibron [®] Neohaler [®]

North Carolina Division of Health Benefits
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Spiriva [®] Respimat [®] Inhalation Spray	Yupelri [™] Solution
Stiolto [®] Respimat [®] Inhalation Spray	
INHALED CORTICOSTEROIDS	
Preferred	Non-Preferred
Flovent [®] Diskus	Alvesco [®] Inhaler
Flovent [®] HFA Inhaler	ArmonAir [™] Digihaler [™]
Pulmicort [®] Respules 0.25mg, 0.5mg, 1mg	Arnuity [™] Ellipta [™] Inhaler
	Asmanex [®] HFA Inhaler
	Asmanex [®] Twisthaler [®]
	budesonide suspension (generic for Pulmicort [®] Respules)
	Pulmicort [®] Flexhaler
	QVAR [®] RediHaler [™]
INHALED CORTICOSTEROID COMBINATIONS	
Preferred	Non-Preferred
Advair [®] Diskus [®]	AirDuo [™] Digihaler [™] / RespiClick [®]
Advair [®] HFA Inhaler	Broco [®] Ellipta [®]
Dulera [®] Inhaler	Breztri [™] Aerosphere [™]
Symbicort [®] Inhaler	budesonide/formoterol inhalation (generic for Symbicort [®])
	fluticasone/salmeterol inhalation (generic for Advair [®] Diskus [®])
	fluticasone/salmeterol inhalation (generic for AirDuo [®])
	Trelegy [®] Ellipta [®]
	Wixela [™] Inhub [™]
INTRANASAL RHINITIS AGENTS	
Preferred	Non-Preferred
Astepro [®] Nasal Spray	Exemption for steroids applies to children < 4 years of age
azelastine spray (generic for Astelin [®])	azelastine nasal spray (generic for Astepro [®])
fluticasone spray (generic for Flonase [®])	azelastine-fluticasone nasal spray (generic for Dymista [®])
ipratropium spray (generic for Atrovent [®] Nasal)	Beconase [®] AQ Nasal Spray
olopatadine nasal spray (generic for Patanase [®])	Dymista [®] Nasal Spray
	flunisolide nasal spray (generic for Nasalide [®])
	mometasone nasal spray (generic for Nasonex [®])
	Nasonex [®] Nasal Spray
	Omnaris [®] Nasal Spray
	Patanase [®] Nasal Spray
	QNasi [®] Nasal Spray / Children's Spray
	Sinuva [™] Implant
	Xhance [™] Nasal Spray
	Zetonna [®] Nasal Spray
LEUKOTRIENE MODIFIERS	
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair [®])	Accolate [®] Tablet
	montelukast granules (generic for Singulair [®])
	Singulair [®] Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate [®])
	zileuton tablet (generic for Zylflo [®])
	Zyflo [®] Filmstab
LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablets)	cetirizine chewable tablet OTC (generic for Zyrtec [®] OTC Tablets)
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec [®] OTC Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec [®] OTC Syrup)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	Clarinet [®] Tablet - Exemption for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinet [®])
loratadine tablet OTC (generic for Claritin [®] OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra [®] OTC)
	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
	loratadine OTC chewable ODT / solution / soft gel (generic for Claritin [®] OTC)
	Quzyttir [™] Vial
LOW SEDATING ANTIHISTAMINE COMBINATIONS	
Quantity limit of 102 days supply per 12 months apply to all drugs in this class	
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)
	Clarinet-D [®] Tablet
	fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	Semprex-D [®] Capsule

North Carolina Division of Health Benefits
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TOPICALS	
ACNE AGENTS	
Preferred	Non-Preferred
Azelex [®] Cream	Acanya [®] Gel Pump
clindamycin-benzoyl peroxide gel (generic for Duac [®])	Aczone [®] Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®])	adapalene cream / gel / gel pump / solution (generic for Differin [®])
Differin [®] Cream / Gel Pump / Lotion	adapalene / benzoyl peroxide (generic for Epiduo [®] Gel)
Epiduo [®] Gel	Aklief [®] Cream
Epiduo [®] Forte	Aktipak [™] Pouch
erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , A/T/S [®] , T-Stat [®])	Amzeeq [™] Foam
erythromycin-benzoyl peroxide gel (generic for Benzamycin [®])	Arazlo [™] Lotion
Retin-A [®] Cream / Gel	Atralin [®] Gel
Retin-A [®] Micro Gel / Micro Pump Gel	Avar [®] Cleanser / Cleansing Pads / Foam
	Avar [®] LS Cleanser / LS Cleansing Pads / LS Foam
	Avar-E [™] Emollient Cream / Green Emollient Cream / LS Cream
	Avita [®] Cream / Gel
	azelaic acid gel (generic for Finacea[®]) COVERAGE CLARIFICATION
	Benzaclin [®] Gel / Pump
	Benzamycin [®] Gel
	BP [®] 10-1 Wash / Cleansing Wash
	Cleocin [®] T Gel / Lotion / Pledgets
	Clindacin [®] ETZ Pledget / Kit / P Pledgets / PAC Kit
	Clindagel [®] Gel
	clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®])
	clindamycin phosphate foam (generic for Evoclin [®])
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin [®])
	clindamycin-benzoyl peroxide gel (generic for Neuae [®])
	clindamycin-benzoyl peroxide with pump (generic for Acanya [®])
	clindamycin / tretinoin (generic for Veltin [®])
	dapsone gel (generic for Aczone [®] Gel)
	Ery [®] Pads
	Erygel [®] Gel
	erythromycin gel / pledgets (generic for Emcin [®] , Erycette [®] , EryDerm [®] , EryGel [®] , EryMax [®])
	Evoclin [®] Foam
	Fabior [®] Foam
	Finacea[®] Foam / Gel COVERAGE CLARIFICATION
	Klaron [®] Lotion
	Neuae [®] Gel / Kit
	Onexton [®] Gel / Gel Pump
	Ovace [®] Plus Cleansing Cream / Foam / Gel / Lotion / Shampoo / Wash
	Promiseb [®] Complete / Topical Cream
	Rosula [®] Cloths / Wash
	sodium sulfacetamide shampoo, wash (generic for Ovace [®] / Plus)
	sodium sulfacetamide cleanser / cream (generic for Avar [®] / LS)
	sodium sulfacetamide lotion (generic for Klaron [®])
	sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula [®])
	sodium sulfacetamide-sulfur kit / wash (generic for Sumadan [®])
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®])
	sodium sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®])
	SSS [®] 10-5 Cream / Foam
	sulfacetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5)
	Sumadan [®] Kit / Wash / XLT Kit
	Sumaxin [®] Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream (generic for Tazorac [®])
	tazarotene foam (generic for Fabior[®]) TO BE REVIEWED 1/13/22
	Tazorac [®] Cream / Gel
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	tretinoin cream / gel (generic for Retin-A [®])
	Tretin-X[™] Combo Pack / Cream TO BE REVIEWED 1/13/22
	Ziana [®] Gel
ANDROGENIC AGENTS	
Preferred	Non-Preferred
AndroGel [®] Pump	Androderm [®] Patch
	AndroGel [®] Packet
	Axiron [®] Topical Gel / Solution
	Fortesta [®] Gel Pump
	Natesto [®] Nasal Gel
	Testim [®] Gel
	testosterone gel / packet (generic for Testim [®] , Vogelxo [®])
	testosterone gel pump (generic for AndroGel [®] Pump)
	testosterone gel / pump / solution (generic for Axiron [®] , Fortesta [®])
	Vogelxo [®] Gel / Packet / Pump
NSAIDS	
Preferred	Non-Preferred
diclofenac topical gel (generic for Voltaren [®] Gel)	diclofenac epolamine patch (generic for Flector [®] Patch)
	diclofenac solution (generic for Pennsaid [®])
	Dicloflex [™] DC Pack
	Flector [®] Patch
	Licart [™] Patch

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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	Pennsaid [®] Solution Packet / Pump Voltaren Gel [®]
ANTIBIOTICS	
Preferred	Non-Preferred
gentamicin cream / ointment (generic for Garamycin [®]) mupirocin ointment (generic for Bactroban [®] Ointment)	Centany [®] AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban [®] Cream) Xepi [™] Cream
ANTIBIOTICS - VAGINAL	
Preferred	Non-Preferred
Cleocin [®] Vaginal Ovules Clindesse [®] Vaginal Cream metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel) Nuvoessa [®] Vaginal Gel Vandazole [®] Vaginal Gel	Cleocin [®] Vaginal Cream clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream) Metrogel [®] Vaginal Gel
ANTIFUNGALS	
Preferred	Non-Preferred
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) ketoconazole cream / shampoo (generic for Nizoral [®]) Nyamyc [®] Powder (branded generic for Nystop [®]) nystatin cream / ointment / powder (generic for Mycostatin [®] , Nystop [®]) Nystop [®] Powder	Bensal HP [®] Ointment Cicloclan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®]) ciclopirox treatment kit (generic for Cicloclan [®] Kit) clotrimazole-betamethasone lotion (generic for Lotrisone [®] lotion) clotrimazole Rx solution (generic for Lotrimin [®] Rx) econazole cream (generic for Spectazole [®]) Ertaczo [®] Cream Exelderm [®] Cream / Solution Extina [®] Foam Jublia [®] Topical Solution Kerydin [®] Topical Solution ketoconazole foam (generic for Extina [®] Foam) Loprox [®] shampoo / suspension / cream / kit luliconazole cream (generic for Luzu [®] Cream) Luzu [®] Cream Mentax [®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply naftifine cream / gel (generic for Nafin [®] Cream / Gel) Naftin [®] Cream / Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II [®]) oxiconazole cream (generic for Oxistat [®]) Oxistat [®] Cream / Lotion tavaborole topical solution (generic for Kerydin [®] Topical Solution) TO BE REVIEWED 1/13/22 Vusion [®] Ointment - Clinical criteria apply
ANTIPARASITICS	
Trial and failure of only one preferred drug required	
Preferred	Non-Preferred
Natroba [®] Topical Suspension permethrin cream (generic for Elimite [®])	Crotan [™] Lotion Elimite [®] Cream Eurax [®] Cream / Lotion ivermectin lotion (generic for Sklice [®] Lotion) TO BE REVIEWED 1/13/22 lindane shampoo malathion lotion (generic for Ovide [®]) Ovide [®] Lotion Sklice [®] Lotion spinosad topical suspension (generic for Natroba [®])
ANTIVIRAL	
Preferred	Non-Preferred
Zovirax [®] Cream Zovirax [®] Ointment	acyclovir cream (generic for Zovirax [®] Cream) acyclovir ointment (generic for Zovirax [®] Ointment) Denavir [®] Cream Xerese [®] Cream
IMMUNOMODULATORS	
Atopic Dermatitis	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Elidel [®] Cream Euceris [®] 2% Ointment Protopic [®] Ointment	Dupixent [®] Injection Opzelura [™] Cream TO BE REVIEWED 1/13/22 pimecrolimus cream (generic for Elidel [®] Cream) tacrolimus ointment (generic Protopic [®])

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

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Imidazoquinolinamines	
Preferred	Non-Preferred
Imiquimod cream packet (generic for Aldara [®])	Aldara [®] Cream
Imiquimod cream pump	Condylox [®] Gel
	podofilox solution (generic for Condylox [®] Solution) TO BE REVIEWED 1/13/22
	Veregen [®] Ointment
	Zyclara [®] Cream / Cream Pump
PSORIASIS	
Preferred	Non-Preferred
Dovonex [®] Cream	calcipotriene-betamethasone suspension / ointment (generic for Talconex [®])
	calcipotriene cream / ointment / solution (generic for Dovonex [®])
	calcitriol ointment (generic for Vectical [™])
	Duobrii [™] Lotion
	Enstilar [®] Foam
	Sorilux [®] Foam
	Taclonex [®] Ointment / Suspension
	Vectical [®] Ointment
ROSACEA AGENTS	
Preferred	Non-Preferred
MetroCream [®]	azelaic acid gel (generic for Finacea [®])
MetroGel [®]	Finacea [®] Foam / Gel
	ivermectin cream (generic for Soolantra [®])
	metronidazole cream (generic for MetroCream [®])
	metronidazole gel / pump (generic for MetroGel [®])
	metronidazole lotion (generic for MetroLotion [®])
	Mirvaso [®] Gel Pump
	Noritate [®] Cream
	Rhofade [®] Cream
	Rosadan [®] Cream / Gel / Kit
	Soolantra [®] Cream
	Ziixi [™] Foam
STEROIDS	
Low Potency	
Preferred	Non-Preferred
DermaSmoothe [®] FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate [™])
hydrocortisone cream / lotion / ointment (generic for Hytone [®])	Aqua Glycolic [®] HC Kit
	Capex [®] Shampoo
	Desonate [®] Gel
	desonide cream / ointment (generic for DesOwen [®]) - Exemption for children < 12 years of age
	desonide lotion (generic for DesOwen [®] Lotion)
	fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil)
	Micort [®] HC Cream
	Texacort [®] Solution
Medium Potency	
Preferred	Non-Preferred
fluticasone cream / ointment (generic for Cutivate [®])	Beser [™] Lotion / Kit
mometasone cream / ointment / solution (generic for Elocon [®])	clolocortolone cream / pump (generic for Cloderm [®])
	Cloderm [®] Cream / Pump
	Cordran [®] Tape
	Cutivate [®] Cream / Lotion
	Dermatop [®] Ointment
	fluocinolone cream / ointment / solution (generic for Synalar [®])
	flurandrenolide cream/lotion (generic for Cordran [®] SP cream and Cordran [®] lotion)
	flurandrenolide ointment (generic for Cordran [®] ointment)
	fluticasone lotion (generic for Cutivate [®] Lotion)
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid [®])
	hydrocortisone valerate cream / ointment (generic for Westcort [®])
	Locoid [®] Lipocream / Lotion LIPOCREAM TO BE REVIEWED 1/13/22
	Luxiq [®] Foam
	Pandel [®] Cream
	prednicarbate cream / ointment (generic for Dermatop [®])
	Synalar [®] Cream / Ointment / Kit / Solution / TS Kit
High Potency	
Preferred	Non-Preferred
betamethasone valerate cream / ointment (generic for Valisone [®])	amcinonide cream / lotion (generic for Cyclocort [®])
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog [®])	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene [®])
	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®])
	betamethasone valerate foam (generic for Valisone [®])
	betamethasone valerate lotion (generic for Valisone [®])
	desoximetasone cream / gel / ointment / spray (generic for Topicort [®])
	diflorasone cream / ointment (generic for Florone [®])
	Diprolene [®] Ointment
	fluocinonide cream / emollient cream / gel (generic for Lidex [®] / Lidex [®] E)
	fluocinonide ointment (generic for Lidex [®] Ointment)
	fluocinonide solution (generic for Lidex [®] / Lidex [®])

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
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	halcinonide cream (generic for Halog [®])
	Halog [®] Cream / Ointment / Solution
	Kenalog [®] Spray
	Sanaderm [®] Rx Solution
	Sernivo [®] Spray
	Topicort [®] Cream / Gel / Ointment / Spray / LP
	triamcinolone spray (generic for Kenalog [®] Spray)
	Trianex [®] Ointment
	Vanos [®] Cream
Very High Potency	
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate [®])	Apexicon E [®] Cream
clobetasol solution (generic for Cormax [®])	Bryhali [™] Lotion
Clobex [®] Shampoo	clobetasol foam / emollient foam / emulsion foam (generic for Olux [®] / Olux-E [®])
halobetasol propionate cream / ointment (generic for Ultravate [®])	clobetasol lotion / shampoo (generic for Clobex [®])
	clobetasol propionate spray (generic for Clobex [®] spray)
	Clobex [®] Lotion / Spray
	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette [®] Foam)
	Impeklo[™] Lotion TO BE REVIEWED 1/13/22
	Lexette [®] Foam
	Olux [®] Foam / E-Foam
	Temovate [®] Cream / Ointment
	Tovet [™] Foam / Foam Kit
	Ultravate [®] Cream / Lotion / Ointment / X Cream Combo Pack / X Ointment Combo Pack
MISCELLANEOUS	
ANTIPSORIATICS, ORAL	
Preferred	Non-Preferred
acitretin (generic for Soriatane [®])	methoxsalen rapid (generic for OxSORalen-Ultra [®])
	OxSORalen-Ultra [®]
	Soriatane [®]
EPINEPHRINE, SELF INJECTED	
Quantity limits apply to all drugs in this class	
Preferred	Non-Preferred
epinephrine auto injector / JR (generic for Epi-Pen [®] Auto Injector / JR Auto Injector)	epinephrine auto injector (generic for AdrenaClick [®])
	Epi-Pen [®] Auto Injector / JR Auto Injector
	Symjepi [™]
ESTROGEN AGENTS, COMBINATIONS	
Preferred	Non-Preferred
Activella [®] Tablet	Bijuva [®] Capsule
estradiol/norethindrone tablet (generic for Activella [®])	FemHRT [®] Tablet
Fyavolv [™] Tablet	Lopreeza [®] Tablet
Jevantique [™] Lo Tablet	Prefest [®] Tablet
Jinteli [®] (branded generic for FemHRT [®])	
Mimvey [®] / Lo (branded generic for Activella [®])	
norethindrone-ethinyl estradiol (generic for FemHRT [®])	
Premphase [®] Tablet	
Prempro [®] Tablet	
PROGESTATIONAL AGENTS	
Preferred	Non-Preferred
Compounded 17 P	hydroxyprogesterone caproate injection (generic for Makena [®]) multi dose vial
hydroxyprogesterone caproate injection (generic for Makena [®]) single dose vial	
Makena [®] (hydroxyprogesterone caproate) Vial	
Makena [®] (hydroxyprogesterone caproate injection) Auto Injector	
ESTROGEN AGENTS, ORAL / TRANSDERMAL	
Preferred	Non-Preferred
Climara [®] Pro Patch	Alora [®] Patch
CombiPatch [®]	Climara [®] Patch
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	Divigel [®] Gel Packet
estradiol tablet (generic for Estrace [®])	Dotti [™] Patch
Evamist [®] Spray	Duavee [®] Tablet
Menest [®] Tablet	Elestrin [®] Gel
Premarin [®] Tablet	Estrace [®] Tablet
	Lyllana[™] Patch TO BE REVIEWED 1/13/22

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

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	Menostar [®] Patch
	Minivelle [®] Patch
	Vivelle-Dot [®] Patch
ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred
Estring [®] Vaginal Ring	Estrace [®] Cream
Premarin [®] Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace [®])
Vagifem [®] Vaginal Tablet	Femring [®] Vaginal Ring
	Imvexxy [®] Vaginal Inserts
	YuvaFem [®] Vaginal Tablet
GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort [®] EC)	Alkindi [®] Sprinkle Capsule TO BE REVIEWED 1/13/22
dexamethasone elixir / tablet (generic for Decadron [®])	Cortef [®] Tablet
dexamethasone solution (generic for Concedix [®])	cortisone tablet (generic for Patison [®])
hydrocortisone tablet (generic for Cortef [®])	dexamethasone tablet dosepack
methylprednisolone 4mg dosepack / tablet (generic for Medrol [®])	dexamethasone Intensol [®] Drops
prednisolone sodium phosphate solution (generic for PediaPred [®] , OraPred [®] , Veripred [®])	Emflaza [®] Suspension / Tablet Clinical criteria apply
prednisolone solution (generic for Prelone [®] , Millipred [®])	Entocort [®] EC Capsule
prednisone dose pack (generic for Sterapred [®])	Hemady [™] Tablet
prednisone solution / tablet (generic for Deltasone [®])	Medrol [®] Dose Pack / Tablet
	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol [®])
	Millipred [®] Dose Pack / Tablet
	Ortikos [™] Capsule
	prednisolone ODT (generic for Orapred [®] ODT)
	Prednisone Intensol [®] Concentrated Solution
	Rayos [®] Tablet
	Taperdex [®] Tablet
IMMUNOMODULATORS, SYSTEMIC	
Clinical criteria apply to all drugs in this class	
Trial and failure of only one Preferred drug required	
Preferred	Non-Preferred
Cosentyx [®] Pen / Syringe	Actemra [®] ACTPen [™] / Syringe / Vial
Enbrel [®] Kit / Mini Cartridge / Sureclick [®] Syringe / Syringe / Vial VIAL TO BE REVIEWED 1/13/22	Arcalyst [®] SQ Syringe
Humira [®] Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Avsola [®] Injection
	Cimzia [®] Starter Kit / Syringe Kit / Vial Kit
	Enspryng [™] Injection
	Entyvio [®] Vial
	Ilaris [®] Injection
	Ilumya [®] Injection
	Inflectra [™] Vial
	Kevzara [®] Injection
	Kineret [®] Syringe - Exemption for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Olumiant [®] Tablet
	Orencia [®] Clickjet [®] / Syringe / Vial
	Otezla [®] Starter Pack / Tablet
	Remicade [®] Injection
	Renflexis [™] Injection
	Rinvoq [™] ER Tablet
	Siliq [®] Injection
	Simponi [®] Aria Vial / Pen Injector / Syringe
	Skyrizi [™] Pen / Syringe PEN IS TO BE REVIEWED 1/13/22
	Stelara [®] Syringe / vial
	Taltz [®] Auto-injector / Syringe
	Tremfya [®] Injection
	Uplizna [®] Vial
	Xeljanz [®] Tablet / Solution / XR Tablet SOLUTION IS TO BE REVIEWED 1/13/22
IMMUNOSUPPRESSANTS	
Preferred	Non-Preferred
Astagraf [®] XL Capsule	
Azasan [®] Tablet	
azathioprine tablet (generic for Imuran [®])	
Celcecept [®] Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®])	
cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®])	
Envarsus [®] XR Tablet	
everolimus tablet (generic for Zortress [®] Tablet)	
Gengraf [®] Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Celcecept [®])	
mycophenolic acid tablet (generic for Myfortic [®])	
Myfortic [®] Tablet	
Neoral [®] Capsule / Solution	
Prograf [®] Capsule / Granule Packet	
Rapamune [®] Solution / Tablet	
Rezurock [™] Tablet TO BE REVIEWED 1/13/22	

North Carolina Division of Health Benefits
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Sandimmune [®] Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®] Solution / Tablet)	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®])	
Zortress [®] Tablet	
MOVEMENT DISORDERS	
Clinical criteria apply to all drugs in this class	
Preferred	Non-Preferred
Austedo [™] Tablet	Xenazine [®] Tablet
Ingrezza [®] Capsule	
tetrabenazine tablet	
OPIOID ANTAGONISTS	
Preferred	Non-Preferred
Kloxxado [™] Nasal Spray TO BE REVIEWED 1/13/22	
naloxone ampule / syringe / vial (generic for Narcan [®])	
naltrexone (oral)	
Narcan [®] Nasal Spray	
Vivitrol [®] Injection	
OPIOID DEPENDENCE	
Clinical criteria apply to all drugs in this class	
Trial and failure of only Suboxone[®] SL film required for coverage of non-preferred options	
For coverage of Sublocade[™] - must have diagnosis of moderate to severe opioid use disorder and have initiated treatment with a transmucosal buprenorphine-containing product followed by a dose adjustment period for a minimum of seven days.	
Preferred	Non-Preferred
Suboxone [®] SL Film	Bunavai [®] Film
Sublocade [™]	buprenorphine sl tablet (generic for Subutex [®])
	buprenorphine-naloxone sl tablet and film (generic for Suboxone [®])
	Zubsolv [®] Tablet SL
SKELETAL MUSCLE RELAXANTS	
Preferred	Non-Preferred
baclofen tablet (generic for Lioresal [®])	Amrix [®] ER Capsule
chlorzoxazone tablet (generic for Parafon Forte [®])	cyclobenzaprine ER capsule (generic for Amrix [®] ER Capsule)
cyclobenzaprine tablet (generic for Flexeril [®])	Dantrium [®] Capsule / Vial
methocarbamol tablet (generic for Robaxin [®])	dantrolene sodium capsule (generic for Dantrium [®])
tizanidine tablet (generic for Zanaflex [®] Tablet)	Fexmid [™] Tablet
	Lorzone [®] Tablet
	metaxalone tablet (generic for Skelaxin [®])
	Norgesic [™] Forte Tablet
	orphenadrine citrate ampule / tablet / vial (generic for Norflex [®])
	Ozobax[®] Solution TO BE REVIEWED 1/13/22
	Parafon [®] Forte Caplet
	Robaxin [®] Tablet / Vial
	Skelaxin [®] Tablet
	tizanidine capsules (generic for Zanaflex [®] Capsule)
	Zanaflex [®] Capsule / Tablet
DISPOSABLE INSULIN DELIVERY DEVICES	
Preferred	Non-Preferred
Omnipod DASH [®]	
DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES	
Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G5[®] Transmitter / Receiver	Freestyle Libre [™] 14 day Reader
Dexcom G6 [®] Transmitter / Receiver	
Freestyle Libre [™] 2 Reader	
Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Dexcom G4[®] / G5[®] Platinum Sensor 4 Pack	Freestyle Libre [™] 14 day Sensor
Dexcom G6 [®] Sensor 3 Pack	
Freestyle Libre [™] 2 Sensor	

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

PROPOSED Effective DATE: 04/01/2022 (DRAFT)

Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated.
Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to trial and failure criteria, clinical criteria (indicated in **RED**) may also apply. **New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as NOT REVIEWED.** Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy.html>
More information on the PDL can be found at: <https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services>

DIABETIC SUPPLIES

N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood 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 to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. ***All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.***

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