

**North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice
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

Preferred

Aricept® 5 mg, 10 mg
Aricept ODT®
Exelon capsule®
Exelon patch®
Exelon solution®
Namenda tablet®
Namenda solution®

Non-Preferred

Aricept® 23mg
Cognex®
donepezil tablets/ ODT (generic for Aricept®)
galantamine tablet/solution (generic for Razadyne®)
galantamine ER (generic for Razadyne ER®)
Razadyne tablet/solution®
Razadyne ER®
rivastigmine (generic for Exelon®)

ANALGESICS

NSAIDS

Non-Selective

Preferred

diclofenac sodium (generic for Voltaren®)
etodolac (generic for Lodine®)
flurbiprofen (generic for Ansaid®)
ibuprofen (generic for Motrin®)
indomethacin (generic for Indocin®)
ketoprofen (generic for Orudis®/Oruvail®)
ketorolac (generic for Toradol®)
nabumetone (generic for Relafen®)
naproxen (generic for Naprosyn®)
piroxicam (generic for Feldene®)
sulindac (generic for Clinoril®)

Non-Preferred

Arthrotec®
diflunisal (generic for Dolobid®)
fenoprofen (generic for Nalfon®)
Indocin®
meclofenamate (generic for Meclomen®)
mefenamic Acid (generic for Ponstel®)
meloxicam (generic for Mobic®)
Mobic tablet/suspension®
oxaprozin (generic for Daypro®)
tolmetin (generic for Tolectin®)
Zipsor®

Preferred

Celebrex® Clinical criteria apply

Non-Preferred

Vimovo®

NARCOTIC ANALGESICS

Long Acting
Clinical criteria apply

Preferred

fentanyl patch (generic for Duragesic®)
Kadian®
morphine sulfate SA (generic MS Contin®)
Opana ER®

Non-Preferred

Avinza®
Butrans®
Duragesic®/ Matrix®
Embeda®
Exalgo®
MS Contin®
Oxycodone SA
Oxycontin®
oramorph SR (generic for MS Contin®)

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Orally Disintegrating Schedule II Narcotics

Clinical criteria apply

| Preferred | | Non-Preferred |
|---------------------------------------|--|--|
| fentanyl citrate (generic for Actiq®) | | Abstral® Actiq® Fentora® Onsolis® |

Short Acting Schedule II Narcotics

Clinical criteria apply

| Preferred | | Non-Preferred |
|--|--|--|
| hydromorphone (generic for Dilaudid®) meperidine (generic for Demerol®) morphine oxycodone (generic for Roxicodone®) oxycodone/acetaminophen (generic for Percocet®) | | codeine Combunox® Demerol® Dilaudid® Endodan® levorphanol (generic for Levo-Dromoran®) Magnacet® Nucynta® Opana® oxycodone/aspirin (generic for Percodan®) oxycodone/ibuprofen (generic for Cobunox®) OxyIR® oxymorphone (generic for Opana®) Percocet® Percodan® Roxicodone® Tylox® Xolox® |

Schedule III – IV Analgesic Combinations

| Preferred | | Non-Preferred |
|--|--|---|
| codeine/acetaminophen (generic for Tylenol with Codeine®) hydrocodone/acetaminophen (generic for Vicodin®) pentazocine/acetaminophen (generic for Talacen®) hydrocodone/ibuprofen (generic for Vicoprofen®) | | butalbital compound with codeine dihydrocodeine/APAP/caffeine Hycet® Ibudone® pentazocine/naloxone (generic for Talwin NX®) Reprexain® Trezix® Tylenol® with codeine Vicoprofen® Zamicet® Zolvit® |

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 | | Non-Preferred |
|--|--|---|
| tramadol (generic for Ultram®) tramadol/acetaminophen (generic for Ultracet®) | | Ryzolt ER® Rybitx ODT® tramadol SR (generic for Ultram ER®) Ultracet® Ultram® Ultram ER® |

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| |
|----------------------------------|
| ANTICONVULSANTS |
| CARBAMAZEPINE DERIVATIVES |

| Preferred | Non-Preferred |
|---|----------------------|
| <p>carbamazepine (generic for Tegretol® and Epitol®) carbamazepine XR (generic for Tegretol XR®) Carbatrol® Epitol® Equetro® oxcarbazepine (generic for Trileptal®) Tegretol ® Tegretol XR ® Trileptal®</p> | |

| |
|-------------------------|
| FIRST GENERATION |
|-------------------------|

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

| |
|--------------------------|
| SECOND GENERATION |
|--------------------------|

| Preferred | Non-Preferred |
|--|--|
| <p>gabapentin (generic for Neurontin®) Gabitril® lamotrigine (generic for Lamictal®) levetiracetam (generic for Keppra®) topiramate tablet/sprinkle caps (generic for Topamax®) zonisamide (generic for Zonegran®)</p> | <p style="color: red; text-align: center;">Clinical criteria apply to Lyrica, Lamictal, Lamictal XR, and Topamax products. Exemption applies to patients with seizure disorder.</p> <p>Banzel® Keppra® Keppra XR® Lamictal/ODT® Lamictal XR® Lyrica® Neurontin® Sabril® Topamax®/Topamax Sprinkle® Vimpat® Zonegran®</p> |

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| |
|--|
| ANTI-INFECTIVES-SYSTEMIC |
| ANTIBIOTICS, CEPHALOSPORINS AND RELATED |

| Preferred | Non-Preferred |
|---|--|
| amoxicillin/clavulanate amoxicillin/clavulanate XR Cedax® cefadroxil (generic for Duricef®) cefdinir(generic for Omnicef®) cefditoren (generic for Spectracef®) cefpodoxime (generic for Vantin®) cefprozil (generic for Cefzil®) Cefitin® tablet cefuroxime tablet/suspension (generic for Cefitin®) cephalexin (generic for Keflex®) Suprax® | Augmentin® Ceclor® cefaclor (generic for Ceclor®) cefaclor ER Cefitin suspension® Spectracef® |

| |
|---|
| ANTIBIOTICS, LINCOSAMIDES / OXAZOLIDINONES |
|---|

| Preferred | Non-Preferred |
|---|--|
| clindamycin capsules/solution (generic for Cleocin®) Cleocin® granules Zyvox Oral ® | Cleocin® capsules Synercid® Zyvox® Injection |

| |
|--|
| ANTIBIOTICS, MACROLIDES / KETOLIDES |
|--|

| Preferred | Non-Preferred |
|--|---|
| azithromycin (generic for Zithromax®) clarithromycin(generic for Biaxin®) erythromycin erythromycin base erythromycin ethylsuccinate | Biaxin® Biaxin XL® clarithromycin ER (generic for Biaxin XL®) Ketek® Zithromax ® Zmax® |

| |
|------------------------------------|
| ANTIBIOTICS, NITROMIDAZOLES |
|------------------------------------|

| Preferred | Non-Preferred |
|-------------------------------------|------------------------------------|
| metronidazole (generic for Flagyl®) | Flagyl® Flagyl ER® Tindamax® |

| |
|--------------------------------|
| ANTIBIOTICS, QUINOLONES |
|--------------------------------|

| Preferred | Non-Preferred |
|---|--|
| Avelox® Avelox ABC® ciprofloxacin tablet (generic for Cipro®) Cipro suspension® ofloxacin (generic for Floxin®) | Cipro tablet® Cipro XR® ciprofloxacin ER (generic for Cipro XR®) Factive® Levaquin® Noroxin® Proquin XR® |

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ANTIBIOTICS, TETRACYCLINE DERIVATIVES

Preferred

doxycycline hyclate IR
minocycline capsules IR
tetracycline

Non-Preferred

Clinical justification required and failure of
doxycycline and minocycline.
Solodyn ER limited to 12 week supply

Adoxa®
Adoxa Pak®
Doryx DR®
demeclocycline
doxycycline hyclate DR (generic for Doryx DR®)
doxycycline monohydrate
Dynacin®
minocycline HCl tablet (generic for Dynacin®)
minocycline ER
Morgidox Kit®
Oracea®
Solodyn ER®
Vibramycin®

ANTIFUNGALS, ORAL

Preferred

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

Non-Preferred

Ancobon®
clotrimazole
Grifulvin V®
itraconazole (generic for Sporanox®)
Lamisil®
Noxafil®
Oravig®
Sporanox®
Terbinex®
Vfend®

ANTIVIRALS, HEPATITIS B AGENTS

Preferred

Baraclude
EpiVir HBV
Hepsera®
Tyzeka®
Viread®

Non-Preferred

ANTIVIRALS, HEPATITIS C AGENTS

Preferred

PEG-Intron®
PEG-Intron Redipen®
Pegasys®
Pegasys Conv. Pack®
Copegus®
Rebetol®
Ribapak®
Ribasphere®
ribavirin

Non-Preferred

Infergen®

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ANTIVIRALS, HERPES TREATMENT

Preferred

acyclovir (generic for Zovirax®)
famciclovir (generic for Famvir®)
valacyclovir (generic for Valtrex®)
Valtrex®

Non-Preferred

Famvir®
Zovirax®

ANTIVIRALS, INFLUENZA

Preferred

amantadine (generic for Symmetrel®)
rimantadine (generic for Flumadine®)
Tamiflu®

Non-Preferred

Relenza®

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

New Generation

Preferred

Aplenzin®
bupropion (generic for Wellbutrin®)
bupropion SA (generic for Wellbutrin SR®)
bupropion XL (generic for Wellbutrin XL®)
Desyrel®
Emsam®
maprotiline (generic for Ludiomil®)
mirtazapine (generic for Remeron®)
nefazodone (generic for Serzone®)
Oleptro®
Remeron®
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 (generic for Effexor XR®)

Non-Preferred

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Selective Serotonin Reuptake Inhibitors

Preferred

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

Non-Preferred

ANTIHYPERKINESIS

Preferred

Adderall®/Adderall XR®
 amphetamine salt combo (generic for Adderall®)
 Concerta®
 Daytrana®
 Desoxyn®
 Dexedrine capsule®
 dexmethylphenidate (generic for Focalin®)
 dextroamphetamine capsule/tablet (generic for DextroStat®)
 dextroamphetamine ER (generic for Dexedrine Spansules®)
 Focalin®/Focalin XR®
 Intuniv®
 Kapvay®
 Metadate CD®/Metadate ER®
 methamphetamine
 Methylin®/Methylin ER®
 methylphenidate (generic for Methylin® and Ritalin®)
 methylphenidate extended release (generic Concerta®)
 methylphenidate ER (generic MetadateER®/MethylinER®)
 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

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ATYPICAL ANTIPSYCHOTICS

Oral

Preferred

Abilify®
clozapine (generic for Clozaril®)
Clozaril®
Fanapt tablet®
Fazaclor®
Geodon®
Invega®
Latuda®
Risperdal®/Risperdal M®
risperidone (generic for Risperdal®)
Saphris®
Seroquel®/Seroquel XR®
Zyprexa®/Zyprexa Zydis®

Non-Preferred

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 Univas®)
perindopril (generic for Aceon®)
quinapril (generic for Accupril®)
ramipril (generic for Altace®)
trandolapril (generic for Mavik®)

Non-Preferred

Accupril®
Aceon®
Altace®
Lotensin®
Mavik®
Monopril®
Prinivil®
Univas®
Vasotec®
Zestril®

ACE INHIBITOR 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 INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred

amlodipine/benazepril (generic for Lotrel®)
Lotrel®

Non-Preferred

Tarka®
trandolapril/verapamil (generic for Tarka®)

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ANGIOTENSIN II RECEPTOR BLOCKERS

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

Preferred

Diovan®
losartan (generic for Cozaar®)

Non-Preferred

Atacand®
Avapro®
Benicar®
Cozaar®
Edarbi®
Micardis®
Tevetan®

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

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

Preferred

Diovan HCT®
losartan/HCTZ (generic for Hyzaar®)

Non-Preferred

Atacand HCT®
Avalide®
Benicar HCT®
Hyzaar®
Micardis HCT®
Tevetan HCT®

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

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

Preferred

Azor®
Exforge®
Exforge HCT®
Tribenzor®
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®

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BETA BLOCKER 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®
colestipol (generic for Colestid®)
Prevalite®
Questran®
Questran Light®
Welchol®

Non-Preferred

CHOLESTEROL LOWERING AGENTS

Preferred

Crestor preferred only after a documented failure of generic simvastatin after a period of least 2 months on the maximum dose appropriate and tolerated by the patient
Crestor®
lovastain (generic for Mevacor®)
pravastatin (generic for Pravachol®)
simvastatin (generic for Zocor®)

Non-Preferred

Clinical criteria apply

Advicor®
Altoprev®
Caduet®
Lescol®
Lescol XL®
Lipitor®
Livalo®
Mevacor®
Pravachol®
Vytorin®
Zetia®
Zocor®

CORONARY VASODILATORS

Preferred

isosorbide dinatrate (generic for Dilirate SR®)
isosorbide mononitrate (generic for Imdur®)
nitroglycerin

Non-Preferred

Dilirate SR®
Imdur®
Nitrolingual® spray
Nitromist®

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DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred

Afedatab 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

Amturide®
Tekamlo®
Tekturna®
Tekturna HCT®
Valturna®

Non-Preferred

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred

Letairis®
Tracleer®

Non-Preferred

INHALED PROSTACYCLIN ANALOGS

Preferred

Ventavis®
Tyvaso®

Non-Preferred

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

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®

Non-Preferred

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NIACIN DERIVATIVES

| Preferred | Non-Preferred |
|--------------------------------|----------------------|
| Niacor® Niaspan® Simcor® | |

NITRATE COMBINATION

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

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® |

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 align="center">Exemption for use of Lovaza in patients with triglycerides ≥500mg/dl</p> Antara® fenofibrate Fenoglide® Fibricor® fenofibric (generic for Fibricor®) Lipofen® Lofibra® Lopid® Lovaza®(name change for Omacor®) Triglide® |

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CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to triptans

Preferred

Maxalt MLT®
sumatriptan (generic for Imitrex®)

Non-Preferred

Amerge®
Axert®
Frova®
Imitrex®
Maxalt®
naratriptan (generic for Amerge®)
Relpax®
Treximet®
Zomig ®/Zomig ZMT®

Cambia®

ANTINARCOLEPSY/ANTIHYPERKINESIS

Preferred

Non-Preferred

Clinical criteria apply

Nuvigil®
Provigil®

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred

benztropine (generic for Cogentin®)
bromocriptine (generic for Parlodel®)
carbidopa/levodopa (generic for Sinemet®)
carbidopa/levodopa ODT (generic for Sinemet ODT®)
Mirapex®/Mirapex ER®
pramipexole (generic for Mirapex®)
Requip XL®
ropinirole (generic for Requip®)
selegiline
trihexyphenidyl

Non-Preferred

Azilect®
Cogentin®
Comtan®
Parlodel®
Requip®
Sinemet®/Sinemet ODT®
Stalevo®
Tasmar®
Zelapar®

MULTIPLE SCLEROSIS

Preferred

Avonex®
Avonex Pack®
Betaseron®
Copaxone®
Rebif®

Non-Preferred

Ampyra and Gilenya require trial and failure of one preferred agent with presence of injection site reaction

Ampyra®
Extavia®
Gilenya®

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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®
Silenor®
Sonata®
Zaleplon (generic for Sonata®)
zolpidem ER (generic for Ambien CR®)
Zolpimist®

SMOKING CESSATION

Preferred

Quantity limits of a 6 months supply per 12 months supply 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®

ENDOCRINOLOGY

INJECTABLE HYPOGLYCEMICS

Rapid Acting Insulin

Preferred

Humalog cartridge®
Humalog vial®
Novolog Flexpen®
Novolog vial®

Non-Preferred

Apidra cartridge®
Aprida Solostar®
Aprida vial®
Humalog Kwikpen®
Humalog pen®
Novolog cartridge®

Short Acting Insulin

Preferred

Humulin R vial®
Novolin R vial®

Non-Preferred

Intermediate Acting Insulin

Preferred

Humulin N vial®
Novolin N vial®
Humulin N pen®

Non-Preferred

Long Acting Insulin

Preferred

Lantus Solostar®
Lantus vial®
Levemir vial®

Non-Preferred

Lantus cartridge®
Levemir FlexPen®

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

Premixed Combination Insulin

Preferred

Humalog Mix 75/25 vial®
Humalog Mix 50/50 vial®
Novolog Mix 70/30 Flexpen®
Novolog Mix 70/30 vial®

Non-Preferred

Humalog Mix 50/50 Kwikpen®
Humalog Mix 75/25 Kwikpen®

Premixed 70/30 Combination Insulin

Preferred

Humulin 70/30 vial®
Novolin 70/30 vial®
Humulin 70/30 pen®

Non-Preferred

Amylin Analogs

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

Preferred

Symlin®
Symlin pen®

Non-Preferred

GLP-1 Receptor Agonists

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

Preferred

Byetta®

Non-Preferred

Continuation of therapy requires documentation that clinical goals have been met

Victoza®

ORAL HYPOGLYCEMICS

Preferred

Amaryl®
Diabeta®
glimepiride (generic for Amaryl®)
glipizide (generic for Glucotrol®)
glipizide ER/XL (generic for Glucotrol XL®)
Glucotrol®
Glucotrol XL®
glyburide (generic for Micronase® and DiaBeta®)
glyburide micronized (Glynase®)
Glynase®

2nd Generation Sulfonylureas

Alpha-Glucosidase Inhibitors

acarbose (generic for Precose®)
Glyset®
Precose®

Biguanides

metformin (generic for Glucophage®)
metformin ER (generic for Glucophage ER®)

Non-Preferred

Fortamet®
Glucophage®
Glucophage XR®
Glumetza®
Riomet®

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

DPP-IV Inhibitors and Combinations

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

Januvia®
Janumet®
Kombiglyze XR®
Onglyza®

Meglitinides

nateglinide (generic for Starlix®)
Prandin®
Starlix®

Meglitinide Combinations

Prandimet®

Thiazolidinediones

Actos®
Avandia®

Thiazolidinedione-Metformin Combinations

ActoPlus Met®
Avandamet®

Acto Plus Met XR®

Thiazolidinedione-Sulfonylurea Combinations

Avandaryl®
Duetact®

GROWTH HORMONE

Clinical criteria apply

Preferred

Genotropin cartridge
Genotropin Miniquick disp. syringe®
Nutropin®
Nutropin AQ cartridge/vial®
Nutropin AQ Nuspin®
Serostim®

Non-Preferred

Humatrope cartridge/vial®
Norditropin cartridge ®
Norditropin Nordiflex®
Norditropin Flexpro®
Omnitrope cartridge/vial®
Saizen cartridge/vial ®
TevTropin®
Zorbtive®

GASTROINTESTINAL

BILE ACID SALTS

Preferred

Actigall®
Urso®/Urso Forte®
ursodiol/ ursodiol forte (generic for Urso®/ Urso Forte®)

Non-Preferred

Chenodal®

H. PYLORI COMBINATIONS

Preferred

Prevpac®

Non-Preferred

Helidac®
Pylera®

**North Carolina Division of Medical Assistance
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HISTAMINE-2 RECEPTOR ANTAGONISTS

Preferred

famotidine (generic for Pepcid®)
ranitidine (generic for Zantac®)

Non-Preferred

Axid®
cimetidine (generic for Tagamet®)
nizatidine (generic for Axid®)
Pepcid®
Zantac tablet/ effervescent tablet/syrup®

ANTIEMETIC-ANTIVERTIGO AGENTS

Preferred

dimenhydranate injection
meclizine
metoclopramide
ondansetron/ondansetron ODT(generic for Zofran®)
prochlorperazine
promethazine
trimethobenzamide (generic Tigan®)
Scopace®
Transderm-Scop®

Clinical criteria apply
Emend®

Non-Preferred

Anzemet®
Cesamet®
Dronabinol (generic for Marinol®)
granisetron tablets (generic for Kytril®)
Kytril tablet®
Marinol®
Metozolv ODT®
Sancuso®
Zofran ODT/tablet/solution®
Zuplenz®

PANCREATIC ENZYMES

Preferred

Creon®
pancrelipase

Non-Preferred

Pancreaze®
Zenpep®

PROGESTINS USED FOR CACHEXIA

Preferred

megestrol (generic for Megace®)

Non-Preferred

Megace®
Megace ES®

PROTON PUMP INHIBITORS

Preferred

Nexium capsules®
omeprazole RX/OTC (generic Prilosec®/Prilosec® OTC)
pantoprazole (generic for Protonix®)
Prilosec OTC®

Non-Preferred

Exemption applies to patients < 12 years old
Aciphex®
Dexilant® (formerly Kapidex®)
lansoprazole (generic for Prevacid®)
Prevacid®/Prevacid OTC®
Nexium suspension®
omeprazole-sodium bicarbonate
Prilosec®
Protonix®
Zegerid OTC®

SELECTIVE CONSTIPATION AGENTS

Preferred

Amitiza®

Non-Preferred

**North Carolina Division of Medical Assistance
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ULCERATIVE COLITIS

Preferred

Apriso®
Asacol®
balsalazide (generic for Colazal®)
Pentasa®
sulfasalazine IR/DR (generic for Azulfidine®)

Canasa suppository®
mesalamine enema/kit (generic for Rowasa®)
Rowasa enema®
Rowasa enema kit®
SFRowasa®

Oral

Asacol HD®
Azulfidine DR®
Azulfidine IR®
Colazal®
Dipentum®
Lialda®

Rectal

Non-Preferred

GENITOURINARY/RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Preferred

Avodart®
doxazosin (generic for Cardura)
finasteride (generic for Proscar®)
Proscar®
Rapaflo®
tamsulosin (generic for Flomax®)
terazosin (generic for Hytrin®)
Uroxatral®

Non-Preferred

Cardura®/Cardura XL®
Flomax®
Hytrin®
Jalyn®

ELECTROLYTE DEPLETERS

Preferred

calcium acetate (generic for Eliphos and PhosLo®)
Eliphos®
Fosrenol®
Renagel®
Renvela®

Non-Preferred

Exemption for use of Renvela Powder Pack in patients < 12 years old.
PhosLo®
Renvela Powder Pack®

URINARY ANTISPASMODICS

Preferred

oxybutynin (generic for Ditropan®)
Toviaz®
Vesicare®

Non-Preferred

Detrol/Detrol LA®
Ditropan XL®
Enablex®
Gelnique®
oxybutynin ER (generic for Ditropan XL®)
Oxytrol®
Sanctura®/Sanctura XR®
trospium (generic for Sanctura®)

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

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| GOUT |
| XANTHINE OXIDASE INHIBITORS |

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| <p style="text-align: center;">Preferred</p> <p>allopurinol (generic for Zyloprim®)</p> | | <p style="text-align: center;">Non-Preferred</p> <p>Uloric® Zyloprim®</p> |
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| HEMATOLOGIC |
| HEMATOPOIETIC AGENTS |

Clinical criteria apply

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| <p style="text-align: center;">Preferred</p> <p>Aranesp® Epogen® Procrit®</p> | | <p style="text-align: center;">Non-Preferred</p> |
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| ANTICOAGULANTS |
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Injectable

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| <p style="text-align: center;">Preferred</p> <p>Arixtra® Fragmin® Lovenox®</p> | | <p style="text-align: center;">Non-Preferred</p> <p>enoxaparin (generic for Lovenox®) Innohep®</p> |
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Oral

| | | |
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| <p style="text-align: center;">Preferred</p> <p>warfarin (generic for Coumadin®) Jantoven (generic warfarin) Coumadin®</p> | | <p style="text-align: center;">Non-Preferred</p> <p>Pradaxa®</p> |
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| THROMBOPOIESIS STIMULATING AGENTS |
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| <p style="text-align: center;">Preferred</p> <p>Neumega® Nplate® Promacta®</p> | | <p style="text-align: center;">Non-Preferred</p> |
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| OPHTHALMIC |
| ANALGESIC |

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| <p style="text-align: center;">Preferred</p> <p>Durezol®</p> | | <p style="text-align: center;">Non-Preferred</p> |
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| AGENTS FOR ALLERGIC CONJUNCTIVITIS |
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| <p style="text-align: center;">Preferred</p> <p>Alamast® Alocril® Alomide® Alex® cromolyn sodium (generic for Crolom®) Pataday® Patanol®</p> | | <p style="text-align: center;">Non-Preferred</p> <p>azelastine (generic for Optivar®) Bepreve® Crolom® Elestat® Emadine® Lastacaft® Optivar®</p> |
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**North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice
Preferred Drug List (PDL)**

ANTIBIOTICS

Preferred

Azasite®
 bacitracin/polymyxin (generic for Polysporin®)
 ciprofloxacin solution (generic for Ciloxan®)
 erythromycin
 gentamicin (generic for Garamycin®)
 neomycin/polymyxin/gramicidin (generic for Neosporin®)
 ofloxacin (generic for Ocuflax®)
 polymyxin/trimethoprim (generic for Polytrim®)
 sulfacetamide
 tobramycin (generic for Tobrex®)
 triple antibiotic
 Vigamox®

Non-Preferred

bacitracin
 levofloxacin (generic for Quixin®)
 Besivance®
 Ciloxan®
 Iquix®
 Garamycin®
 Moxeza®
 Natacyn®
 Neosporin®
 Ocuflax®
 Polysporin®
 Polytrim®
 Quixin®
 Tobrex®
 Zymar®
 Zymaxid®

ANTIINFLAMMATORY

Preferred

dexamethasone (generic for Decadron®)
 diclofenac drops (generic for Voltaren oph drops®)
 Durezol®
 Flarex®
 flurbiprofen (generic for Ocufer®)
 fluorometholone (generic for FML®)
 FML®/FML Forte®
 ketorolac 0.5% (generic for Acular®)
 ketorolac 0.4% (generic for Acular LS®)
 Lotemax®
 Maxidex®
 Pred Mild®
 prednisolone (generic for Pred Forte®)

Non-Preferred

Acular®/Acular LS®
 Acuvail®
 Bromday®
 Decadron®
 Nevanac®
 Ocufer®
 Pred Forte®
 Vexol®
 Voltaren drops®
 Xibrom®

GLAUCOMA

Preferred

Alphagan P®
 apraclonidine (generic for Iopidine®)
 brimonidine (generic for Alphagan®)

betaxolol (generic for Betoptic®)
 Betimol®
 Betoptic®/Betoptic S®
 carteolol (generic for Ocupress®)
 Combigan®
 Istalol®
 levobunolol (generic for Betagan®)
 metipranolol (generic for OptiPranolol®)
 timolol (generic for Timoptic®/ Timoptic XE®)

Non-Preferred

Alpha 2 Adrenergic Agents

brimonidine P (generic for Alphagan P®)
 Iopidine®

Beta Blocker Agents

Betagan®
 Optipranolol®
 Timoptic®/Timoptic XE®

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

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| <p>Azopt® Cosopt® dorzolamine (generic for Trusopt®) dorzolamine/timolol (generic for Cosopt®) Trusopt®</p> <p>latanoprost (generic for Xalatan®) Travatan Z®</p> | <p>Carbonic Anhydrase Inhibitors</p> <hr style="border: 0.5px solid black;"/> <p>Prostaglandin Agonists</p> <p>Lumigan® Xalatan®</p> |
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| OSTEOPOROSIS |
| BONE RESORPTION SUPPRESSION AND RELATED AGENTS |

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| <p style="text-align: center;">Preferred</p> <p>alendronate tablet (generic for Fosamax®) calcitonin salmon nasal (generic for Miacalcin®) Fortical® Miacalcin®</p> | <p style="text-align: center;">Non-Preferred</p> <p>Actonel® Actonel with Calcium® Atelvia® Boniva tablet® Forteo® Fosamax® Fosamax Plus D® Prolia®</p> |
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| OTIC |
| OTIC ANTIBIOTICS |

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| <p style="text-align: center;">Preferred</p> <p>Ciprodex® neomycin/polymyxin/hc ofloxacin otic drops (generic vor Floxin®)</p> | <p style="text-align: center;">Non-Preferred</p> <p>Cetraxal® Cipro HC® Coly-Mycin S® Cortisporin-TC® Floxin drops®</p> |
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**North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice
Preferred Drug List (PDL)**

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

Preferred

Serevent Diskus®
Foradil®

Non-Preferred

BETA-ADRENERGICS HANDHELD, SHORT ACTING

Preferred

Proventil HFA®
Ventolin HFA®

Non-Preferred

Maxair Autohaler®
Proair HFA®
Relion Ventolin HFA®
Xopenex HFA®

BETA-ADRENERGIC NEBULIZERS

Preferred

albuterol sulfate 2.5 mg/3 ml

Non-Preferred

Exemption for use of Accuneb/generic Accuneb in patients < 2 years old

Accuneb®
albuterol 0.63 mg/3 ml (generic Accuneb®)
albuterol 1.25 mg/3 ml (generic Accuneb®)
levalbuterol solution (generic of Xopenex®)
Xopenex®
Brovana®
Perforomist®

COPD AGENTS

Preferred

Atrovent HFA®
Combivent®
Spiriva®
ipratropium bromide solution

Non-Preferred

Daliresp®
Duoneb®
ipratropium-albuterol (generic for Duoneb®)

CORTICOSTEROIDS

Clinical criteria apply

Preferred

budesonide suspension 0.25 mg/2 ml; 0.5 mg/2 ml
QVAR®

Non-Preferred

Aerobid®/Aerobid M®
Alvesco®
Asmanex®
Flovent Diskus®/Flovent HFA®
Pulmicort®
Pulmicort Respules®

CORTICOSTEROID COMBINATION

Clinical criteria apply

Preferred

Advair Diskus®
Advair HFA®
Symbicort®

Non-Preferred

Dulera®

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

INTRANASAL RHINITIS AGENTS

Preferred

Astelin®
Astepro Nasal Spray®
fluticasone (generic for Flonase®)
flunisolide (generic of Nasalide®)
Patanase®

Non-Preferred

Exemption for steroids applies to patients < 4 years old
Atrovent®
azelastine (generic for Astelin®)
Beconase AQ®
Flonase®
ipratropium (generic for Atrovent®)
Nasacort AQ®
Nasonex®
Omnaris®
Rhinocort Aqua®
Veramyst®

LEUKOTRIENE MODIFIERS

Clinical criteria apply

Preferred

Accolate®
Singulair®
Zyflo CR®

Non-Preferred

zafirlukast (generic for Accolate®)

LOW SEDATING ANTIHISTAMINES

Preferred

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

Non-Preferred

Exemption for use of Clarinex syrup in patients < 2 years old

Allegra ODT, suspension®
cetirizine OTC chewable tablet (generic for Zyrtec OTC®)
cetirizine RX syrup (generic for Zyrtec®)
Claritin Liqui-gel®
Clarinex ODT, tablet, syrup® ODT
levocetirizine (generic for Xyzal®)
fexofenadine OTC (generic for Allegra®)
fexofenadine RX (generic for Allegra®)
Xyzal tablet, syrup®

LOW SEDATING ANTIHISTAMINE COMBINATION

Quantity limits of 102 days supply per 12 months apply

Preferred

cetirizine-D OTC (generic for Zyrtec D OTC)
loratadine-D OTC (generic for Claritin D OTC)

Non-Preferred

Allegra-D 12-Hour, 24-Hour®
Claritin-D®
Clarinex-D®
fexofenadine D 12-Hour, 24-Hour (generic Allegra-D 12-Hour, 24-Hour®)
Semprex-D®
Zyrtec-D®

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

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| TOPICALS |
| ACNE AGENTS |

Preferred

Akne-Mycin®
Azelex®
Benzaclin®/BenzaClin Carekit®
benzoyl peroxide
Clindagel®
clindamycin phosphate
Differin®
Epiduo®
erythromycin
Retin-A Micro®
tretinoin (generic of Retin-A®)

Non-Preferred

adapalene (generic Differin®)
Acanya®
Aczone®
Atralin®
Avita®
Benzefoam®
bpo/sulfur
Clarifoam EF®
Clinac BPO®
clindamycin/benzoyl peroxide (generic Benzaclin®)
Duac CS®
erythromycin/benzoyl peroxide
Evoclin®
Inova®
Nuox®
Retin-A®/Retin-A Micro Pump®
SE BPO®
Sumaxin®
sodium sulfa/sulfur/meratan
sulfacetamide
sulfacetamide/sulfur
Tazorac®
Veltin®
Zaclir®
Ziana®

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| ANDROGENIC AGENTS |
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Preferred

Androderm®
Androgel®

Non-Preferred

Axiron®
Fortesta®
Testim®

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| ANESTHETICS |
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Preferred

Voltaren gel®

Non-Preferred

Clinical criteria apply to Lidoderm®

Flector®
Lidoderm®
Pennsaid®
Qutenza®

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| ANTIBIOTIC |
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Preferred

gentamicin
mupirocin (generic of Bactroban®)

Non-Preferred

Altabax®
Bactroban®
Centany®
Centany AT®

**North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice
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ANTIFUNGAL

Preferred

ciclopirox solution (generic for Penlac®)
clotrimazole RX
clotrimazole/betamethasone
ketoconazole
nystatin/triamcinolone
nystatin

Non-Preferred

Clinical criteria apply to Vusion®

Bensal HP®
ciclopirox cream/susp/gel
CNL 8®
econazole
Ertaczo®
Exelderm®
Extina®
Ketocon Plus®
Lamisil®
Mentax®
Naftin®
Nuzole®
Oxistat®
Pediaderm AF®
Penlac®
Vusion®
Xolegel®

ANTIPARASITICS

Preferred

Acticin®
Eurax®
Ovide lotion®
permethrin cream Rx (generic for Acticin®)
Ulesfia®

Non-Preferred

lindane
malathion lotion (generic for Ovide®)
Natroba®

ANTIVIRAL

Preferred

Zovirax ointment®

Non-Preferred

Denavir®
Xerese®
Zovirax cream®

IMMUNOMODULATORS

Clinical criteria apply

Preferred

Elidel®
Protopic®

Non-Preferred

PSORIASIS

Preferred

calcipotriene ointment and solution (generic Dovonex®)
Dovonex Cream®

Non-Preferred

Calcitrene®
Clobeta Plus®
Dovonex solution®
Taclonex®/Taclonex scalp®
Vectical®

**North Carolina Division of Medical Assistance
North Carolina Medicaid and Health Choice
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STEROIDS

Low Potency

Preferred

alclometasone dipropionate (generic for Aclovate®)
desonide (generic for Tridesilon®)
Capex® Shampoo
Derma Smoothe FS®
hydrocortisone

Non-Preferred

Aclovate®
Desonate®
Desonil Plus®
Pediaderm HC®/Pediaderm TA®
Tridesilon®
Verdeso®

Medium Potency

Preferred

Cloderm®
flucinolone acetonide (generic for Synalar®)
fluticasone propionate (generic for Cutivate®)
hydrocortisone butyrate (generic for Locoid®)
hydrocortisone valerate (generic for Westcort®)
prednicarbate (generic for Dermatop®)
mometasone furoate (generic for Elocon®)

Non-Preferred

Cordran®
Cutivate®
Dermatop®
Elocon®
Locoid®
Luxiq®
Momexin®
Pandel®

High Potency

Preferred

betamethasone valerate (generic for Valisone®)
diflorasone diacetate (generic for Florone®)
fluocinonide/fluocinonide E (generic for Lidex®/LidexE®)
triamcinolone acetonide (generic for Kenalog®)
Kenalog® aerosol

Non-Preferred

amcinonide (generic for Cyclocort®)
betamethasone dipropionate (generic for Diprosone®)
Cyclocort®
Diprosone®
desoximetasone
Florone®
Halog®
Kenalog® cream/ointment
Lidex®/LidexE®
Valisone®
Vanos®

Very High Potency

Preferred

clobetasol emollient/propionate (generic for Temovate®)
halobetasol propionate (generic for Ultravate®)

Non-Preferred

Clobex®
Halac®
Halonate®/Halonate PAC®
Olux®/Olux E®
Ultravate®

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

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| MISCELLANEOUS |
| IMMUNOSUPPRESSANTS |

| Preferred | Non-Preferred |
|---|----------------------|
| <p>Azasan® azathioprine (generic for Imuran®) Cellcept® cyclosporine capsule/solution (generic for Gengraf®) Gengraf® Imuran® mycophenolate (generic for Cellcept®) Myfortic® Neoral® Prograf® Rapamune® Sandimmune capsule/solution® tacrolimus (generic for Prograf®) Zortress®</p> | |

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| OPIOID DEPENDENCE |
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| Clinical criteria apply | |
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| Preferred | Non-Preferred |
| <p>Suboxone® SL tablet Suboxone® SL Film</p> | <p>buprenorphine (generic for Subutex®) Subutex®</p> |

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| INJECTABLE IMMUNOMODULATORS |
|------------------------------------|

| Preferred | Non-Preferred |
|----------------------------|--|
| <p>Enbrel® Humira®</p> | <p>Amevive® Cimzia® Kineret® Simponi® Stelara®</p> |

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| SKELETAL MUSCLE RELAXANTS |
|----------------------------------|

| Preferred | Non-Preferred |
|--|---|
| <p>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®) methocarbamol (generic for Robaxin®) orphenadrine citrate (generic for Norflex®) orphenadrine compound/forte (generic for Norgesic/Forte®) tizanidine (generic for Zanaflex®)</p> | <p>Amrix® Dantrium® Fexmid® Lioresal intrathecal® metaxalone (generic for Skelaxin®) Norflex® Parafon Forte® Robaxin® Skelaxin® Soma® Zanaflex®</p> |

**North Carolina Division of Medical Assistance
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DIABETIC SUPPLIES

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

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| Accu-Chek Aviva Care Kit | Accu-Chek Multiclix 102 ct Lancets |
| Accu-Chek Compact Plus Care Kit | Accu-Chek Softclix 100 ct Lancets |
| Accu-Chek Aviva 50 ct Test Strip | Accu-Chek Softclix Lancing Device |
| Accu-Chek Aviva Plus 50 ct Test Strip | Accu-Chek Multiclix Lancing Device Kit |
| Accu-Chek Compact 51 ct Test Strip | |
| Accu-Chek Aviva Glucose Control Solution (2 levels) | |
| Accu-Chek Aviva Compact Glucose Control Solution (2 levels) | |