

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.nctracks.nc.gov

ALZHEIMER'S AGENTS

Preferred

Aricept ODT®
donepezil tablets (generic for Aricept®)
Exelon® Capsule
Exelon® Patch
Namenda®

Non-Preferred

Aricept® Tablets
donepezil ODT (generic for Aricept® ODT)
Exelon® Solution
galantamine (generic for Razadyne®)
galantamine ER (generic for Razadyne ER®)
Namenda XR®
Razadyne ®
Razadyne ER®
rivastigmine (generic for Exelon®)

ANALGESICS

NARCOTIC ANALGESICS

Long Acting

Clinical criteria apply

Preferred

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

Non-Preferred

Avinza®
Butrans®
Duragesic®
Embeda®
Exalgo®
morphine sulfate ER (generic for Kadian®)
MS Contin®
Nucynta ER®
Oxycontin®
oxymorphone ER (generic for Opana ER®)

Orally Disintegrating / Oral Spray Schedule II Narcotics

Clinical criteria apply

Preferred

fentanyl citrate (generic for Actiq®)

Non-Preferred

Abstral®
Actiq®
Fentora®
Onsolis®
Subsys®

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ANALGESICS

NARCOTIC ANALGESICS (Continued)

Short Acting Schedule II Narcotics

Clinical criteria apply

Preferred

hydromorphone suppository (generic for Dilaudid® Suppository)
hydromorphone tablet (generic for Dilaudid® Tablet)
morphine solution
morphine tablet
oxycodone solution (generic for Roxicodone® Solution)
oxycodone tablet (generic for Roxicodone® tablet)
oxycodone/acetaminophen capsules (generic for Tylox®)
oxycodone/acetaminophen tablets (generic for Percocet®)

Non-Preferred

codeine
Demerol®
Dilaudid®
Endodan®
hydromorphone solution (generic for Dilaudid Solution®)
levorphanol (generic for Levo-Dromoran®)
Magnacet®
meperidine (generic for Demerol®)
morphine suppositories
Nucynta®
Opana®
Oxecta®
oxycodone capsule (generic for OxyIR®)
oxycodone concentrated solution (generic for Roxicodone® Intenso)
oxycodone/aspirin (generic for Percodan®)
oxycodone/ibuprofen (generic for Combunox®)
oxymorphone (generic for Opana®)
Percocet®
Percodan®
Primlev®
Roxicet®
Roxicodone®
Tylox®

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ANALGESICS

NARCOTIC ANALGESICS (Continued)

Short Acting Schedule III – IV Analgesic Combinations

Preferred

codeine/acetaminophen (generic for Tylenol with Codeine®)
hydrocodone/acetaminophen (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)
hydrocodone/ibuprofen (generic for Ibudone®, Vicoprofen®)
pentazocine/acetaminophen (generic for Talacen®)

Non-Preferred

butalbital compound with codeine (generic for Fiorinal with Codeine®)
butalbital/caffeine/APAP with codeine (generic for Fioricet with Codeine®)
butorphanol (generic for Stadol®)
Capital with Codeine®
carisoprodol compound with codeine (generic for Soma Compound with Codeine®)
dihydrocodeine/acetaminophen/caffeine (generic for Panlor SS®)
dihydrocodeine/aspirin/caffeine (generic for Synalgos-DC®)
Fioricet with Codeine®
Fiorinal with Codeine®
Hycet®
Ibudone®
Lorcet®
Lortab®
Maxidone®
Norco®
pentazocine/naloxone (generic for Talwin NX®)
Reprexain®
Synalgos-DC®
Tylenol with Codeine®
Vicodin®
Vicoprofen®
Xodol®
Zamicet®
Zolvit®
Zydone®

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ANALGESICS

NSAIDS

Non-Selective

Preferred

diclofenac potassium (generic for Cataflam®)
 diclofenac sodium (generic for Voltaren®)
 diclofenac sodium ER (generic for Voltaren XR®)
 etodolac (generic for Lodine®)
 flurbiprofen (generic for Ansaid®)
 ibuprofen (generic for Motrin®)
 indomethacin (generic for Indocin®)
 ketoprofen (generic for Orudis®)
 ketorolac (generic for Toradol®)
 meloxicam (generic for Mobic®)
 nabumetone (generic for Relafen®)
 naproxen (generic for Naprosyn®)
 naproxen EC (generic for Naprosyn EC®)
 naproxen sodium (generic for Anaprox®)
 piroxicam (generic for Feldene®)
 sulindac (generic for Clinoril®)

Non-Preferred

Anaprox®
 Arthrotec EC®
 Cataflam®
 Daypro®
 diclofenac sodium-misoprostol (generic for Arthrotec®)
 diflunisal (generic for Dolobid®)
 etodolac ER (generic for Lodine XL®)
 Feldene®
 fenoprofen (generic for Nalfon®)
 Flanax®
 Indocin®
 indomethacin ER (generic for Indocin SR®)
 ketoprofen ER (generic for Oruvail®)
 meclufenamate (generic for Meclomen®)
 mefenamic acid (generic for Ponstel®)
 Mobic®
 Nalfon®
 Naprelan®
 Naprosyn®
 Naprosyn EC®
 oxaprozin (generic for Daypro®)
 Ponstel®
 Sprix®
 tolmetin (generic for Tolectin®)
 Voltaren XR®
 Zipsor®

Exemption for Children Under 12

Mobic® Oral Suspension

Preferred

Clinical criteria apply

Celebrex®

Non-Preferred

Duexis®
 Vimovo®

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

Conzip®
 Ryzolt®
 Rybix ODT®
 tramadol ER (generic for Ryzolt®)
 tramadol ER (generic for Ultram ER®)
 Ultracet®
 Ultram®
 Ultram ER®

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ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

Preferred

Non-Preferred

carbamazepine (generic for Tegretol® and Eptol®)
carbamazepine ER (generic for Carbatrol®)
carbamazepine XR (generic for Tegretol XR®)
Carbatrol®
Eptol®
Equetro®
oxcarbazepine (generic for Trileptal®)
Oxtellar XR®
Tegretol®
Tegretol XR®
Trileptal®

FIRST GENERATION

Preferred

Non-Preferred

Celontin®
Depakene®
Depakote ®
Depakote ER®
Depakote Sprinkle®
Dilantin®
Dilantin® Infatab
Dilantin-125® Suspension
divalproex (generic for Depakote®)
divalproex ER (generic for Depakote ER®)
divalproex sprinkle (generic for Depakote Sprinkle®)
ethosuximide (generic for Zarontin®)
felbamate (generic for Felbatol®)
Felbatol®
Mysoline Tablet®
Peganone®
phenobarbital
Phenytek®
phenytoin chewable tablets (generic for Dilantin® Infatab)
phenytoin extended capsules (generic for Dilantin®, Phenytek®)
phenytoin suspension (generic for Dilantin-125®)
Primidone®
Stavzor®
valproic acid (generic for Depakene®)
Zarontin®

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ANTICONVULSANTS

SECOND GENERATION

Patients with seizure disorder are exempt and may use any second generation product.

Preferred

Non-Preferred

clonazepam (generic for Klonopin®)

Diastat®

Diastat® Accudial

gabapentin capsule (generic for Neurontin® Capsule)

gabapentin solution (generic for Neurontin® Solution)

Gabitril®

lamotrigine tablet (generic for Lamictal® Tablet)

levetiracetam (generic for Keppra®)

levetiracetam ER (generic for Keppra XR®)

topiramate (generic for Topamax®)

zonisamide (generic for Zonegran®)

Banzel®

clonazepam ODT (generic for Klonopin Wafer®)

diazepam rectal (generic for Diastat®)

diazepam rectal device (generic for Diastat® Accudial)

gabapentin tablet (generic for Neurontin® Tablet)

Gralise®

Keppra®

Keppra XR®

Klonopin®

Lamictal®

Lamictal Dose Pack®

Lamictal ODT®

Lamictal XR®

lamotrigine ER (generic for Lamictal XR®)

lamotrigine starter kits (generic for Lamictal Dose Pack®)

Lyrica®

Neurontin®

Onfi®

Potiga®

Sabril®

tiagabine (generic for Gabitril®)

Topamax®

Topamax Sprinkle®

Vimpat®

Zonegran®

ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS

Cephalosporins and Related

Preferred

Non-Preferred

amoxicillin/clavulanate (generic for Augmentin®)

amoxicillin/clavulanate XR (generic for Augmentin® XR)

Cedax®

cefadroxil (generic for Duricef®)

cefdinir (generic for Omnicef®)

cefditoren (generic for Spectracef®)

cefepodoxime (generic for Vantin®)

cefprozil (generic for Cefzil®)

Ceftin®

cefuroxime (generic for Ceftin®)

cephalexin (generic for Keflex®)

Suprax® Suspension

Suprax® Tablet

Augmentin®

Augmentin® XR

cefaclor (generic for Ceclor®)

cefaclor ER (generic for Ceclor CD®)

Keflex®

Spectracef®

Suprax® Chewable Tablet

Suprax® Capsule

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ANTI-INFECTIVES-SYSTEMIC

Lincosamides and Oxazolidinones

Preferred

Cleocin® Granules
clindamycin capsules (generic for Cleocin Capsules®)
clindamycin solution (generic for Cleocin Granules®)
Zyvox Suspension®
Zyvox Tablet®

Non-Preferred

Cleocin Capsules®
Cleocin Injection®
clindamycin injection (generic for Cleocin Injection®)
Lincocin®
Synercid®
Zyvox Injection®

Macrolides and Ketolides

Preferred

azithromycin (generic for Zithromax®)
clarithromycin (generic for Biaxin®)
E.E.S.®
Eryped®
erythromycin base ER capsule (generic for Ery-C®)
erythromycin base filmtab
erythromycin ethylsuccinate (generic for E.E.S.®)
Erythrocin®
erythromycin stearate (generic for Erythrocin®)

Non-Preferred

Biaxin®
Biaxin XL®
clarithromycin ER (generic for Biaxin XL®)
Ery-Tab®
Ketek®
PCE®
Zithromax ®
Zmax®

ANTIBIOTICS (Continued)

Nitromidazoles

Preferred

metronidazole tablet (generic for Flagyl®)
Vancocin®

Non-Preferred

Alinia®
Dificid®
Flagyl ®
Flagyl ER®
metronidazole capsule (generic for Flagyl®)
Neomycin®
Tindamax®
tinidazole (generic for Tindamax®)
vancomycin (generic for Vancocin®)

Exemption for Diagnosis of Hepatic Encephalopathy

Xifaxan®

Quinolones

Preferred

ciprofloxacin (generic for Cipro®)
Cipro Suspension®
levofloxacin tablet (generic for Levaquin®)

Non-Preferred

Avelox®
Cipro ®
Cipro XR®
ciprofloxacin ER (generic for Cipro XR®)
Factive®
Levaquin®
levofloxacin solution (generic for Levaquin®)
Noroxin®
ofloxacin (generic for Floxin®)
moxifloxacin (generic for Avelox®)

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ANTI-INFECTIVES-SYSTEMIC

ANTIBIOTICS (Continued)

Tetracycline Derivatives

Preferred

doxycycline hyclate IR (generic for Vibramycin® Capsule)
 minocycline capsules IR (generic for Minocin®)
 tetracycline (generic for Sumycin®)

Non-Preferred

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

Adoxa®
 demeclocycline (generic for Declomycin®)
 Doryx DR®
 doxycycline hyclate DR (generic for Doryx DR®)
 doxycycline monohydrate (generic for Monodox®)
 Dynacin®
 minocycline ER (generic for Solodyn ER®)
 minocycline tablet (generic for Dynacin®)
 Morgidox®
 Oracea®
 Solodyn ER®
 Vibramycin® Capsules

Exemption for doxycycline liquid in patients < 12 years old

doxycycline suspension (generic for Vibramycin Suspension®)
 Vibramycin® Suspension

ANTIFUNGALS

Preferred

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

Non-Preferred

Ancobon®
 clotrimazole (generic for Mycelex Troche®)
 Diflucan®
 flucytosine (generic for Ancobon®)
 Grifulvin V®
 griseofulvin micro tablets (generic for Grifulvin V®)
 griseofulvin ultramicrosize tablets (generic for Gris-Peg®)
 itraconazole (generic for Sporanox®)
 Lamisil®
 Noxafil®
 nystatin powder (generic for Nilstat® Oral Powder)
 Onmel®
 Oravig®
 Sporanox®
 Terbinex® Kit
 Vfend®
 voriconazole (generic for Vfend®)

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ANTI-INFECTIVES-SYSTEMIC

ANTIVIRALS

Hepatitis B Agents

Preferred

Non-Preferred

Baraclude®
 Epiriv HBV®
 Hepsera®
 Tyzeka®
 Viread®

Hepatitis C Agents

Preferred

Non-Preferred

Copegus®
 Pegasys Syringe®
 Pegasys Proclick®
 PEG-Intron®
 PEG-Intron Redipen®
 Ribapak®
 ribavirin (generic for Rebetol®)

Infergen®
 Pegasys® Kit
 Pegasys® Vial
 Rebetol®
 Ribasphere®

Clinical criteria apply

Incivek®
 Victrelis®

Herpes Treatments

Preferred

Non-Preferred

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

Famvir®
 Valtrex®
 Zovirax®

Influenza

Preferred

Non-Preferred

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

Relenza®

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BEHAVIORAL HEALTH

ANTIDEPRESSANTS

New Generation

Preferred

Non-Preferred

Aplenzin®
 bupropion (generic for Wellbutrin®)
 bupropion SR (generic for Wellbutrin SR®)
 bupropion XL (generic for Wellbutrin XL®)
 Emsam®
 Forfivo XL®
 maprotiline (generic for Ludiomil®)
 mirtazapine (generic for Remeron®)
 Nardil®
 nefazodone (generic for Serzone®)
 Olepto®
 Parnate®
 phenelzine (generic for Nardil®)
 Remeron®
 tranylcypromine (generic for Parnate®)
 trazodone (generic for Desyrel®)
 Wellbutrin ®
 Wellbutrin SR®
 Wellbutrin XL®

Selective Serotonin Reuptake Inhibitor (SSRI)

Preferred

Non-Preferred

Celexa®
 citalopram (generic for Celexa®)
 escitalopram (generic for Lexapro®)
 fluoxetine (generic for Prozac®)
 fluvoxamine (generic for Luvox®)
 fluvoxamine ER (generic for Luvox CR®)
 Lexapro®
 Luvox CR®
 paroxetine (generic for Paxil®)
 paroxetine CR (generic for Paxil CR®)
 Paxil ®
 Paxil CR®
 Pexeva®
 Prozac ®
 Prozac Weekly®
 Sarafem®
 sertraline (generic for Zoloft®)
 Viibryd®
 Zoloft®

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BEHAVIORAL HEALTH

ANTIDEPRESSANTS (Continued)

Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)

Preferred

Non-Preferred

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

ANTIHYPERKINESIS

Preferred

Non-Preferred

Adderall ®
 Adderall XR®
 Concerta®
 Daytrana®
 Desoxyn®
 Dexedrine Spansules®
 dexamethylphenidate (generic for Focalin®)
 dextroamphetamine (generic for DextroStat®)
 dextroamphetamine ER (generic for Dexedrine Spansules®)
 Focalin ®
 Focalin XR®
 Intuniv®
 Kapvay®
 Metadate CD®
 Metadate ER®
 methamphetamine (generic for Desoxyn®)
 Methylin ®
 Methylin ER®
 methylphenidate (generic for Methylin®/Ritalin®)
 methylphenidate ER capsules (generic for Metadate® CD/Ritalin® LA)
 methylphenidate ER tablets (generic for Concerta®/Metadate®ER/Methylin®ER/Ritalin®SR)
 ProCentra®
 Quillivant XR®
 Ritalin ®
 Ritalin® LA
 Ritalin® SR
 Strattera®
 Vyvanse®
 Zenedi®

Non-Preferred medications that require a prior authorization are not listed on the PDL

****The statement above is in reference to the removal of the generic for Adderall® and Adderall XR® from the PDL**

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BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

Injectable Long Acting

Preferred

Non-Preferred

Abilify Maintena®
 fluphenazine decanoate (generic for Prolixin decanoate®)
 Haldol decanoate®
 haloperidol decanoate (generic for Haldol decanoate®)
 Invega Sustenna®
 Risperdal Consta®
 Zyprexa Relprevv®

Oral

Preferred

Non-Preferred

Abilify®
 clozapine (generic for Clozaril®)
 clozapine ODT (generic for FazaClo®)
 Clozaril®
 Fanapt®
 FazaClo®
 Geodon®
 Invega®
 Latuda®
 olanzapine (generic for Zyprexa®)
 olanzapine/fluoxetine (generic for Symbyax®)
 quetiapine (generic for Seroquel®)
 Risperdal ®
 Risperdal M®
 risperidone (generic for Risperdal®)
 risperidone ODT (generic for Risperdal M®)
 Saphris®
 Seroquel ®
 Seroquel® XR
 Symbyax®
 ziprasidone (generic for Geodon®)
 Zyprexa ®
 Zyprexa Zydis®

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CARDIOVASCULAR

ACE INHIBITORS

Preferred

Non-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®)

Accupril®
 Altace®
 Lotensin®
 Mavik®
 Prinivil®
 Univasc®
 Vasotec®
 Zestril®

ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS

Preferred

Non-Preferred

amlodipine/benazepril (generic for Lotrel®)
 Lotrel®

Tarka®

ACE INHIBITOR DIURETIC COMBINATIONS

Preferred

Non-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®)

Accuretic®
 Lotensin HCT®
 Uniretic®
 Vaseretic®
 Zestoretic®

ANGIOTENSIN II RECEPTOR BLOCKERS

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

Preferred

Non-Preferred

Diovan®
 losartan (generic for Cozaar®)

Atacand®
 Avapro®
 Benicar®
 candesartan (generic for Atacand®)
 Cozaar®
 Edarbi®
 eprosartan (generic for Teveten®)
 irbesartan (generic for Avapro®)
 Micardis®
 Teveten®

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

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

Preferred

Non-Preferred

Exforge®
 Exforge HCT®

Azor®
 Tribenzor®
 Twynsta®

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CARDIOVASCULAR

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

Non-Preferred

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

Atacand HCT®
Avalide®
Benicar HCT®
candesartan/HCTZ (generic for Atacand HCT®)
Edarbyclor®
Hyzaar®
irbesartan/HCTZ (generic for Avalide®)
Micardis HCT®
Teveten HCT®
valsartan/HCTZ (generic for Diovan HCT®)

ANTI-ARRHYTHMICS

Preferred

Non-Preferred

amiodarone (generic for Cordarone®)
disopyramide (generic for Norpace®)
flecainide (generic for Tambocor®)
mexiletine (generic for Mexitil®)
propafenone (generic for Rythmol®)
propafenone SR (generic for Rythmol SR®)
quinidine gluconate (generic for Quinaglute DuraTabs®)
quinidine sulfate (generic for Quinidex®)
quinidine sulfate ER (generic for Quinidex Extentabs®)
Tambocor®

Cordarone®
Multaq®
Norpace ®
Norpace CR®
Pacerone®
Rythmol ®
Rythmol SR®
Tikosyn®

BETA BLOCKERS

Preferred

Non-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 tartrate (generic for Lopressor®)
nadolol (generic for Corgard®)
pindolol (generic for Visken®)
propranolol (generic for Inderal®)
propranolol ER (generic for Inderal LA®)
Sorine®
sotalol (generic for Betapace® and Sorine®)
timolol (generic for Blocadren®)
Toprol XL®

Betapace AF®
Betapace®
Bystolic®
Coreg ®
Coreg CR®
Corgard®
Inderal LA®
Innopran XL®
Kerlone®
Levatol®
Lopressor®
metoprolol succinate XL (generic for Toprol XL®)
Sectral®
Tenormin®
Trandate®
Zebeta®

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.nctracks.nc.gov

CARDIOVASCULAR

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®

Non-Preferred

Dutoprol®
 Ziac®

BILE ACID SEQUESTRANTS

Preferred

cholestyramine
 cholestyramine light
 Colestid®
 colestipol tablet (generic for Colestid®)
 Questran ®
 Questran Light®

Non-Preferred

colestipol granules (generic for Colestid®)
 Prevalite®
 Welchol®

CHOLESTEROL LOWERING AGENTS

Preferred

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

Non-Preferred

Advicor®
 Altoprev®
 amlodipine/atorvastatin (generic for Caduet®)
 Caduet®
 Crestor®
 fluvastatin (generic for Lescol®)
 Kynamro®
 Lescol ®
 Lescol XL®
 Lipitor®
 Liptruzet®
 Livalo®
 Mevacor®
 Pravachol®
 Vytorin®
 Zetia®
 Zocor®

Clinical criteria apply

Juxtapid®

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

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CARDIOVASCULAR

CORONARY VASODILATORS

Preferred

isosorbide dinitrate (generic for Isordil Titradose®, et.al.)
 isosorbide dinitrate ER (generic for IsoDitrate®)
 isosorbide mononitrate (generic for Ismo® and Monoket®)
 isosorbide mononitrate SR (generic for Imdur®)
 nitroglycerin capsules
 nitroglycerin patches (generic for Nitro-Dur® and Minitran®)
 nitroglycerin sublingual (generic for Nitrostat®, Nitrolingual Spray®, Nitromist®)
 Nitrostat®
 IsoDitrate®

Non-Preferred

Dilatrate SR®
 Imdur®
 Isordil®
 Nitro-Bid®
 Nitrolingual Spray®
 Nitromist®

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred

Afeditab CR® (generic for Adalat CC®)
 amlodipine (generic for Norvasc®)
 felodipine ER (generic for Plendil®)
 isradipine (generic for Dynacirc®)
 nifedipine (generic for Cardene®)
 Nifediac CC® (generic for Adalat CC®)
 Nifedical XL® (generic for Procardia XL®)
 nifedipine (generic for Procardia®)
 nifedipine ER (generic for Adalat CC® / Procardia XL®)

Non-Preferred

Adalat CC®
 Cardene SR®
 nimodipine (generic for Nimotop®)
 nisoldipine (generic for Sular®)
 Norvasc®
 Procardia®
 Procardia XL®
 Sular®

DIRECT RENIN INHIBITOR

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

Preferred

Amturnide®
 Tekamlo®
 Tekturna®
 Tekturna HCT®

Non-Preferred

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred

Letairis®
 Tracleer®

Non-Preferred

INHALED PROSTACYCLIN ANALOGS

Preferred

Tyvaso®
 Ventavis®

Non-Preferred

NIACIN DERIVATIVES

Preferred

Niacor®
 Niaspan®
 Simcor®

Non-Preferred

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

Preferred Drug List (PDL)

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CARDIOVASCULAR

NITRATE COMBINATION

Preferred

Non-Preferred

Bidil®

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

Preferred

Non-Preferred

Calan®

Cardizem ®

Cardizem LA®

diltiazem (generic for Cardizem®)

verapamil (generic for Calan®)

verapamil ER capsules (generic for Verelan®)

verapamil ER tablet (generic for Calan SR®/Isoptin SR®)

verapamil PM (generic for Verelan PM®)

Verelan PM®

Calan SR®

Cardizem CD®

Cartia XT® (generic for Cardizem CD®)

Dilt XR® (generic for Diltia XT®/Dilacor XR®)

Dilt-CD® (generic for Cardizem CD®)

Diltia XT®

diltiazem CD capsules (generic for Cardizem CD®)

diltiazem ER 12 hour (generic for Cardizem SR®)

diltiazem ER 24 hour (generic for Diltia XT®/Dilacor XR®/Tiazac®)

Diltzac ER® (generic for Tiazac®)

Matzim LA® (generic for Cardizem LA®)

Taztia XT® (generic for Tiazac®)

Tiazac®

Verelan®

ORAL PULMONARY HYPERTENSION

Preferred

Non-Preferred

Adcirca®

sildenafil (generic for Revatio®)

Revatio®

PLATELET INHIBITORS

Preferred

Non-Preferred

Aggrenox®

clopidogrel (generic for Plavix®)

dipyridamole (generic for Persantine®)

ticlopidine (generic for Ticlid®)

Brilinta®

Effient®

Persantine®

Plavix®

RANEXA

Preferred

Non-Preferred

Ranexa®

SYMPATHOLYTICS AND COMBINATIONS

Preferred

Non-Preferred

Catapres®

Catapres®-TTS

clonidine (generic for Catapres®)

Clorpres®

guanfacine (generic for Tenex®)

methyldopa (generic for Aldomet®)

methyldopa/HCTZ (generic for Aldoril®)

methyldopate injection (generic for Aldomet® Injection)

reserpine (generic for Serpelan®)

Tenex®

clonidine patches (generic for Catapres®-TTS)

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

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CARDIOVASCULAR

TRIGLYCERIDE LOWERING AGENTS

Preferred

Non-Preferred

Exemption for use of Lovaza® in patients with triglycerides ≥500mg/dl

gemfibrozil (generic for Lopid®)

Tricor®

Trilipix®

Antara®

fenofibrate (generic for Antara®, Lofibra®, Tricor®)

fenofibric acid (generic for Fibricor®, Trilipix®)

Fibricor®

Lipofen®

Lofibra®

Lopid®

Lovaza® (name change for Omacor®)

Triglide®

Vascepa®

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

Quantity limits apply to triptans

Preferred

Non-Preferred

sumatriptan (generic for Imitrex®)

Alsuma®

Amerge®

Axert®

Cambia®

Frova®

Imitrex®

Maxalt®

Maxalt MLT®

naratriptan (generic for Amerge®)

Relpax®

rizatriptan (generic for Maxalt®)

rizatriptan ODT (generic for Maxalt MLT®)

Sumavel DosePro®

Treximet®

zolmitriptan (generic for Zomig®)

zolmitriptan ODT (generic for Zomig ZMT®)

Zomig®

Zomig ZMT®

ANTINARCOLEPSY/ANTIHYPERKINESIS

Preferred

Non-Preferred

Clinical criteria apply

modafinil (generic for Provigil®)

Nuvigil®

Provigil®

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.nctracks.nc.gov

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

Preferred

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

Non-Preferred

Azilect®
 carbidopa/levodopa/entacapone (generic for Stalevo®)
 Comtan®
 entacapone (generic for Comtan®)
 Horizant®
 Mirapex ®
 Mirapex ER®
 Neupro®
 Parcopa®
 Parlodel®
 Requip ®
 Requip XL®
 ropinirole ER (generic for Requip XL®)
 Sinemet ®
 Sinemet CR®
 Sinemet ODT®
 Stalevo®
 Tasmar®
 Zelapar®

MULTIPLE SCLEROSIS

Preferred

Avonex®
 Avonex Pack®
 Avonex Pen®
 Betaseron®
 Copaxone®
 Rebif®
 Rebif Rebidose®

Non-Preferred

Ampyra®
 Aubagio®
 Extavia®
 Gilenya®
 Tecfidera®

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.nctracks.nc.gov

CENTRAL NERVOUS SYSTEM

SEDATIVE HYPNOTICS

Quantity limits apply

Preferred

Non-Preferred

estazolam (generic for Prosom®)
 flurazepam (generic for Dalmane®)
 temazepam 15mg, 30mg (generic for Restoril®)
 triazolam (generic for Halcion®)
 zolpidem (generic for Ambien®)

Ambien®
 Ambien CR®
 Doral®
 Edluar®
 Halcion®
 Intermezzo®
 Lunesta®
 Restoril®
 Rozerem®
 Silenor®
 Sonata®
 temazepam 7.5, 22.5 mg (generic for Restoril®)
 zaleplon (generic for Sonata®)
 zolpidem ER (generic for Ambien CR®)
 Zolpimist®

SMOKING CESSATION

Preferred

Non-Preferred

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

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

Nicoderm CQ Patch®
 Nicotrol®
 Zyban®

ENDOCRINOLOGY

GROWTH HORMONE

Clinical criteria apply

Preferred

Non-Preferred

Norditropin®
 Nutropin®
 Nutropin AQ®
 Serostim®

Genotropin®
 Humatrope®
 Omnitrope®
 Saizen®
 TevTropin®
 Zorbitive®

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.nctracks.nc.gov

ENDOCRINOLOGY

HYPOGLYCEMICS - INJECTABLE

Rapid Acting Insulin

Preferred

Humalog Vial®
Novolog Cartridge®
Novolog Flexpen®
Novolog Vial®

Non-Preferred

Apidra Solostar®
Apidra Vial®
Humalog Cartridge®
Humalog Kwikpen®
Humalog Pen®

Short Acting Insulin

Preferred

Humulin R Vial®

Non-Preferred

Novolin R Vial®

Intermediate Acting Insulin

Preferred

Humulin N Pen®
Humulin N Vial®

Non-Preferred

Novolin N Vial®

Long Acting Insulin

Preferred

Lantus Solostar®
Lantus Vial®
Levemir Vial®

Non-Preferred

Exemption for Diagnosis of Pregnancy

Levemir FlexPen®

Premixed Combination Insulin

Preferred

Humalog Mix 50/50 Vial®
Humalog Mix 75/25 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 Pen®
Humulin 70/30 Vial®

Non-Preferred

Novolin 70/30 Vial®

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®

Non-Preferred

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.nctracks.nc.gov

ENDOCRINOLOGY

HYPOGLYCEMICS - INJECTABLE (Continued)

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

Non-Preferred

Continuation of therapy requires documentation that clinical goals have been met

Byetta®

Bydureon®

Victoza®

HYPOGLYCEMICS - ORAL

2nd Generation Sulfonylureas

Preferred

Non-Preferred

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

Alpha-Glucosidase Inhibitors

Preferred

Non-Preferred

acarbose (generic for Precose®)
 Glyset®
 Precose®

Biguanides and Combinations

Preferred

Non-Preferred

glipizide-metformin (generic for Metaglip®)
 glyburide-metformin (generic for Glucovance®)
 metformin (generic for Glucophage®)
 metformin ER (generic for Glucophage ER®)

Fortamet®
 Glucophage®
 Glucophage XR®
 Glucovance®
 Glumetza®
 Riomet®

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.nctracks.nc.gov

ENDOCRINOLOGY

HYPOGLYCEMICS - ORAL (Continued)

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

Effective through November 16th, 2014

Preferred

Janumet ®
Janumet XR®
Januvia®
Jentadueto®
Juvisync®
Kombiglyze XR®
Onglyza®
Tradjenta®

Non-Preferred

Nesina®
Oseni®

Effective November 17th, 2014

Preferred

Janumet ®
Janumet XR®
Januvia®
Jentadueto®
Juvisync®
Tradjenta®

Non-Preferred

Kazano®
Kombiglyze XR®
Nesina®
Onglyza®
Oseni®

Meglitinides

Preferred

Prandin®
nateglinide (generic for Starlix®)

Non-Preferred

Starlix®

Meglitinides Combinations

Preferred

Prandimet®

Non-Preferred

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor

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

Preferred

Invokana®

Non-Preferred

Thiazolidinediones

Preferred

pioglitazone (generic for Actos®)

Non-Preferred

Actos®
Avandia®

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

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ENDOCRINOLOGY

Thiazolidinedione-Metformin Combinations

Preferred

pioglitazone / metformin (generic for ActosPlus Met®)

Non-Preferred

ActoPlus Met®
ActoPlus Met XR®
Avandamet®

Thiazolidinedione-Sulfonylurea Combinations

Preferred

Duetact®

Non-Preferred

Avandaryl®
pioglitazone / glimepiride (generic for Duetact®)

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

Preferred

dimenhydranate injection
Marinol®
meclizine (generic for Antivert®)
metoclopramide (generic for Reglan®)
ondansetron (generic for Zofran®)
ondansetron ODT (generic for Zofran ODT®)
prochlorperazine (generic for Compazine®)
promethazine (generic for Phenergan®)
Transderm-Scop®

Non-Preferred

Anzemet®
Cesamet®
dronabinol (generic for Marinol®)
granisetron tablets (generic for Kytril®)
Metozolv ODT®
Sancuso®
Zofran ®
Zofran ODT®

Exemption for Diagnosis of Pregnancy

Diclegis®

Clinical criteria apply

Emend®

BILE ACID SALTS

Preferred

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

Non-Preferred

Chenodal®

H. PYLORI COMBINATIONS

Preferred

Prevpac®

Non-Preferred

Helidac®
Omeclamox-Pak®
Pylera®

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

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Generic products are considered preferred unless indicated

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ALL therapeutic classes are not included on the PDL

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GASTROINTESTINAL

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®

PANCREATIC ENZYMES

Preferred

Creon®
pancrelipase (generic for Pancrease®)
Zenpep®

Non-Preferred

Pancrease®
Pertzze®
Ultresa®
Viokase®

PROGESTINS USED FOR CACHEXIA

Preferred

megestrol (generic for Megace®)

Non-Preferred

Megace®
Megace ES®

PROTON PUMP INHIBITORS

Preferred

lansoprazole OTC (generic for Prevacid® OTC)
omeprazole (generic for Prilosec®)
omeprazole OTC (generic for 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®)
Nexium®
omeprazole-sodium bicarbonate OTC (generic for Zegerid OTC®)
Prevacid OTC®
Prevacid®
Prilosec®
Protonix®
Zegerid OTC®

SELECTIVE CONSTIPATION AGENTS

Preferred

Amitiza®

Non-Preferred

Exemption for males

Linzess®

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

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Trial and failure of two preferred agents are required unless otherwise indicated

ALL therapeutic classes are not included on the PDL

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GASTROINTESTINAL

ULCERATIVE COLITIS

Oral

Preferred

Non-Preferred

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

Asacol HD®
Azulfidine Entab®
Azulfidine®
Colazal®
Delzicol®
Dipentum®
Giazo®
Lialda®

Rectal

Preferred

Non-Preferred

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

GENTOURINARY/RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

Preferred

Non-Preferred

doxazosin (generic for Cardura+A1925)
finasteride (generic for Proscar®)
Proscar®
tamsulosin (generic for Flomax®)
terazosin (generic for Hytrin®)
Uroxatral®

alfuzosin (generic for Uroxatral®)
Avodart®
Cardura®
Cardura XL®
Flomax®
Jalyn®
Rapaflo®

Clinical Criteria Apply

Cialis®

ELECTROLYTE DEPLETERS

Preferred

Non-Preferred

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

Magnebind®
PhosLo®
Phoslyra®
Renvela Powder Pack®

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

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

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GENTOURINARY/RENAL

URINARY ANTISPASMODICS

Effective through November 16th, 2014

Preferred

oxybutynin (generic for Ditropan®)
Toviaz®
Vesicare®

Non-Preferred

Detrol ®
Detrol LA®
Ditropan XL®
Enablex®
flavoxate (generic for Urispas®)
Gelnique®
Myrbetriq®
oxybutynin ER (generic for Ditropan XL®)
Oxytrol®
Sanctura ®
Sanctura XR®
tolterodine (generic for Detrol®)
trospium (generic for Sanctura®)
trospium ER (generic for Sanctura XR®)

Effective November 17th, 2014

Preferred

oxybutynin (generic for Ditropan®)
Toviaz®

Non-Preferred

Detrol ®
Detrol LA®
Ditropan XL®
Enablex®
flavoxate (generic for Urispas®)
Gelnique®
Myrbetriq®
oxybutynin ER (generic for Ditropan XL®)
Oxytrol®
Sanctura ®
Sanctura XR®
tolterodine (generic for Detrol®)
trospium (generic for Sanctura®)
trospium ER (generic for Sanctura XR®)
Vesicare®

GOUT

XANTHINE OXIDASE INHIBITORS

Preferred

allopurinol (generic for Zyloprim®)

Non-Preferred

Uloric®
Zyloprim®

HEMATOLOGIC

ANTICOAGULANTS

Injectable

Preferred

Fragmin®
Lovenox®

Non-Preferred

Arixtra®
enoxaparin (generic for Lovenox®)
fondaparinux (generic for Arixtra®)

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.nctracks.nc.gov

HEMATOLOGIC

ANTICOAGULANTS

Oral

Preferred

Non-Preferred

Coumadin®
 Jantoven® (generic for Coumadin®)
 Pradaxa®
 warfarin (generic for Coumadin®)
 Xarelto®

Eliquis®

HEMATOPOIETIC AGENTS

Clinical criteria apply

Preferred

Non-Preferred

Aranesp®
 Epogen®
 Procrit®

THROMBOPOIESIS STIMULATING AGENTS

Preferred

Non-Preferred

Neumega®
 Nplate®
 Promacta®

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

Preferred

Non-Preferred

cromolyn sodium (generic for Crolom®)
 Pataday®

Alamast®
 Alocril®
 Alomide®
 Alrex®
 azelastine (generic for Optivar®)
 Bepreve®
 Elestat®
 Emadine®
 epinastine (generic for Elestat®)
 Lastacaft®
 Optivar®
 Patanol®

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.nctracks.nc.gov

OPHTHALMIC

ANTIBIOTICS

Preferred

Non-Preferred

Azasite®
 bacitracin/polymyxin ointment (generic for Polysporin®)
 ciprofloxacin solution (generic for Ciloxan®)
 erythromycin ointment (generic for Ilotycin®)
 gentamicin (generic for Garamycin®)
 Moxeza®
 neomycin/bacitracin/polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
 neomycin/polymyxin/gramicidin drops (generic for Neosporin® Ophthalmic Drops)
 ofloxacin (generic for Ocuflax®)
 polymyxin/trimethoprim (generic for Polytrim®)
 sulfacetamide drops (generic for Bleph-10®)
 tobramycin (generic for Tobrex®)
 Vigamox®

bacitracin ointment (generic for AK-Tracin®)
 Besivance®
 Bleph-10®
 Ciloxan®
 Garamycin®
 levofloxacin (generic for Quixin®)
 Natacyn®
 Neosporin®
 Ocuflax®
 Polytrim®
 sulfacetamide ointment (generic for Cetamide®)
 Tobrex®
 Zymaxid®

ANTIBIOTICS-STEROID COMBINATIONS

Preferred

Non-Preferred

neomycin/bacitracin/polymyxin/hydrocortisone (generic for Neo-Polycin HC®)
 neomycin/polymyxin/dexamethasone (generic for Maxitrol®)
 neomycin/polymyxin/hydrocortisone (generic for Cortisporin®)
 sulfacetamide/prednisolone (generic for Vasocidin®)
 Tobradex® Ointment
 Tobradex® Suspension

Blephamide®
 Blephamide S.O.P.® Ointment
 Maxitrol® Ointment
 Maxitrol® Suspension
 Pred-G® Ointment
 Pred-G® Suspension
 Tobradex® ST
 tobramycin/dexamethasone suspension (generic for Tobradex® Suspension)
 Zylet®

ANTI INFLAMMATORY

Preferred

Non-Preferred

dexamethasone (generic for Decadron®)
 diclofenac (generic for Voltaren®)
 Flarex®
 fluorometholone (generic for FML®)
 flurbiprofen (generic for Ocufer®)
 FML Forte®
 FML S.O.P.® ointment
 ketorolac 0.4% (generic for Acular LS®)
 ketorolac 0.5% (generic for Acular®)
 Lotemax Drops®
 Maxidex®
 Pred Mild®
 prednisolone acetate (generic for Pred Forte®)
 prednisolone sodium phosphate (generic for Inflammase Forte®)

Acular®
 Acular LS®
 Acuvail®
 Bromday®
 bromfenac (generic for Xibrom®)
 Durezol®
 FML®
 Ilevro®
 Lotemax Gel®
 Lotemax Ointment®
 Nevanac®
 Ocufer®
 Omnipred®
 Ozurdex®
 Pred Forte®
 Prolensa®
 Retisert®
 Triescence®
 Vexol®

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.nctracks.nc.gov

OPHTHALMIC

GLAUCOMA

Alpha 2 Adrenergic Agents

Preferred

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

Non-Preferred

brimonidine P (generic for Alphagan P®)
 Iopidine®

Beta Blocker Agents

Preferred

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

Non-Preferred

Betagan®
 Betoptic S®
 Optipranolol®
 Timoptic®
 Timoptic XE®

GLAUCOMA (Continued)

Carbonic Anhydrase Inhibitors

Preferred

Azopt®
 dorzolamine (generic for Trusopt®)
 dorzolamine/timolol (generic for Cosopt®)
 Simbrinza®

Non-Preferred

Cosopt ®
 Cosopt PF®
 Trusopt®

Prostaglandin Agonists

Preferred

latanoprost (generic for Xalatan®)
 Travatan®
 Travatan Z®

Non-Preferred

Lumigan®
 Rescula®
 travoprost (generic for Travatan®)
 Xalatan®
 Zioptan®

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred

alendronate tablet (generic for Fosamax®)
 calcitonin salmon nasal (generic for Miacalcin®)
 etidronate (generic for Didronel®)
 Evista®
 Fortical®
 Miacalcin®

Non-Preferred

Actonel®
 alendronate solution (generic for Fosamax® Solution)
 Atelvia®
 Binosto®
 Boniva®
 Didronel®
 Forteo®
 Fosamax ®
 Fosamax Plus D®
 ibandronate (generic for Boniva®)
 Prolia®

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

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OTIC

ANTIBIOTICS

Preferred

Ciprodex®
neomycin/polymyxin/hydrocortisone (generic for Cortisporin®)
ofloxacin (generic for Floxin®)

Non-Preferred

Cipro HC®
ciprofloxacin (generic for Cetraxal®)
Coly-Mycin S®
Cortisporin®
Cortisporin-TC®

ANTI-INFECTIVES AND ANESTHETICS

Preferred

acetic acid (generic for Vosol®)
acetic acid/aluminum (generic for Domeboro®)
antipyrine/benzocaine (generic for Auralgan®)

Non-Preferred

acetic acid / hydrocortisone (generic for Vosol HC®)
Aurax®
Myoxin®
Otic Care®
Oto-End 10®
Otozin®
Pinnacaine®
pramoxine/hydrocortisone (generic for Oto-End 10®)
Treagan®
Vosol HC®

RESPIRATORY

BETA-ADRENERGIC HANDHELD, LONG ACTING

Preferred

Foradil®
Serevent Diskus®

Non-Preferred

Arcapta Neohaler®

BETA-ADRENERGIC HANDHELD, SHORT ACTING

Preferred

Proair HFA®
Proventil HFA®

Non-Preferred

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

BETA-ADRENERGIC NEBULIZERS

Preferred

albuterol sulfate 2.5 mg/0.5 ml
albuterol sulfate 2.5 mg/3 ml
albuterol sulfate 100mg/20 ml

Non-Preferred

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

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

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

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RESPIRATORY

BETA-ADRENERGIC - ORAL

Preferred

albuterol tablets (generic for Proventil Repetabs®)
 albuterol syrup (generic for Ventolin syrup®)
 metaproterenol syrup (generic for Alupent® Syrup)
 terbutaline (generic for Brethine®)

Non-Preferred

albuterol ER (generic for VoSpire ER®)
 metaproterenol tablet (generic for Alupent® Tablet)
 VoSpire ER®

COPD AGENTS

Preferred

Atrovent HFA®
 Combivent®
 Combivent Respimant®
 ipratropium nebulizer solution (generic for Atrovent Nebulizer Solution®)
 ipratropium-albuterol (generic for Duoneb®)
 Spiriva®

Non-Preferred

Failure of only Spiriva® required to obtain non-preferred medication

Daliresp®
 Duoneb®
 Tudorza Pressair®

CORTICOSTEROIDS

Clinical criteria apply

Preferred

Pulmicort Respules® 0.25mg, 0.5mg
 QVAR®

Non-Preferred

Alvesco®
 Asmanex®
 budesonide suspension 0.25 mg/2 ml; 0.5 mg/2 ml (generic for Pulmicort Respules®)
 Flovent Diskus®
 Flovent HFA®
 Pulmicort Flexhaler®
 Pulmicort Respules® 1mg

CORTICOSTEROID COMBINATION

Clinical criteria apply

Preferred

Advair Diskus®
 Advair HFA®
 Dulera®
 Symbicort®

Non-Preferred

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.nctracks.nc.gov

RESPIRATORY

INTRANASAL RHINITIS AGENTS

Preferred

Non-Preferred

Exemption for steroids applies to patients < 4 years old

Astelin®
 Astepro Nasal Spray®
 flunisolide (generic for Nasalide®)
 fluticasone (generic for Flonase®)
 ipratropium (generic for Atrovent Nasal®)
 Nasacort AQ® **<Prescription Formulation>**
 Nasonex®
 Patanase®

Atrovent®
 azelastine (generic for Astelin®, Astepro®)
 Beconase AQ®
 Dymista®
 Flonase®
 Omnaris®
 QNasl®
 Rhinocort Aqua®
 triamcinolone (generic for Nasacort AQ®)
 Veramyst®
 Zetonna®

LEUKOTRIENE MODIFIERS

Clinical criteria apply

Preferred

Non-Preferred

Accolate®
 montelukast chewable tablet (generic for Singulair® Chewable Tablet)
 montelukast tablet (generic for Singulair® Tablet)
 Singulair® Granules

montelukast granules (generic for Singulair® Granules)
 Singulair® Chewable Tablet
 Singulair® Tablet
 zafirlukast (generic for Accolate®)
 Zyflo ®
 Zyflo CR®

LOW SEDATING ANTIHISTAMINES

Preferred

Non-Preferred

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

cetirizine OTC syrup (generic for Zyrtec OTC® Syrup)
 cetirizine OTC tablets (generic for Zyrtec OTC® Tablets)
 cetirizine RX syrup (generic for Zyrtec Syrup®)
 loratadine OTC (generic for Claritin OTC®)

cetirizine OTC chewable tablet (generic for Zyrtec® OTC Chewable Tablet)
 Clarinex®
 Claritin® OTC
 desloratadine (generic for Clarinex®)
 fexofenadine OTC (generic for Allegra OTC®)
 fexofenadine RX (generic for Allegra®)
 levocetirizine (generic for Xyzal®)
 Xyzal®
 Zyrtec OTC®
 Zyrtec Rx®

LOW SEDATING ANTIHISTAMINE COMBINATION

Quantity limits of 102 days supply per 12 months apply / PA required for class

Preferred

Non-Preferred

cetirizine-D OTC (generic for Zyrtec D OTC®)
 Clarinex-D®
 Claritin-D® OTC
 fexofenadine-D RX (generic for Allegra-D®)
 loratadine-D OTC (generic for Claritin D OTC®)
 Semprex-D®
 Zyrtec-D OTC®

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.nctracks.nc.gov

TOPICALS

ACNE AGENTS

Preferred

Non-Preferred

Azelex®
 Benzaclin®
 clindamycin phosphate solution (generic for Cleocin-T® Solution)
 Differin®
 erythromycin gel (generic for EryGel®)
 erythromycin solution (generic for EryDerm®, EryMax®, A/T/S®, T-Stat® Solution)
 Retin-A Micro Gel®
 tretinoin (generic for Retin-A®)

Acanya®
 Aczone®
 adapalene (generic for Differin®)
 Akne-Mycin®
 Atralin®
 Avar®, Avar® LS, Avar E®, Avar E LS®
 Avita®
 Benzamycin®
 Benzepro®
 BP 10-1®, BP Cleansing Wash®
 Cerisa®
 Clarifoam EF®
 Clenia®
 Cleocin T®
 Clindacin®
 Clindagel®
 clindamycin / benzoyl peroxide (generic for Benzaclin®/Duac®)
 clindamycin phosphate foam (generic for Evoclin®)
 clindamycin phosphate gel, lotion, pledgets (generic for Cleocin-T® Gel,Lotion,Pledgets)
 Delos®
 Duac®
 Epiduo®
 erythromycin pledgets (generic for Emcin®, Erycette®, T-Stat® - Pads)
 erythromycin/benzoyl peroxide (generic for Benzamycin®)
 Evoclin®
 Inova®
 Klaron®
 Lavoclen®
 Ovace®, Ovace Plus®
 Pacnex®
 Retin-A®, Retin-A Micro Gel Pump®
 se 10-5 ss (generic for Plexion SCT®)
 se bpo (generic for Triaz®)
 SSS 10-5® Foam
 sulfacetamide (generic for Klaron®)
 sulfacetamide sodium/sulfur (generic for Rosanil®)
 sulfacetamide/avobenzone/sulfur
 sulfacetamide/sulfur (generic for Sumaxin®)
 sulfacetamide/sulfur/urea
 sulfacetamide/urea
 Sumadan®
 Sumaxin®
 Tazorac®
 TL Triseb®
 tretinoin microsphere (generic for Retin-A Micro®)
 Veltin®
 Ziana®

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.nctracks.nc.gov

TOPICALS

ANDROGENIC AGENTS

Preferred

Androgel®

Non-Preferred

Androderm®
Axiron®
Fortesta®
Testim®

ANESTHETICS

Preferred

Voltaren Gel®

Non-Preferred

Clinical criteria apply to Lidoderm®

Flector®
Lidoderm®
Pennsaid®
Qutenza®

ANTIBIOTIC

Preferred

gentamicin
mupirocin ointment (generic for Bactroban® Ointment)
neomycin/polymyxin/pramoxine

Non-Preferred

Altabax®
Bactroban®
Centany ®
Centany AT®
mupirocin cream (generic for Bactroban® Cream)

ANTIBIOTIC - VAGINAL

Effective until August 16th, 2014

Preferred

Cleocin Ovules®
Cleocin® Vaginal Cream
clindamycin vaginal (generic for Cleocin® Vaginal Cream)
Metrogel® Vaginal
metronidazole vaginal (generic for Metrogel® Vaginal)
Vandazole ®

Non-Preferred

Effective August 17th, 2014

Preferred

Cleocin Ovules®
Cleocin® Vaginal Cream
clindamycin vaginal (generic for Cleocin® Vaginal Cream)
Metrogel® Vaginal

Non-Preferred

metronidazole vaginal (generic for Metrogel® Vaginal)
Vandazole ®

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.nctracks.nc.gov

TOPICALS

ANTIFUNGAL

Preferred

Non-Preferred

Clinical criteria apply to Vusion®

ciclopirox cream (generic for Loprox® Cream)
 ciclopirox solution (generic for Penlac® Solution)
 clotrimazole RX- (generic for Lotrimin® RX)
 clotrimazole/betamethasone cream (generic for Lotrisone® cream)
 ketoconazole cream (generic for Nizoral® Cream)
 ketoconazole shampoo (generic for Nizoral® Shampoo)
 nystatin (generic for Mycostatin®, Nystop®)

Bensal HP®
 Ciclodan®
 ciclopirox gel (generic for Loprox® Gel)
 ciclopirox kit (generic for Loprox® Kit)
 ciclopirox shampoo (generic for Loprox® Shampoo)
 ciclopirox suspension (generic for Loprox® Suspension)
 clotrimazole/betamethasone lotion (generic for Lotrisone® lotion)
 CNL 8®
 econazole (generic for Spectazole®)
 Ertaczo®
 Exelderm®
 Extina®
 ketoconazole foam (generic for Nizoral® Foam)
 Ketodan® Foam
 Loprox®
 Lotrisone®
 Mentax®
 Naftin®
 Nizoral®
 nystatin/triamcinolone (generic for Mycolog II®)
 Oxistat®
 Pediaderm AF®
 Pedipirox-4®
 Penlac®
 Vusion®
 Xolegel®

ANTIPARASITICS

Preferred

Non-Preferred

Failure of only one preferred required to obtain a non-preferred Medication

Eurax®
 permethrin cream Rx (generic for Elimite®)
 Ulesfia®

Elimite®
 lindane
 malathion (generic for Ovide®)
 Natroba®
 Ovide®
 Sklice®
 spinosad (generic for Natroba®)

ANTIVIRAL

Preferred

Non-Preferred

Zovirax ointment®

acyclovir (generic for Zovirax®)
 Denavir®
 Lidovir®
 Xerese®
 Zovirax cream®

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.nctracks.nc.gov

TOPICALS

IMMUNOMODULATORS

Clinical criteria apply

Preferred

Non-Preferred

Elidel®
Protopic®

PSORIASIS

Preferred

Non-Preferred

calcipotriene ointment (generic Dovonex® Ointment)
calcipotriene solution (generic Dovonex® Solution)
Dovonex Cream®

calcipotriene cream (generic for Dovonex®)
Calcitrene®
calcitriol (generic for Vectical®)
Dovonex solution®
Sorilux®
Taclonex ®
Taclonex Scalp®
Vectical®

STEROIDS

Low Potency

Preferred

Non-Preferred

alclometasone dipropionate (generic for Aclovate®)
DermaSmoothe FS® Scalp and Body Oil
desonide cream (generic for DesOwen Cream®)
desonide ointment (generic for DesOwen Ointment®)
hydrocortisone
hydrocortisone/aloe gel
hydrocortisone/mineral oil/petrolatum ointment

Ala-Cort Cream®
Ala-Scalp Lotion®
Aqua Glycolic HC®
Capex® Shampoo
Desonate®
desonide lotion (generic for DesOwen Lotion®)
DesOwen®
fluocinolone oil (generic for Derma-Smoothe FS®)
hydrocortisone/urea
Pediaderm HC®
Pediaderm TA®
Texacort®
Verdeso®

North Carolina Division of Medical Assistance

North Carolina Medicaid and Health Choice

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TOPICALS

STEROIDS (Continued)

Medium Potency

Preferred

hydrocortisone butyrate (generic for Locoid®)
 hydrocortisone valerate (generic for Westcort®)
 mometasone (generic for Elocon®)

Non-Preferred

Cloderm®
 Cordran®
 Cutivate®
 Dermatop®
 Elocon®
 fluocinolone (generic for Synalar®)
 fluticasone(generic for Cutivate®)
 Locoid®
 Luxiq®
 Momexin®
 Pandel®
 prednicarbate (generic for Dermatop®)
 Synalar®
 Westcort®

High Potency

Preferred

betamethasone valerate cream (generic for Valisone® Cream)
 betamethasone valerate lotion (generic for Valisone® Lotion)
 fluocinonide cream (generic for Lidex® Cream)
 fluocinonide gel (generic for Lidex® Gel)
 fluocinonide solution (generic for Lidex® Solution)
 fluocinonide-E (generic for Lidex E®)
 triamcinolone acetonide cream (generic for Kenalog® Cream)
 triamcinolone acetonide ointment (generic for Kenalog® Ointment)

Non-Preferred

amcinonide (generic for Cyclocort®)
 betamethasone dipropionate (generic for Diprosone®)
 betamethasone dipropionate/propylene glycol (generic for Diprolene®)
 betamethasone valerate foam (generic for Valisone® Foam)
 betamethasone valerate ointment (generic for Valisone® Ointment)
 desoximetasone (generic for Topicort®)
 diflorasone diacetate (generic for Florone®)
 Diprolene ®
 Diprolene AF®
 fluocinonide ointment (generic for Lidex® Ointment)
 Halog®
 Kenalog® aerosol
 Topicort®
 triamcinolone acetonide lotion (generic for Kenalog® Lotion)
 Vanos®

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

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TOPICALS

STEROIDS (Continued)

Very High Potency

Preferred

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

Non-Preferred

Apexicon E®
clobetasol foam (generic for Olux®)
clobetasol emulsion foam (generic for Olux-E®)
clobetasol lotion (generic for Clobex® Lotion)
clobetasol shampoo (generic for Clobex® Shampoo)
Clobex® Lotion
Clobex® Shampoo
Halac®
Halonate ®
Halonate PAC®
Olux ®
Olux E®
Temovate®
Ultravate®
Ultravate® X

MISCELLANEOUS

ESTROGEN AGENT COMBINATIONS

Preferred

Activella®
Climara Pro®
Combipatch®
estradiol/norethindrone (generic for Activella®)
FemHRT®
Prefest®
Premphase®
Prempro®

Non-Preferred

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.nctracks.nc.gov

MISCELLANEOUS

ESTROGEN AGENTS ORAL/TRANSDERMAL

Effective through November 16th, 2014

Preferred

Climara®
Estrace®
estradiol (generic for Estrace®)
estradiol patches (generic for Climara®, Menostar®)
estropipate (generic for Ogen®)
Ogen®
Premarin®

Non-Preferred

Alora®
Cenestin®
Divigel®
Elestrin®
Enjuvia®
Estrasorb®
Evamist®
FemTrace®
Menest®
Menostar®
Mini-Velle®
Vivelle-Dot®

Effective November 17th, 2014

Preferred

Climara®
Estrace®
estradiol (generic for Estrace®)
estradiol patches (generic for Climara®, Menostar®)
estropipate (generic for Ogen®)
Ogen®

Non-Preferred

Alora®
Cenestin®
Divigel®
Elestrin®
Enjuvia®
Estrasorb®
Evamist®
FemTrace®
Menest®
Menostar®
Mini-Velle®
Vivelle-Dot®
Premarin®

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.nctracks.nc.gov

MISCELLANEOUS

IMMUNOSUPPRESSANTS

Preferred

Non-Preferred

Astagraf XL®
 Azasan®
 azathioprine (generic for Imuran®)
 Cellcept®
 cyclosporine (generic for Gengraf®)
 Gengraf®
 Hecoria®
 Imuran®
 mycophenolate (generic for Cellcept®)
 Myfortic®
 Neoral®
 Prograf®
 Rapamune®
 Sandimmune®
 tacrolimus (generic for Prograf®)
 Zortress®

OPIOID DEPENDENCE

Clinical criteria apply

Preferred

Non-Preferred

Suboxone® SL Film

buprenorphine (generic for Subutex®)
 buprenorphine/naloxone tablet (generic for Suboxone®)
 naltexone (generic for ReVia®)
 Suboxone® SL Tablet
 Vivitrol®

IMMUNOMODULATORS

Preferred

Non-Preferred

Enbrel®
 Humira®

Cimzia®
 Orenia SQ®
 Simponi®
 Stelara®
 Xeljanz®

Exemption for Diagnosis of Neonatal Onset: Multi-System Inflammatory Disease

Kineret®

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.nctracks.nc.gov

MISCELLANEOUS

SKELETAL MUSCLE RELAXANTS

Preferred

baclofen (generic for Lioresal®)
 chlorzoxazone (generic for Parafon Forte®)
 cyclobenzaprine (generic for Flexeril®)
 methocarbamol (generic for Robaxin®)
 tizanidine tablets (generic for Zanaflex® tablets)

Non-Preferred

Amrix®
 carisoprodol (generic for Soma®)
 carisoprodol compound (generic for Soma Compound®)
 cyclobenzaprine ER (generic for Amrix®)
 Dantrium®
 dantrolene sodium (generic for Dantrium®)
 Fexmid®
 Lorzone®
 metaxalone (generic for Skelaxin®)
 orphenadrine citrate (generic for Norflex®)
 orphenadrine compound/forte (generic for Norgesic/Forte®)
 Parafon Forte®
 Robaxin®
 Skelaxin®
 Soma®
 tizanidine capsules (generic for Zanaflex® Capsules)
 Zanaflex®

DIABETIC SUPPLIES

Roche Diagnostics Corporation is N.C. Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients and Health Choice-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted under the pharmacy point-of-sale system with a prescription.

Diabetic supplies can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. For questions or assistance regarding diabetic supplies, please call the Division of Medical Assistance at 919-855-4310 (DME), 919-855-4300 (Pharmacy) or Roche Diagnostics Corporation at 1-877-906-8969.

Meters

ACCU-CHEK® Aviva Plus care kit
 ACCU-CHEK® Compact Plus care kit
 ACCU-CHEK® Nano SmartView care kit

Test Strips

ACCU-CHEK® AVIVA 50 ct test strips*
 ACCU-CHEK® AVIVA PLUS 50 ct test strips
 ACCU-CHEK® SMARTVIEW 50 ct test strips
 ACCU-CHEK® COMPACT Plus 51 ct test strips

Lancets

ACCU-CHEK® Multiclix 102 ct Lancets
 ACCU-CHEK® Softclix 100 ct Lancets
 ACCU-CHEK® Fastclix 102 ct Lancets

Lancing Devices

ACCU-CHEK® Softclix lancing device kit (BLUE)
 ACCU-CHEK® Softclix lancing device kit (Black)
 ACCU-CHEK® Multiclix lancing device kit
 ACCU-CHEK® Fastclix lancing device kit

Control Solutions

ACCU-CHEK® Aviva glucose control solution (2 levels)
 ACCU-CHEK® Compact blue glucose control solution (2 levels)
 ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)
 ACCU-CHEK® SmartView glucose control solution (1 level)