

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

Generic products are considered preferred unless indicated
Trial and failure of two preferred agents are required unless otherwise indicated
ALL therapeutic classes are not included on the PDL
Prior authorization list, criteria, and forms located at: www.ncmedicaidpdm.com

ALZHEIMER'S AGENTS
CHOLINESTERASE INHIBITORS

Preferred	Non-Preferred		
Aricept® Aricept ODT® Exelon capsule® Exelon patch® Exelon solution®	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Cognex® galantamine tablet/solution (generic for Razadyne®) galantamine ER (generic for Razadyne ER®) </td> <td style="width: 50%; vertical-align: top;"> Razadyne tablet/solution® Razadyne ER® </td> </tr> </table>	Cognex® galantamine tablet/solution (generic for Razadyne®) galantamine ER (generic for Razadyne ER®)	Razadyne tablet/solution® Razadyne ER®
Cognex® galantamine tablet/solution (generic for Razadyne®) galantamine ER (generic for Razadyne ER®)	Razadyne tablet/solution® Razadyne ER®		

NMDA RECEPTOR

Preferred	Non-Preferred
Namenda tablet® Namenda solution®	

ANALGESICS
NSAIDS

Preferred	Non-Selective	Non-Preferred
Generics are preferred including: diclofenac sodium (generic for Voltaren®) ibuprofen (generic for Motrin®) nabumetone (generic for Relafen®) naproxen (generic for Naprosyn®)	meloxicam tablet/suspension (generic for Mobic®)	Mobic tablet/suspension®
	Selective Clinical criteria apply	
Preferred		Non-Preferred
Celebrex®		

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

SCHEDULE II NARCOTICS

Long Acting Schedule II Narcotics

Clinical criteria apply

Preferred

Duragesic®/ Matrix®
Kadian®
morphine sulfate SA (generic MS Contin®)
Opana ER®

Non-Preferred

Avinza® Embeda® Exalgo® Fentanyl Patch (generic for Duragesic®)	MS Contin® Oxycodone SA Oxycontin® Oramorph SR (generic for MS Contin®)
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Orally Disintegrating Schedule II Narcotics

Clinical criteria apply

Preferred

fenentanyl citrate (generic for Actiq®)

Non-Preferred

Onsolis®

Short Acting Schedule II Narcotics

Clinical criteria apply

Preferred

Generics are preferred including:

hydromorphone (generic for Dilaudid®).
meperidine (generic for Demerol®).
morphine
oxycodone (generic for Roxicodone®)
oxycodone/acetaminophen (generic for Percocet® and Endocet®)

Non-Preferred

Combunox® Demerol® Dilaudid® Endodan® Levo-Dromoran® Lynox® Magnacet 10 MG-400 MG Tablet® Magnacet 2.5 MG-400 MG Tablet®	Magnacet 5 MG-400 MG Tablet® Nucynta® Opana® OxyIR® Percocet® Percodan® Roxicodone® Tylox® Xolox 10-500 MG Tablet®
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SHORT ACTING ANALGESICS

Schedule III – IV Analgesics, Acetaminophen Combinations

Preferred

Generics are preferred including:

codeine/acetaminophen (generic for Tylenol with Codeine®)
hydrocodone/acetaminophen (generic for Vicodin®)

Non-Preferred

Zamiset®

Schedule III - IV Analgesics, NSAID Combinations

Preferred

hydrocodone/ibuprofen (generic for Vicoprofen®)

Non-Preferred

Ibudone®
Reprexain®
Vicoprofen®

Tramadol

Tramadol is an opioid agonist of the morphine-type and can be abused in a manner similar to other opioid agonists, legal or illicit.

Preferred

tramadol (generic for Ultram®)
tramadol/acetaminophen (generic for Ultracet®)

Non-Preferred

Ryzolt ER® tramadol SR (generic for Ultram ER®)	Ultracet® Ultram® Ultram ER®
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**North Carolina Division of Medical Assistance
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ANTICONVULSANTS
CARBAMAZEPINE DERIVATIVES

Preferred	Non-Preferred
carbamazepine tablet/chewables/suspension (generic for Tegretol® and Epitol®) carbamazepine XR (generic for Tegretol XR®) Carbatrol® Epitol® Equetro® oxcarbazepine tablet/suspension (generic for Trileptal®) Tegretol chewable tablet® Tegretol suspension ® Tegretol tablet® Tegretol XR ® Trileptal tablet/suspension®	

FIRST GENERATION

Preferred	Non-Preferred
Celontin® Depakene capsule® Depakene syrup® Depakote ® Depakote ER® Depakote sprinkle capsule® Dilantin-125 suspension® Dilantin capsule® Dilantin chewable tablet® divalproex sodium tablet/sprinkle capsule (generic for Depakote®) divalproex sodium ER (generic for Depakote ER®) ethosuximide capsule/syrup (generic for Zarontin®) Felbatol tablet® Felbatol suspension® Mebaral® mephobarbital (generic for Mebaral®) Mysoline tablet® Peganone® Phenytek® phenytoin suspension (generic for Dilantin®) phenytoin ER Primidone® Stavzor® valproic acid capsule/syrup (generic for Depakene®) Zarontin capsule® Zarontin syrup®	

SECOND GENERATION

Preferred	Non-Preferred		
gabapentin (generic for Neurontin®) Gabitril® lamotrigine tablet/dispersal (generic for Lamictal®) levetiracetam tablet/solution (generic for Keppra®) topiramate tablet/sprinkle capsule (generic for Topamax®) zonisamide (generic for Zonegran®)	<p style="color: red; font-size: small;">Clinical criteria apply to Lyrica, Lamictal, Lamictal XR, and Topamax products . Exemption applies to patients with seizure disorder.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> Banzel® Keppra tablet/solution® Keppra XR® Lamictal tablet/dispersal/ODT® Lamictal XR® Lyrica® Neurontin tablet/capsule/solution® </td> <td style="width:50%; border: none;"> Sabril tablet/powder® Topamax tablet® Topamax Sprinkle capsule® Vimpat® Zonegran® </td> </tr> </table>	Banzel® Keppra tablet/solution® Keppra XR® Lamictal tablet/dispersal/ODT® Lamictal XR® Lyrica® Neurontin tablet/capsule/solution®	Sabril tablet/powder® Topamax tablet® Topamax Sprinkle capsule® Vimpat® Zonegran®
Banzel® Keppra tablet/solution® Keppra XR® Lamictal tablet/dispersal/ODT® Lamictal XR® Lyrica® Neurontin tablet/capsule/solution®	Sabril tablet/powder® Topamax tablet® Topamax Sprinkle capsule® Vimpat® Zonegran®		

**North Carolina Division of Medical Assistance
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ANTI-INFECTIVES-ORAL

2ND GENERATION CEPHALOSPORINS

Preferred

Ceftin tablet®
Ceftin suspension®
cefuroxime tablet/suspension (generic for Ceftin®)
cefprozil tablet/suspension (generic for Cefzil®)

Non-Preferred

Cefaclor capsule/suspension
(generic for Ceclor®)
Cefaclor ER®

3RD GENERATION CEPHALOSPORINS

Preferred

Cedax capsule®
Cedax suspension®
cefdinir capsule/suspension (generic for Omnicef®)
cefditoren (generic for Spectracef®)
cefepodoxime tablet/suspension (generic for Vantin®)
Omnicef capsule®
Omnicef suspension®
Spectracef®
Suprax suspension®
Suprax tablet®
Vantin tablet®

Non-Preferred

HERPES ANTIVIRALS

Preferred

acyclovir tablet/capsule/suspension (generic for Zovirax®)
famciclovir (generic for Famvir®)
Famvir®
valacyclovir (generic for Valtrex®)
Valtrex®
Zovirax tablet®
Zovirax suspension®

Non-Preferred

HEPATITIS B AGENTS

Preferred

Baraclude tablet®
Baraclude solution®
Epivir HBV tablet®
Epivir HBV solution®
Hepsera®
Tyzeka®
Viread®

Non-Preferred

HEPATITIS C AGENTS

Preferred

PEG-Intron®
PEG-Intron Redipen®
Pegasys®
Pegasys Conv. Pack®

Non-Preferred

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INFLUENZA

Preferred

amantadine capsule/syrup (generic for Symmetrel®)
 Flumadine tablet®
 Relenza®
 rimantadine (generic for Flumadine®)
 Tamiflu capsule®
 Tamiflu suspension®

Non-Preferred

MACROLIDES

Preferred

azithromycin tablet/packet/suspension (generic for Zithromax®)
 clarithromycin tablet/suspension (generic for Biaxin®)
 erythromycin
 erythromycin base
 erythromycin ethylsuccinate

Non-Preferred

Biaxin tablet/suspension® Zithromax
 Biaxin XL® tablet/packet/suspension®
 clarithromycin ER (generic for Zmax®
 Biaxin XL®)

NITROMIDAZOLES

Preferred

metronidazole (generic for Flagyl®)

Non-Preferred

Flagyl®
 Flagyl ER®
 Tindamax®

ORAL ANTIFUNGALS

Preferred

fluconazole (generic for Diflucan®)
 Gris-Peg®
 griseofulvin oral suspension (generic for Grifulvin V®)
 itraconazole (generic for Sporanox®)
 ketoconazole (generic for Nizoral®)
 nystatin (generic for Mycostatin® and Nilstat®)
 terbinafine (generic for Lamisil® and Terbinex®)

Non-Preferred

Grifulvin V tablet®
 Lamisil tablet/granules®
 Sporanox capsule/solution®
 Terbinex®

OXAZOLIDINONES

Preferred

Zyvox tablet®
 Zyvox suspension®

Non-Preferred

RIBAVIRIN

Preferred

Copegus®
 Rebetol capsule®
 Rebetol solution®
 Ribapak®
 Ribasphere®
 ribavirin

Non-Preferred

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SYSTEMIC QUINOLONES

Preferred

Avelox®
Avelox ABC®
Ciprofloxacin tablet (generic for Cipro®)
Cipro suspension®
ofloxacin tablet (generic for Floxin®)

Non-Preferred

Cipro tablet®
Cipro XR®
ciprofloxacin ER (generic for Cipro XR®)
Noroxin®
Proquin XR®
Factive®
Levaquin tablet/solution®

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

New Generation

Preferred

Aplenzin®
bupropion (generic for Wellbutrin®)
bupropion SA (generic for Wellbutrin SR®)
bupropion XL (generic for Wellbutrin XL®)
Desyrel®
maprotiline (generic for Ludiomil®)
mirtazapine tablet/rapid disintegrating tablet (generic for Remeron®)
nefazodone (generic for Serzone®)
Remeron rapid disintegrating tablet®
Remeron tablet®
Serzone®
trazodone (generic for Desyrel®)
Wellbutrin®
Wellbutrin SR®
Wellbutrin XL®

Non-Preferred

Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)

Preferred

Cymbalta®
Effexor®
Effexor XR®
Pristiq®
Savella®
venlafaxine (generic for Effexor®)
venlafaxine ER
venlafaxine ER (generic for Effexor XR®)

Non-Preferred

Selective Serotonin Reuptake Inhibitors

Preferred

Celexa tablet®
citalopram tablet/solution (generic for Celexa®)
fluoxetine capsule/tablet/solution (generic for Prozac®)
fluvoxamine (generic for Luvox®)
Lexapro solution®
Lexapro tablet®
Luvox CR®
paroxetine CR (generic for Paxil CR®)
paroxetine tablet/suspension (generic for Paxil®)
Paxil CR®
Paxil suspension®
Paxil tablet®
Pexeva®
Prozac capsule®
Prozac solution®
Prozac Weekly®
Sarafem®
Selfemra®
sertraline tablet/solution (generic for Zoloft®)
Zoloft solution®
Zoloft tablet®

Non-Preferred

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ANTIHYPERKINESIS

Preferred

Adderall®
 Adderall XR®
 amphetamine salt combo (generic for Adderall®)
 Concerta®
 Daytrana®
 Desoxyn®
 Dexedrine capsule®
 dexamethylphenidate (generic for Focalin®)
 dextroamphetamine capsule/tablet (generic for DextroStat®)
 dextroamphetamine ER (generic for Dexedrine Spansules®)
 Focalin®
 Focalin XR®
 Intuniv®
 Metadate CD®
 Metadate ER®
 Methylin chewable tablet®
 Methylin ER®
 Methylin solution®
 Methylin tablet®
 methylphenidate (generic for Methylin® and Ritalin®)
 methylphenidate ER (generic for Metadate ER® and Methylin ER®)
 methylphenidate SA/SR (generic for Ritalin SR®)
 Procentra®
 Ritalin®
 Ritalin LA®
 Ritalin SR®
 Strattera®
 Vyvanse®

Non-Preferred

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Preferred

fluphenazine decanoate (generic for Prolixin decanoate®)
 Haldol decanoate®
 haloperidol decanoate (generic for Haldol decanoate®)
 Invega Sustenna®
 Risperdal Consta®

Non-Preferred

Oral

Preferred

Abilify Discmelt®
 Abilify solution®
 Abilify tablet®
 Clozapine (generic for Clozaril®)
 Clozaril®
 Fanapt tablet®
 Fazaclor®
 Geodon®
 Invega®
 Risperdal rapid dissolving tablet®
 Risperdal solution®
 Risperdal tablet®
 risperidone ODT/tablet/solution (generic for Risperdal®)
 Saphris®
 Seroquel®
 Seroquel XR®
 Zyprexa tablet®
 Zyprexa Zydis®

Non-Preferred

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CARDIOVASCULAR

ACE INHIBITORS

Preferred

benazepril (generic for Lotensin®)
 captopril (generic for Capoten®)
 enalapril (generic for Vasotec®)
 fosinopril (generic for Monopril®)
 lisinopril (generic for Prinivil® and Zestril®)
 moexipril (generic for Univasc®)
 perindopril (generic for Aceon®)
 quinapril (generic for Accupril®)
 ramipril (generic for Altace®)
 trandolapril (generic for Mavik®)

Non-Preferred

Accupril®
 Aceon®
 Altace Capsule®
 Altace Tablet®
 Lotensin®
 Mavik®
 Monopril®
 Prinivil®
 Univasc®
 Vasotec®
 Zestril®

ACE INHIBITORS DIURETIC COMBINATIONS

Preferred

benazepril/HCTZ (generic for Lotensin HCT®)
 captopril/HCTZ (generic for Capozide®)
 enalapril/HCTZ (generic for Vaseretic®)
 fosinopril/HCTZ (generic for Monopril HCT®)
 lisinopril/HCTZ (generic for Prinzide® and Zestoretic®)
 moexipril/HCTZ (generic for Uniretic®)
 quinapril/HCTZ (generic for Accuretic® and Quinaretic®)

Non-Preferred

Accuretic®
 Lotensin HCT®
 Monopril HCT®
 Quinaretic®
 Prinzide®
 Uniretic®
 Vaseretic®
 Zestoretic®

ACE INHIBITORS CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred

amlodipine-benazepril (generic for Lotrel®)
 Lotrel®
 Tarka®

Non-Preferred

ANGIOTENSIN II RECEPTOR BLOCKERS

Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product

Preferred

Cozaar®
 Diovan®

Non-Preferred

Atacand®
 Avapro®
 Benicar®
 Losartan (generic for Cozaar®)
 Micardis®
 Tevetan®

ANGIOTENSIN II RECEPTOR BLOCKERS DIURETIC COMBINATIONS

Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product

Preferred

Diovan HCT®
 Hyzaar®

Non-Preferred

Atacand HCT®
 Avalide®
 Benicar HCT®
 Losartan/HCTZ (generic for Hyzaar®)
 Micardis HCT®
 Tevetan HCT®

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ANGIOTENSIN II RECEPTOR BLOCKER CALCIUM CHANNEL BLOCKER COMBINATION

Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product

Preferred

Azor®
Exforge®
Exforge HCT®
Twynsta®

Non-Preferred

BETA BLOCKERS

Preferred

acebutolol (generic for Sectral®)
atenolol (generic for Tenormin®)
betaxolol (generic for Kerlone®)
bisoprolol (generic for Zebeta®)
carvedilol (generic for Coreg®)
labetolol (generic for Trandate®)
metoprolol succinate (generic for Toprol XL®)
metoprolol tartrate (generic for Lopressor®)
nadolol (generic for Corgard®)
pindolol (generic for Visken®)
propranolol (generic for Inderal®)
propranolol SA (generic for Inderal LA®)
Sorine®
sotalol (generic for Betapace® and Sorine®)
timolol (generic for Blocadren®)

Non-Preferred

Betapace®
Betapace AF®
Bystolic®
Coreg®
Coreg CR®
Corgard®
Kerlone®
Levatol®
Inderal LA®
Innopran XL®
Lopressor®
Sectral®
Tenormin®
Toprol XL®
Trandate®
Zebeta®

BETA BLOCKERS DIURETIC COMBINATION

Preferred

atenolol/chlorthalidone (generic for Tenoretic®)
bisoprolol/HCTZ (generic for Ziac®)
Corzide®
Lopressor HCT®
metoprolol/HCTZ (generic for Lopressor HCT®)
nadolol/bendroflumethiazide (generic for Corzide®)
propranolol/HCTZ (generic for Inderide®)
Tenoretic®
Ziac®

Non-Preferred

BILE ACID SEQUESTRANTS

Preferred

cholestyramine
cholestyramine light
Colestid granules®
Colestid packet®
Colestid tablet®
colestipol granules/packet/tablet (generic for Colestid®)
Prevalite®
Questran packet®
Questran Light®
Welchol®
Welchol 3.75 packet®

Non-Preferred

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CHOLESTEROL LOWERING AGENTS

Preferred

lovastatin (generic for Mevacor®)
pravastatin (generic for Pravachol®)
simvastatin (generic for Zocor®)

Non-Preferred

Clinical criteria apply

Advicor® Altoprev® Caduet® Crestor® Lescol® Lescol XL®	Lipitor® Mevacor® Pravachol Vytorin® Zetia® Zocor®
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DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred

Afeditab CR® (generic for Adalat CC®)
amlodipine (generic for Norvasc®)
Dynacirc CR®
felodipine ER (generic for Plendil®)
isradipine (generic for Dynacirc®)
nicardipine (generic for Cardene®)
nifediac CC (generic for Adalat CC®)
nifedical XL (generic for Procardia XL®)
nifedipine (generic for Procardia®)
nifedipine ER/SA(generic for Procardia XL®)

Non-Preferred

Adalat®
Adalat CC®
Cardene®
Cardene SR®
Procardia®
Procardia XL®
nisoldipine
Norvasc®
Sular®

DIRECT RENIN INHIBITOR

Requires trial and failure of ACE Inhibitor unless contraindicated or adverse event, even when using a preferred product

Preferred

Tekturna®
Tekturna HCT®
Valturna®

Non-Preferred

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred

Letairis®
Tracleer®

Non-Preferred

EPINEPHRINE, SELF INJECTABLE

Preferred

Adrenaclick®
Epipen®
Epipen Jr. ®
Twinject®
Twinject Jr.®

Non-Preferred

INHALED PROSTACYCLIN ANALOGS

Preferred

Ventavis®
Tyvaso®

Non-Preferred

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred	Non-Preferred
Calan® Calan SR® Cardizem® Cardizem CD® Cardizem LA® Cartia XT® Covera-HS® Dilacor XR® Dilt-CD® Diltia XT® diltiazem diltiazem CD diltiazem ER (generic for Cardizem CD®) diltiazem SR (generic for Cardizem SR®) diltiazem XR (generic for Dilacor XR®) Isoptin SR® Tiazac® Taztia XT® verapamil (generic for Calan®, Isoptin®, and Verelan®) verapamil ER PM (generic for Verelan PM®) Verelan® Verelan PM®	

NIACIN DERIVATIVES

Preferred	Non-Preferred
Niacor® Niaspan® Simcor®	

NITRATE COMBINATION

Preferred	Non-Preferred
Bidil®	

NITROLINGUAL SPRAY

Preferred	Non-Preferred
Nitrolingual Spray®	

ORAL PULMONARY HYPERTENSION

Preferred	Non-Preferred
Adcirca® Revatio®	

PLATELET INHIBITORS

Preferred	Non-Preferred
Aggrenox® dipyridamole (generic for Persantine®) Plavix® ticlopidine (generic for Ticlid®)	Effient® Persantine®

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RANEXA

Preferred	Non-Preferred
Ranexa®	

SELECT ANTI-ARRYTHMICS

Preferred	Non-Preferred
amiodarone (generic for Cordarone®)	Cordarone® Multaq®

TRIGLYCERIDE LOWERING AGENTS

Preferred	Non-Preferred		
gemfibrozil (generic for Lopid®) Tricor® Trilipix®	<p style="color: red; font-size: small;">Exemption for use of Lovaza in patients with triglycerides ≥500mg/dl</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Antara® fenofibrate Fenoglide® Fibricor® fenofibric (generic for Fibricor®)</td> <td style="width: 50%; vertical-align: top;">Lipofen® Lofibra® Lopid® Lovaza®(name change for Omacor®) Triglide®</td> </tr> </table>	Antara® fenofibrate Fenoglide® Fibricor® fenofibric (generic for Fibricor®)	Lipofen® Lofibra® Lopid® Lovaza®(name change for Omacor®) Triglide®
Antara® fenofibrate Fenoglide® Fibricor® fenofibric (generic for Fibricor®)	Lipofen® Lofibra® Lopid® Lovaza®(name change for Omacor®) Triglide®		

CENTRAL NERVOUS SYSTEM

ANTINARCOLEPSY/ANTIHYPERKINESIS

Preferred	Non-Preferred
	<p style="color: red; font-size: small;">Clinical criteria apply</p> Nuvigil® Provigil®

MULTIPLE SCLEROSIS

Preferred	Non-Preferred
Avonex® Avonex Pack® Betaseron® Copaxone® Extavia® Rebif®	

NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Preferred	Non-Preferred
Mirapex® Mirapex ER® pramipexole (generic for Mirapex®) Requip® Requip XL® ropinirole (generic for Requip®)	

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SEDATIVE HYPNOTICS

Quantity limits apply

Preferred

Estazolam (generic for Prosom®)
Flurazepam (generic for Dalmane®)
Temazepam (generic for Restoril®)
Triazolam (generic for Halcion®)
Zolpidem (generic for Ambien®)

Non-Preferred

Ambien® AmbienCR® Doral® Eduar® Halcion® Lunesta®	Restoril® Rozerem® Sonata® Zaleplon (generic for Sonata®)
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SMOKING CESSATION

Preferred

Quantity limits of a 6 months supply per 12 months apply to Chantix

bupropion SR (generic for Zyban®)
Chantix®
Nicorette gum®
nicotine gum
nicotine lozenge
nicotine patch

Non-Preferred

Commit lozenge®
Nicoderm CQ patch®
Nicotrol®
Zyban®

TRIPTANS

Quantity limits apply

Preferred

Maxalt MLT®
sumatriptan tablet/injection/nasal (generic for Imitrex®)

Non-Preferred

Amerge® Axert® Frova® Imitrex tablet/injection/nasal®	Maxalt® Relpax® Treximet® Zomig tablet/spray® Zomig ZMT®
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ENDOCRINOLOGY
INJECTABLE HYPOGLYCEMICS

Rapid Acting Insulin

Preferred		Non-Preferred
Humalog cartridge® Humalog vial® Novolog Flexpen® Novolog vial®		Apidra cartridge® Aprida Solostar® Aprida vial® Humalog Kwikpen® Humalog pen® Novolog cartridge®

Short Acting Insulin

Preferred		Non-Preferred
Humulin R vial® Novolin R vial®		

Intermediate Acting Insulin

Preferred		Non-Preferred
Humulin N vial® Novolin N vial® Humulin N pen®		

Long Acting Insulin

Preferred		Non-Preferred
Lantus Solostar® Lantus vial® Levemir vial®		Lantus cartridge® Levemir FlexPen®

Premixed Combination Insulin

Preferred		Non-Preferred
Humalog Mix 75/25 vial® Humalog Mix 50/50 vial® Novolog Mix 70/30 Flexpen® Novolog Mix 70/30 vial®		Humalog Mix 50/50 Kwikpen® Humalog Mix 75/25 Kwikpen® Humalog Mix 50/50 pen® Humalog Mix 75/25 pen®

Premixed 70/30 Combination Insulin

Preferred		Non-Preferred
Humulin 70/30 vial® Novolin 70/30 vial® Humulin 70/30 pen®		

Amylin Analogs

Requires trial and failure or insufficient response to metformin unless contraindication or adverse event even when using a preferred product

Preferred		Non-Preferred
Symlin® Symlin pen®		

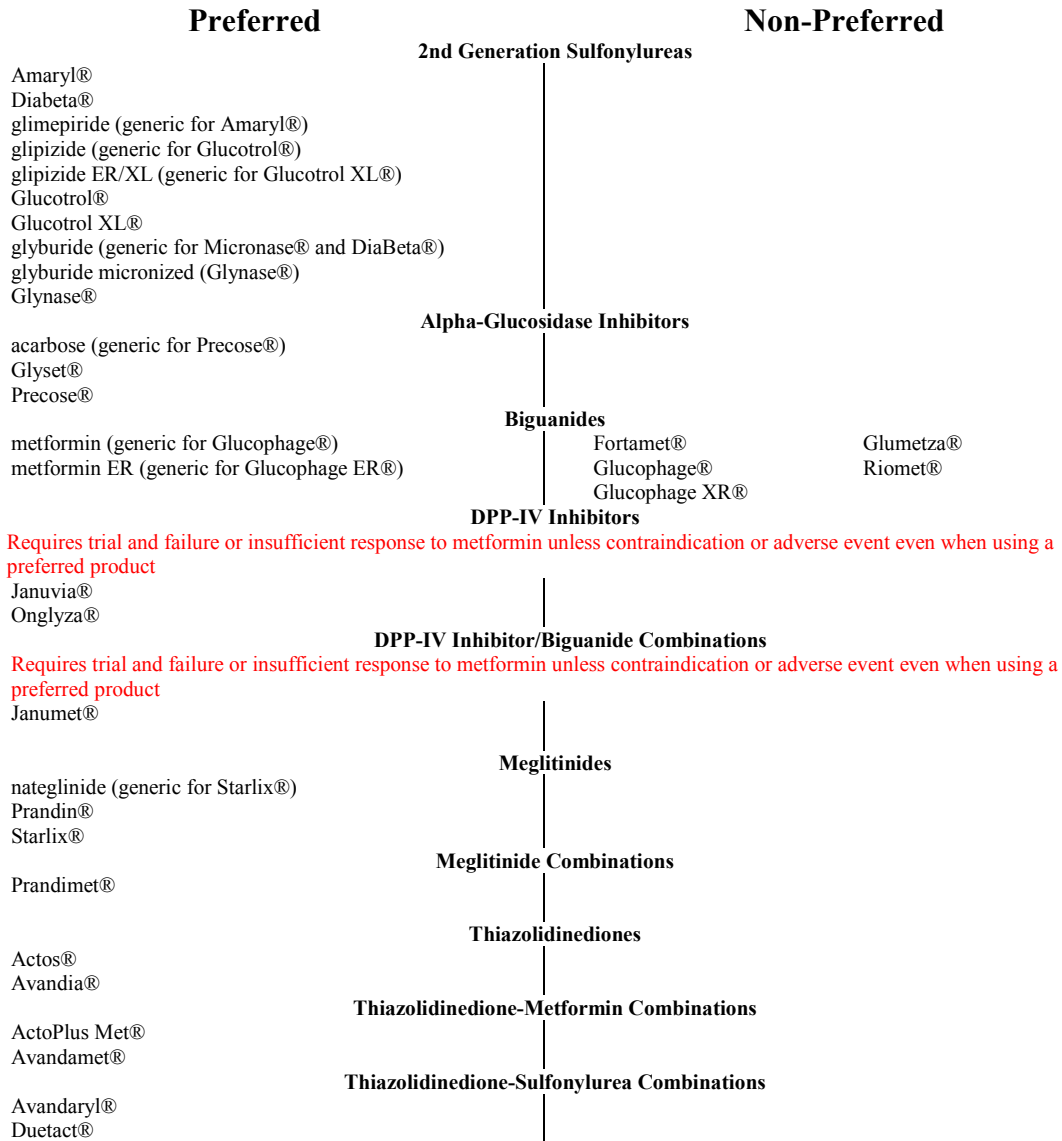
GLP-1 Receptor Agonists

Requires trial and failure or insufficient response to metformin unless contraindication or adverse event even when using a preferred product

Preferred		Non-Preferred
Byetta® Victoza®		

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ORAL HYPOGLYCEMICS



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GROWTH HORMONE

Clinical criteria apply

Preferred

Genotropin cartridge/syringe®
Humatrope cartridge/vial®
Norditropin cartridge/vial®
Norditropin Nordiflex®
Nutropin®
Nutropin AQ cartridge/vial®
Nutropin AQ Nuspin®
Nutropin Depot®
Omnitrope cartridge/vial®
Saizen cartridge/vial ®
Serostim®
TevTropin®
Zorbtive®

Non-Preferred

GASTROINTESTINAL

BILE ACID SALTS

Preferred

Urso®
Urso Forte®
Ursodiol (generic for Urso®)
Ursodiol forte (generic for Urso Forte®)

Non-Preferred

H. PYLORI COMBINATIONS

Preferred

Prevpac®

Non-Preferred

Helidac®
Pylera®

HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred

famotidine (generic for Pepcid®)
ranitidine tablet/syrup (generic for Zantac®)

Non-Preferred

Axid capsule/solution®
cimetidine tablet/syrup
(generic for Tagamet®)
nizatidine capsule/solution
(generic for Axid®)

Pepcid tablet/suspension®
Zantac tablet/ effervescent
tablet/syrup®

ORAL ANTIEMETICS

Preferred

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

5HT3

Anzemet®
granisetron tablets (generic
for Kytril®)

Kytril tablet®
Sancuso®
Zofran ODT/tablet/solution®

NK1

Clinical criteria apply

Emend®

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

PROGESTINS USED FOR CACHEXIA

Preferred	Non-Preferred
megestrol (generic for Megace®)	Megace® Megace ES®

PROTON PUMP INHIBITORS

Preferred	Non-Preferred	
Nexium capsules® omeprazole (generic for Prilosec®) (RX) omeprazole OTC (generic for Prilosec® OTC) Prilosec OTC®	<p style="color: red; margin: 0;">Exemption applies to patients < 12 years old</p> Aciphex® Dexilant® (formerly Kapidex®) lansoprazole (generic for Prevacid®) Nexium suspension® pantoprazole (generic for Protonix®) <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; padding-left: 20px;"> Prevacid capsules® Prevacid disintegrating tablets® Prevacid OTC® Prilosec suspension® (Rx) Prilosec capsules® (Rx) Protonix® Protonix suspension® Zegerid OTC® </td> </tr> </table>	Prevacid capsules® Prevacid disintegrating tablets® Prevacid OTC® Prilosec suspension® (Rx) Prilosec capsules® (Rx) Protonix® Protonix suspension® Zegerid OTC®
Prevacid capsules® Prevacid disintegrating tablets® Prevacid OTC® Prilosec suspension® (Rx) Prilosec capsules® (Rx) Protonix® Protonix suspension® Zegerid OTC®		

SELECTIVE CONSTIPATION AGENTS

Preferred	Non-Preferred
Amitiza®	(None listed)

ULCERATIVE COLITIS

Preferred	Non-Preferred						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Apriso® Asacol® Asacol HD® Azulfidine DR® Azulfidine IR® balsalazide (generic for Colazal®) Colazal® Dipentum® Lialda® Pentasa® sulfasalazine IR/DR (generic for Azulfidine®) </td> <td style="width: 50%; vertical-align: top;"> Canasa suppository® Mesalamine enema/kit (generic for Rowasa®) Rowasa enema® Rowasa enema kit® SFRowasa® </td> </tr> </table>	Apriso® Asacol® Asacol HD® Azulfidine DR® Azulfidine IR® balsalazide (generic for Colazal®) Colazal® Dipentum® Lialda® Pentasa® sulfasalazine IR/DR (generic for Azulfidine®)	Canasa suppository® Mesalamine enema/kit (generic for Rowasa®) Rowasa enema® Rowasa enema kit® SFRowasa®	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black; padding: 5px 0;">Oral</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center; border-top: 1px solid black; padding: 5px 0;">Rectal</td> <td style="width: 50%;"></td> </tr> </table>	Oral		Rectal	
Apriso® Asacol® Asacol HD® Azulfidine DR® Azulfidine IR® balsalazide (generic for Colazal®) Colazal® Dipentum® Lialda® Pentasa® sulfasalazine IR/DR (generic for Azulfidine®)	Canasa suppository® Mesalamine enema/kit (generic for Rowasa®) Rowasa enema® Rowasa enema kit® SFRowasa®						
Oral							
Rectal							

GENITOURINARY/RENAL

ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

Preferred	Non-Preferred
Rapaflo® tamsulosin (generic for Flomax®) Uroxatral®	Flomax®

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

ANDROGEN HORMONE INHIBITORS

Preferred

Avodart®
finasteride (generic for Proscar®)
Proscar®

Non-Preferred

ELECTROLYTE DEPLETERS

Preferred

calcium acetate(generic for Phoslo®)
Eliphos®
Fosrenol®
PhosLo®
Renagel®
Renvela®
Renvela Powder Pack®

Non-Preferred

URINARY ANTISPASMODICS

Preferred

Enablex®
oxybutynin tablet/syrup (generic for Ditropan®)
Vesicare®

Non-Preferred

Detrol®
Detrol LA®
Ditropan XL®
Gelnique®
oxybutynin ER (generic for
Ditropan XL®)

Oxytrol®
Sanctura®
Sanctura XR®
Toviaz®

GOUT

MISCELLANEOUS

Preferred

colchicine
probenecid

Non-Preferred

colchicine/probenecid
Colcrys®

XANTHINE OXIDASE INHIBITORS

Preferred

allopurinol (generic for Zyloprim®)

Non-Preferred

Uloric®
Zyloprim®

HEMATOLOGIC

HEMATOPOIETIC AGENTS

Clinical criteria apply

Preferred

Aranesp®
Epogen®
Procrit®

Non-Preferred

LOW MOLECULAR WEIGHT HEPARIN

Preferred

Arixtra®
Fragmin®
Lovenox®

Non-Preferred

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

THROMBOPOIESIS STIMULATING AGENTS

Preferred	Non-Preferred
Neumega® Nplate® Promacta®	

OPHTHALMIC ANALGESIC

Preferred	Non-Preferred
Durezol®	

ANTI-HISTAMINES

Preferred	Non-Preferred
Pataday® Patanol®	azelastine (generic for Optivar®) Bepreve® Elestat® Emadine® Optivar®

GLAUCOMA

Preferred	Non-Preferred
Alphagan P® apraclonidine (generic for Iopidine®) brimonidine (generic for Alphagan®) Iopidine® Betagan® betaxolol (generic for Betoptic®) Betimol® Betoptic® Betoptic S® carteolol (generic for Ocupress®) Combigan® Istalol® levobunolol (generic for Betagan®) metipranolol (generic for OptiPranolol®) Optipranolol® timolol drops (generic for Timoptic®) timolol sol-gel (generic for Timoptic XE®) Timoptic® Timoptic XE® Azopt® Cosopt® dorzolamine (generic for Trusopt®) dorzolamine/timolol (generic for Cosopt®) Trusopt® Travatan® Travatan Z® Xalatan®	<div style="text-align: center; margin-bottom: 10px;">Alpha 2 Adrenergic Agents</div> <div style="text-align: center; margin-bottom: 10px;">Beta Blocker Agents</div> <div style="text-align: center; margin-bottom: 10px;">Carbonic Anhydrase Inhibitors</div> <div style="text-align: center;">Prostaglandin Agonists Lumigan®</div>

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

MACROLIDES

Preferred	Non-Preferred
Azasite®	

MAST CELL STABILIZERS

Preferred	Non-Preferred
Alamast® Alocril® Alomide® Cromol® cromolyn sodium (generic for Cromolom®)	

NONSTEROIDAL ANTIINFLAMMATORY

Preferred	Non-Preferred
diclofenac drops (generic for Voltaren oph drops®) flurbiprofen (generic for Ocufer®) ketorolac 0.5% (generic for Acular®) ketorolac 0.4% (generic for Acular LS®)	Acular® Acular LS® Acuvail® Nevanac® Ocufer® Voltaren drops® Xibrom®

QUINOLONES

Preferred	Non-Preferred
ciprofloxacin drops (generic for Ciloxan®) ofloxacin drops (generic for Ocuflor®) Vigamox®	Besivance® Ciloxan drop/ointment® Iquix® Ocuflor® Quixin® Zymar®

OSTEOPOROSIS

BONE FORMATION AGENTS

Preferred	Non-Preferred
alendronate tablet (generic for Fosamax®)	Actonel® Actonel with Calcium® Boniva® Boniva IV® Forteo® Fosamax Plus D® Fosamax tablet/solution® Reclast®

NASAL CALCITONINS

Preferred	Non-Preferred
calcitonin salmon nasal (generic for Miacalcin®) Fortical® Miacalcin®	

OTIC

QUINOLONES

Preferred	Non-Preferred
Ciprodex® ofloxacin otic drops	Cetraxal® Cipro HC® Floxin drops®

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

RESPIRATORY
BETA-ADRENERGIC HANDHELD, LONG ACTING

Preferred	Non-Preferred
Serevent Diskus® Foradil®	

BETA-ADRENERGICS HANDHELD, SHORT ACTING

Preferred	Non-Preferred
Proventil HFA® Ventolin HFA®	Maxair Autohaler® Proair HFA® Relion Ventolin HFA® Xopenex HFA®

BETA-ADRENERGIC NEBULIZER, SHORT ACTING

Preferred	Non-Preferred
albuterol sulfate	Exemption for use of Accuneb/generic Accuneb in patients < 2 years old Accuneb® albuterol (generic of Accuneb®) levalbuterol solution (generic of Xopenex®) Xopenex®

BETA-ADRENERGIC NEBULIZER, LONG ACTING
--

Preferred	Non-Preferred
Brovana® Perforomist®	

COPD ANTICHOLINERGICS

Preferred	Non-Preferred
Atrovent HFA® Combivent® Spiriva® ipratropium bromide solution	Duoneb® ipratropium-albuterol (generic for Duoneb®)

CORTICOSTEROIDS

Preferred	Non-Preferred
budesonide suspension QVAR®	Clinical criteria apply Aerobid® Aerobid M® Alvesco® Pulmicort Flexhaler® Pulmicort Respules® Asmanex® Azmacort® Flovent Diskus® Flovent HFA®

CORTICOSTEROID COMBINATION

Preferred	Non-Preferred
Advair Diskus® Advair HFA® Symbicort®	

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

DECONGESTANT ANTIHISTAMINE COMBINATION

Preferred

Non-Preferred

Vazobid®
Vazotab®

INTRANASAL ANTIHISTAMINES

Preferred

Non-Preferred

Astelin®
Astepro Nasal Spray®
Patanase®

LEUKOTRIENE FORMULATION INHIBITORS

Clinical criteria apply

Preferred

Non-Preferred

Zyflo CR®

LEUKOTRIENE MODIFIERS

Clinical criteria apply

Preferred

Non-Preferred

Accolate®
Singulair chewable tablet®
Singulair granules®
Singulair tablet®

LOW SEDATING ANTIHISTAMINES

Preferred

Non-Preferred

cetirizine OTC tablets/syrup (generic for Zyrtec OTC®)
loratadine OTC ODT/tablets/syrup (generic for Claritin OTC®)

Allegra ODT/tablet/suspension®
cetirizine OTC chewable tablet (generic for Zyrtec OTC®)
cetirizine RX syrup (generic for Zyrtec®)
Clarinet ODT/tablet/syrup®
fexofenadine (generic for Allegra®)
Xyzal tablet/solution®

LOW SEDATING ANTIHISTAMINE COMBINATION

Quantity limits of 102 days supply per 12 months apply

Preferred

Non-Preferred

cetirizine-D OTC
loratadine-D OTC 12 hour
loratadine-D OTC 24 hour

Allegra-D 12 Hour®
Allegra-D 24 Hour®
Clarinet-D 12 Hour®
Clarinet-D 24 Hour®
fexofenadine/PSE 12 hour (generic for Allegra-D 12 hour®)
Semprex-D®

NASAL CORTICOSTEROIDS

Preferred

Non-Preferred

Exemption applies to patients < 4 years old

flunisolide (generic for Nasarel®)
fluticasone (generic for Flonase®)

Beconase AQ®
Flonase®
flunisolide (generic of Nasalide®)
Nasacort AQ®
Nasarel®
Nasonex®
Omnaris®
Rhinocort Aqua®
Veramyst®

**North Carolina Division of Medical Assistance
Preferred Drug List (PDL)**

TOPICALS
ANESTHETICS

Preferred	Non-Preferred
<p>Voltaren gel®</p>	<p style="color: red; font-size: small;">Clinical criteria apply to Lidoderm</p> <p>Flector® Lidoderm® Pennsaid® Qutenza®</p>

ANDROGENIC AGENTS

Preferred	Non-Preferred
<p>Androderm® Androgel®</p>	<p>Testim®</p>

ANTIBIOTIC

Preferred	Non-Preferred
<p>Altabax® Bactroban cream® mupirocin (generic of Bactroban®)</p>	<p>Bactroban nasal® Bactroban ointment® Centany®</p>

ANTIFUNGAL

Preferred	Non-Preferred
<p>Naftin cream® Naftin gel®</p>	

ANTIPARASITICS

Preferred	Non-Preferred
<p>Acticin® Eurax lotion® Eurax cream® Lindane lotion® Lindane shampoo® malathion lotion (generic for Ovide®) Ovide lotion® permethrin cream Rx (generic for Acticin®) Ulesfia®</p>	

ANTIVIRAL

Preferred	Non-Preferred
<p>Zovirax ointment®</p>	<p>Zovirax cream® Denavir®</p>

BENZOYL PEROXIDE, CLINDAMYCIN, & ACZONE PRODUCTS

Preferred	Non-Preferred
<p>BenzaClin® BenzaClin Carekit®</p>	<p>Acanya gel® Aczone® clindamycin-benzoyl gel (generic of BenzaClin®) Duac CS®</p>

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

IMMUNOMODULATORS

Clinical criteria apply

Preferred

Elidel®
Protopic®

Non-Preferred

ONYCHOMYCOSIS ANTIFUNGAL

Preferred

ciclopirox (generic for Penlac®)
CNL 8®
Penlac®

Non-Preferred

PSORIASIS

Preferred

calcipotriene (generic for Dovonex®)
Dovonex®
Dovonex solution®
Taclonex®
Taclonex scalp®
Vectical®

Non-Preferred

RETINOIDS

Preferred

Differin®
Epiduo®
Retin-A Micro®
tretinoin (generic of Retin-A®)

Non-Preferred

Atralin®
Avita®
Retin-A®
Retin-A Micro Pump®
Tazorac®
Ziana®

MISCELLANEOUS

IMMUNOSUPPRESSANTS

Preferred

Azasan®
azathioprine (generic for Imuran®)
Cellcept capsule®
Cellcept suspension®
Cellcept tablet®
cyclosporine capsule/solution (generic for Gengraf®)
Gengraf capsule/solution®
Imuran®
mycophenolate (generic for Cellcept®)
Myfortic®
Neoral capsule/solution®
Prograf®
Rapamune solution®
Rapamune tablet®
Sandimmune capsule/solution®
tacrolimus (generic for Prograf®)

Non-Preferred

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

OPIOID DEPENDENCE

Clinical criteria apply

Preferred	Non-Preferred
Suboxone®	Buprenorphine (generic for Subutex®) Subutex®

PREFERA-OB

Preferred	Non-Preferred
HIP Prenatal® Prefera-OB® Trifera-OB®	

PRENATE

Preferred	Non-Preferred
Prenate DHA® Prenate Elite® PNV-DHA® PNV-Select®	

SELF ADMINISTERED RHEUMATOID ARTHRITIS

Preferred	Non-Preferred
Actemra® Cimzia Kit/Syringe Kit® Enbrel® Humira® Kineret® Orencia® Remicade® Simponi® Stelara®	

SKELETAL MUSCLE RELAXANTS

Preferred	Non-Preferred
baclofen (generic for Lioresal®) carisoprodol (generic for Soma®) carisoprodol compound (generic for Soma Compound®) chlorzoxazone (generic for Parafon Forte®) cyclobenzaprine (generic for Flexeril®) dantrolene sodium (generic for Dantrium®) Dantrium capsule® methocarbamol (generic for Robaxin®) tizanidine (generic for Zanaflex®) orphenadrine citrate (generic for Norflex®) orphenadrine compound/forte (generic for Norgesic/Forte®)	Amrix® Dantrium vial® Fexmid® Lioresal intrathecal® Norflex® Parafon Forte® Robaxin tablet/vial® Skelaxin® Soma® Zanaflex capsule/tablet®

North Carolina Division of Medical Assistance Preferred Drug List (PDL)

DIABETIC SUPPLIES

Prodigy Diabetes Care, LLC, is N.C. Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, lancing devices, and syringes for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted under the pharmacy point-of-sale system with a prescription. Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Medical Assistance at 919-855-4310 (DME), 919-855-4300 (Pharmacy) or Prodigy Diabetic Care, LLC at 1-866-540-4816.

Prodigy AutoCode® Talking Meter Kit
Prodigy Voice™ Meter Kit
Prodigy™ No Coding Test Strips
Prodigy Control Solution (Low, High)
Prodigy Pocket™ Meter Kit (Black, Pink, Blue, Green,
Camouflage, Pink Camouflage)

Prodigy Twist Top Lancets 28G
Prodigy Safety Lancets 28G
Prodigy Lancing Device, Adj. Depth w/ Clear Cap
Prodigy Syringe 28G 12.7mm – 1 cc (100 ct)
Prodigy Syringe 31G 8mm – 1/2 cc (100 ct)
Prodigy Syringe 31G 8mm – 1/3 cc (100 ct)
Prodigy Safety Syringe 29G 12.7mm – 1/2 cc (100 ct)