



North Carolina Medicaid Preferred Drug List
Therapeutic Classes which have a PA requirement are noted
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[DATE: March 15, 2010]

ANALGESIC		
OPIOIDS, EXTENDED RELEASE	ORAL AGENTS FOR GOUT	NARCOTIC - IBUPROFEN COMBINATIONS
Generics are considered preferred <i>Prior authorization and quantity limits apply to this class.</i>	Generics are considered preferred COLCRYS ULORIC ZYLOPRIM	Generics are considered preferred IBUDONE REPREXAIN VICOPROFEN
TOPICAL NSAIDs AND ANESTHETICS	NONSTEROIDAL ANTIINFLAMMATORY AGENTS	NSAIDs, RECEPTOR SELECTIVE
FLECTOR LIDODERM VOLTAREN GEL	Generics are considered preferred	Generics are considered preferred MOBIC
TRAMADOL AGENTS		
Generics are considered preferred NUCYNTA RYZOLT ER ULTRACET ULTRAM ULTRAM ER		
ANTI-INFECTIVE		
ANTIBACTERIALS CEPHALOSPORINS, 2ND GENERATION	ANTIBACTERIALS CEPHALOSPORINS, 3RD GENERATION	ANTIBACTERIALS MACROLIDES
Generics are considered preferred CEFTIN CEFZIL LORABID	Generics are considered preferred CEDAX OMNICEF SPECTRACEF SUPRAX VANTIN	Generics are considered preferred BIAXIN BIAXIN XL ZITHROMAX ZMAX
ANTIBACTERIALS MISCELLANEOUS	ANTIBACTERIALS QUINOLONES, 2ND AND 3RD GENERATION	ANTIFUNGALS, ORAL ONYCHOMYCOSIS
ZYVOX	Generics are considered preferred AVELOX CIPRO CIPRO XR FACTIVE LEVAQUIN NOROXIN PROQUIN XR	Generics are considered preferred GRIFULVIN V GRIS-PEG LAMISIL TERBINEX SPORANOX



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ANTIFUNGALS, ORAL SYSTEMIC INFECTION	ANTIPROTOZOALS, ORAL NITROIMIDAZOLES	ANTIVIRALS, ORAL HERPES ANTIVIRALS
NOXAFIL VFEND	Generics are considered preferred FLAGYL FLAGYL ER TINDAMAX	Generics are considered preferred FAMVIR VALTREX ZOVIRAX
ANTIVIRALS, ORAL INFLUENZA ANTIVIRALS	VAGINAL ANTIBIOTICS	
Generics are considered preferred FLUMADINE RELENZA TAMIFLU	Generics are considered preferred CLEOCIN .02 CREAM CLEOCIN OVULE CLINDESSE METROGEL .0075 VANDA ZOLE .0075	
CARDIOVASCULAR		
ANTIHYPERTENSIVES ACE INHIBITORS (ACEI)*	ANTIHYPERTENSIVES ACEI, DIURETIC COMBINATIONS*	ANTIHYPERTENSIVES ACEI, CCB COMBINATIONS*
Generics are considered preferred	Generics are considered preferred *Prior authorization applies to class. ACCURETIC CAPOZIDE LOTENSIN HCT MONOPRIL HCT PRINZIDE UNIRETIC VASERETIC ZESTORETIC	Generics are considered preferred *Prior authorization applies. LEXXEL* LOTREL* TARKA*
ANTIHYPERTENSIVES ANGIOTENSIN RECEPTOR BLOCKERS (ARB)*	ANTIHYPERTENSIVES ARB, DIURETIC COMBINATIONS*	ANTIHYPERTENSIVES BETA BLOCKERS
*Prior authorization applies to class. ATACAND AVAPRO BENICAR COZAAR DIOVAN MICARDIS TEVETEN	*Prior authorization applies to class. ATACAND HCT AVALIDE BENICAR HCT DIOVAN HCT HYZAAR MICARDIS HCT TEVETEN HCT	Generics are considered preferred BETAPACE BETAPACE AF BYSTOLIC COREG COREG CR CORGARD INDERAL INDERAL LA INNOPRAN XL KERLONE LEVATOL LOPRESSOR SECTRAL SORINE TENORMIN TOPROL XL TRANDATE ZEBETA



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ANTIHYPERTENSIVES BETA BLOCKER, DIURETIC COMBINATIONS	CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES	CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES
Generics are considered preferred CORZIDE LOPRESSOR HCT TENORETIC ZIAC	Generics are considered preferred ADALAT CC PROCARDIA AFEDITAB CR PROCARDIA XL CARDENE SR SULAR DYNACIRC CR NIFEDIAC CC NIFEDICAL XL NORVASC PLENDIL	Generics are considered preferred CALAN DILT-CD CALAN SR DILTIA XT CARDIZEM ISOPTIN SR CARDIZEM CD TAZTIA XT CARDIZEM LA TIAZAC CARTIA XT VERELAN COVERA-HS VERELAN PM DILACOR XR
ANTIHYPERTENSIVES CCB/ARB COMBINATION PRODUCTS*	ANTIHYPERTENSIVES DIRECT RENIN INHIBITORS*	EPINEPHRINE PRODUCTS SELF INJECTABLE
*Prior authorization applies to class. AZOR EXFORGE HCT EXFORGE TWYNSTA	*Prior authorization applies to class. TEKTURNA VALTURNA TEKTURNA HCT	ADRENACLICK TWINJECT EPIPEN EPIPEN JR
LIPOTROPICS BILE ACID SEQUESTERING RESINS	LIPOTROPICS CHOLESTEROL ABSORPTION INHIBITORS	LIPOTROPICS NIACIN DERIVATIVES
Generics are considered preferred COLESTID QUESTRAN PREVALITE WELCHOL QUESTRAN LIGHT	ZETIA	NIACOR NIASPAN SIMCOR
LIPOTROPICS STATINS, HIGH POTENCY	LIPOTROPICS STATINS, REGULAR POTENCY	LIPOTROPICS STATIN/CCB COMBINATIONS
Generics are considered preferred CRESTOR ZOCOR LIPITOR VYTORIN	Generics are considered preferred ADVICOR LESCOL XL ALTOPREV MEVACOR LESCOL PRAVACHOL	CADUET



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LIPOTROPICS TRIGLYCERIDE LOWERING AGENTS	NITROGLYCERIN SPRAY	
Generics are considered preferred* *Fenofibrate requires prior authorization	NITROLINGUAL SPRAY	
PULMONARY HYPERTENSION THERAPY INHALED AGENTS	PULMONARY HYPERTENSION THERAPY INJECTABLES	PULMONARY HYPERTENSION THERAPY ORAL THERAPY
TYVASO VENTAVIS	Generics are considered preferred FLOLAN REMODULIN	ADCIRCA REVATIO LETAIRIS TRACLEER
NON-NITRATE ANTIANGINALS	MISCELLANEOUS CARDIOVASCULAR COMBINATION AGENTS	SELECT ANTIARRHYTHMICS
RANEXA	BIDIL	Generics are considered preferred CORDARONE MULTAQ
CENTRAL NERVOUS SYSTEM		
ALZHEIMER'S AGENTS CHOLINESTERASE INHIBITORS	ALZHEIMER'S AGENTS NMDA RECEPTOR ANTAGONIST	ANTIDEPRESSANTS NEW GENERATION AGENTS
Generics are considered preferred ARICEPT EXELON PATCH ARICEPT ODT RAZADYNE COGNEX EXELON CAPSULE	NAMENDA	Generics are considered preferred APLENZIN SERZONE MARPLAN WELLBUTRIN REMERNON TAB RAPDIS WELLBUTRIN SR REMERNON TABLET WELLBUTRIN XL
ANTIDEPRESSANTS SNRI'S	ANTIDEPRESSANTS SSRI'S	ANTI-CONVULSANT AGENTS CARBAMAZEPINE DERIVATIVES
Generics are considered preferred CYMBALTA PRISTIQ EFFEXOR SAVELLA EFFEXOR XR VENLAFAXINE ER	Generics are considered preferred CELEXA PROZAC LEXAPRO PROZAC WEEKLY LUVOX CR SARAFEM PAXIL CR SELFEMRA PAXIL ZOLOFT PEXEVA	Generics are considered preferred CARBATROL TEGRETOL EPITOL



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ANTI-CONVULSANT AGENTS FIRST GENERATION ANTICONVULSANTS	ANTI-CONVULSANT AGENTS SECOND GENERATION ANTICONVULSANTS	ANTI-MIGRAINE AGENTS SELECTIVE SEROTONIN AGONISTS*
Generics are considered preferred CELONTIN MEBARAL DEPAKENE MYSOLINE DEPAKOTE PEGANONE DEPAKOTE ER PHENYTEK DILANTIN STAVZOR FELBATOL ZARONTIN	Generics are considered preferred BANZEL GABITRIL KEPPRA NEURONTIN SABRIL VIMPAT ZONEGRAN	Generics are considered preferred <i>*Prior authorization and quantity limits apply to class.</i> AMERGE MAXALT AXERT RELPAX FROVA TREXIMET IMITREX ZOMIG
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS	ATYPICAL ANTIPSYCHOTICS DEPOT INJECTIONS	ATYPICAL ANTIPSYCHOTICS ORAL AGENTS
Generics are considered preferred ADDERALL METADATE CD ADDERALL XR METADATE ER CONCERTA METHYLIN ER DAYTRANA METHYLIN DESOXYN PROCENTRA DEXEDRINE RITALIN DEXTROSTAT RITALIN LA FOCALIN RITALIN-SR FOCALIN XR STRATTERA INTUNIV VYVANSE	INVEGA SUSTENNA RISPERDAL CONSTA	Generics are considered preferred ABILIFY DISCMELT RISPERDAL ABILIFY SAPHRIS CLOZARIL SEROQUEL FANAPT SEROQUEL XR FAZACLO ZYPREXA TABLET GEODON ZYPREXA ZYDIS INVEGA
MULTIPLE SCLEROSIS AGENTS	PARKINSON'S AGENTS NON-ERGOT DOPAMINE RECEPTOR AGONISTS	SKELETAL MUSCLE RELAXANTS
AVONEX EXTAVIA BETASERON REBIF COPAXONE	Generics are considered preferred MIRAPEX REQUIP XL REQUIP	Generics are considered preferred DANTRIUM NORFLEX LIORESAL INTRATHECAL



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SKELETAL MUSCLE AGENTS CONTRACTURE RELEASE	SEDATIVE/HYPNOTICS, NON-BARBITURATES	SMOKING CESSATION AGENTS
<p>*Prior authorization applies.</p> <p>BOTOX* MYOBLOC* DYSPORT</p>	<p>Generics are considered preferred</p> <p>*Prior authorization and quantity limits apply.</p> <p>AMBIEN* LUNESTA* AMBIEN CR* PROSOM* DALMANE* RESTORIL* DORAL* ROZEREM* EDLUAR* SONATA* HALCION* SOMNOTE</p>	<p>Generics, including OTC's, are considered preferred</p> <p>CHANTIX NICOTINE REPLACEMENT, OTC ZYBAN</p>
ENDOCRINE AND METABOLIC		
ANTI-DIABETICS ALPHA-GLUCOSIDASE INHIBITORS	ANTI-DIABETICS AMYLIN ANALOGS	ANTI-DIABETICS BIGUANIDES
<p>Generics are considered preferred</p> <p>GLYSET PRECOSE</p>	<p>SYMLIN PENS SYMLIN VIAL</p>	<p>Generics are considered preferred</p> <p>FORTAMET GLUMETZA GLUCOPHAGE RIOMET GLUCOPHAGE XR</p>
ANTI-DIABETICS BIGUANIDE COMBINATION AGENTS	ANTI-DIABETICS DPP-4 INHIBITORS AND COMBINATIONS	ANTI-DIABETICS INCRELIN MIMETICS
<p>ACTOPLUS MET AVANDAMET</p>	<p>JANUMET ONGLYZA JANUVIA</p>	<p>BYETTA</p>
ANTI-DIABETICS INSULINS - LONG ACTING	ANTI-DIABETICS INSULINS - MIX	ANTI-DIABETICS INSULINS - N
<p>LANTUS SOLOSTAR LEVEMIR VIAL LANTUS LEVEMIR PEN</p>	<p>HUMALOG MIX 50/50 NOVOLOG MIX 70/30 HUMALOG MIX 75/25 NOVOLIN 70/30 HUMULIN 70/30 RELION 70/30</p>	<p>HUMULIN N NOVOLIN N RELION N</p>
ANTI-DIABETICS INSULINS - R	ANTI-DIABETICS INSULINS - RAPID ACTING	ANTI-DIABETICS MEGLITINIDES
<p>HUMULIN R RELION R NOVOLIN R</p>	<p>APIDRA HUMALOG APIDRA SOLOSTAR NOVOLOG</p>	<p>Generics are considered preferred</p> <p>PRANDIN STARLIX</p>



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ANTI-DIABETICS MEGLITINIDE COMBINATIONS	ANTI-DIABETICS SULFONYLUREAS, SECOND GENERATION	ANTI-DIABETICS THIAZOLIDINEDIONES (TZDs)
PRANDIMET	Generics are considered preferred AMARYL GLUCOTROL XL DIABETA GLYNASE GLUCOTROL	ACTOS AVANDIA
ANTI-DIABETICS TZD/SULFONYLUREA COMBINATIONS	ELECTROLYTE DEPLETERS	BIPHOSPHONATES-OSTEOPOROSIS, INJECTABLE
AVANDARYL DUETACT	Generics are considered preferred ELIPHOS RENAGEL FOSRENOL RENVELA PHOSLO	BONIVA IV RECLAST
BIPHOSPHONATES-OSTEOPOROSIS, ORAL	BONE FORMATION STIMULATING AGENTS	CALCITONINS
Generics are considered preferred ACTONEL FOSAMAX PLUS D ACTONEL WITH CALCIUM FOSAMAX BONIVA	FORTEO	Generics are considered preferred FORTICAL MIACALCIN
GROWTH HORMONE*		
*Prior authorization applies to class.		
GENOTROPIN OMNITROPE HUMATROPE SAIZEN NORDITROPIN TEV-TROPIN NUTROPIN ZORBIVE NUTROPIN AQ INCRELEX		
GASTROINTESTINAL		
ANTI-EMETICS (ORAL) NK1 ANTAGONISTS	ANTI-EMETICS (ORAL) SEROTONIN RECEPTOR ANTAGONISTS	BILE ACID SALTS
EMEND	Generics are considered preferred ANZEMET ZOFRAN ODT KYTRIL ZOFRAN SANCUSO	Generics are considered preferred URSO URSO FORTE



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BOWEL CLEANSING AGENTS	HISTAMINE-2 RECEPTOR ANTAGONISTS	H. PYLORI TREATMENT
Generics are considered preferred NULYTELY WITH FLAVOR PACKS PEG-3350 WITH FLAVOR PACKS TRILYTE WITH FLAVOR PACKETS	Generics are considered preferred AXID PEPCID ZANTAC	HELIDAC PREVPAC PYLERA
PANCREATIC ENZYMES	PROGESTINS FOR CACHEXIA	PROTON PUMP INHIBITORS
CREON PANCREASE MT PANCREARB PANCRELIPASE ULTRASE ULTRASE MT VIOKASE ZENPEP	Generics are considered preferred MEGACE MEGACE ES	Generics, including OTCs, are considered preferred* *PANTOPRAZOLE SODIUM requires prior authorization. *LANSOPRAZOLE requires prior authorization. PRILOSEC OTC
SELECTIVE CONSTIPATION AGENTS	THC DERIVATIVES	ULCERATIVE COLITIS THERAPY ORAL AGENTS
AMITIZA ZELNORM	Generics are considered preferred CESAMET MARINOL	Generics are considered preferred APRISO ASACOL ASACOL HD AZULFIDINE DR AZULFIDINE IR AZULFIDINE SUSP COLAZAL DIPENTUM LIALDA PENTASA
ULCERATIVE COLITIS THERAPY RECTAL AGENTS		
Generics are considered preferred CANASA SUPP.RECT ROWASA SFROWASA		
GENITOURINARY		
ALPHA BLOCKERS FOR BPH	ANTISPASMODICS	
FLOMAX RAPAFLO UROXATRAL	Generics are considered preferred DETROL DETROL LA DITROPAN DITROPAN XL ENABLEX GELNIQUE OXYTROL SANCTURA SANCTURA XR TOVIAZ VESICARE	



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HEMATOLOGICAL & ONCOLOGICAL AGENTS		
ANABOLIC STEROIDS FOR ANEMIA	ANTICOAGULANTS- LOW MOLECULAR WEIGHT HEPARINS	AROMATASE INHIBITORS
ANADROL-50	ARIXTRA INNOHEP FRAGMIN LOVENOX	ARIMIDEX FEMARA AROMASIN
COLONY STIMULATING FACTORS	EPIDERMAL GROWTH FACTOR RECEPTOR INHIBITORS	HEMATOPOIETIC AGENTS*
LEUKINE NEULASTA NEUPOGEN	IRESSA TARCEVA	*Prior authorization applies to this class. ARANESP PROCRIT EPOGEN
OCTREOTIDE ANALOGS	PLATELET INHIBITORS	PROTEIN TYROSINE KINASE INHIBITORS
Generics are considered preferred SANDOSTATIN SANDOSTATIN LAR SOMATULINE DEPOT	Generics are considered preferred AGGRENOX PLAVIX EFFIENT TICLID PERSANTINE	GLEEVEC VOTRIENT SPRYCEL SUTENT TASIGNA
THALOMIDE DERIVATIVES	THROMBOPOIESIS STIMULATING AGENTS	
REVLIMID THALOMID	NEUMEGA PROMACTA NPLATE	
HORMONE RELATED THERAPY		
ANDROGENIC AGENTS	ANDROGEN HORMONE INHIBITOR	ANTIESTROGENS
ANDRODERM TESTIM ANDROGEL	Generics are considered preferred AVODART PROSCAR	FARESTON TAMOXIFEN FASLODEX
ESTROGENS, ORAL	ESTROGENS, RINGS	ESTROGENS, TRANSDERMAL
Generics are considered preferred CENESTIN MENEST CONGENS OGEN ORAL ENJUVA PREMARIN ORAL GYNODIOL MANNIST	ESTRING FEMRING	Generics are considered preferred ALORA ESTRASORB CLIMARA ESTROGEL DIVIGEL MENOSTAR ELESTRIN VIVELLE-DOT ESTRADERM



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ESTROGENS, VAGINAL	ESTROGENS/PROGESTINS, ORAL	ESTROGENS/PROGESTINS, TRANSDERMAL
ESTRACE VAGINAL CREAM PREMARIN VAGINAL CREAM VAGIFEM	Generics are considered preferred ACTIVEVILLA PREFEST ANGELIQ PREMPHASE FEMHRT PREMPRO ORTHO-PREFEST	CLIMARA PRO COMBIPATCH
SELECTIVE ESTROGEN RECEPTOR MODULATOR		
EVISTA		
IMMUNOLOGICS		
IMMUNOMODULATORS, INJECTABLE/INFUSED	IMMUNOMODULATORS, TOPICAL*	HEPATITIS B THERAPY
CIMZIA ORENCIA ENBREL REMICADE HUMIRA SIMPONI KINERET STELARA	*Prior authorization applies to class. ELIDEL PROTOPIC	BARACLUDE EPIVIR HBV HEPSERA TYZEKA VIREAD
HEPATITIS C THERAPY PEGYLATED INTERFERONS	HEPATITIS C THERAPY RIBAVIRINS	IMMUNOSUPPRESSANTS
PEGASYS PEGASYS CONV.PACK PEG-INTRON PEG-INTRON REDIPEN	Generics are considered preferred COPEGUS REBETOL RIBAPAK RIBASPHERE RIBATAB	Generics are considered preferred AZASAN NEORAL CELLCEPT PROGRAF GENGRAF RAPAMUNE IMURAN SANDIMMUNE MYFORTIC
OPHTHALMICS		
ANTIINFLAMMATORY	ANTIHISTAMINES, OPHTHALMIC	MAST CELL STABILIZERS, OPHTHALMIC
DUREZOL	Generics are considered preferred BEPREVE OPTIVAR ELESTAT PATADAY EMADINE PATANOL	Generics are considered preferred ALAMAST ALOMIDE ALOCRIL CROLOM



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NSAIDs, OPHTHALMIC	GLAUCOMA THERAPY ALPHA-2 ADRENERGICS	GLAUCOMA THERAPY BETA BLOCKERS
Generics are considered preferred ACULAR OCUFEN ACULAR LS VOLTAREN DROPS ACUVAIL XIBROM NEVANAC	Generics are considered preferred ALPHAGAN P IOPIDINE	Generics are considered preferred BETAGAN ISTALOL BETIMOL OPTIPRANOLOL BETOPTIC S TIMOPTIC COMBIGAN TIMOPTIC-XE
GLAUCOMA THERAPY CARBONIC ANHYDRASE INHIBITORS	GLAUCOMA THERAPY PROSTAGLANDIN AGONISTS	OPHTHALMICS QUINOLONES & MACROLIDES
Generics are considered preferred AZOPT COSOPT TRUSOPT	LUMIGAN TRAVATAN TRAVATAN Z XALATAN	Generics are considered preferred AZASITE OCUFLOX DROPS BESIVANCE QUIXIN CILOXAN DROPS VIGAMOX CILOXAN OINT ZYMAR IQUIX
MACULAR DEGENERATION		
LUCENTIS MACUGEN		
OTICS		
QUINOLONES, OTIC		
Generics are considered preferred CETRAXAL CIPRODEX CIPRO HC		
RESPIRATORY		
ANTI-CHOLINERGICS	ANTI-HISTAMINES, 2ND GENERATION	ANTI-HISTAMINES, 2ND GENERATION AND DECONGESTANT COMBINATIONS
Generics are considered preferred ATROVENT HFA COMBIVENT DUONEB SPIRIVA	Generics, including OTCs, are considered preferred.* * FEXOFENADINE requires prior authorization Claritin OTC Zyrtec OTC	Generics are considered preferred ALLEGRA-D 12 HOUR SEMPREX-D ALLEGRA-D 24 HOUR ZYRTEC-D RX CLARINEX-D 12 HOUR CLARINEX-D 24 HOUR
NASAL ANTIHISTAMINES	BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS	BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS
ASTELIN PATANASE ASTEPRO NASAL SPRAY	Generics are considered preferred PROVENTIL HFA VENTOLIN HFA	FORADIL SEREVENT DISKUS



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BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS	BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS	GLUCOCORTICOID INHALATION DEVICES
BROVANA PERFOROMIST	Generics are considered preferred	AEROBID FLOVENT DISKUS AEROBID-M FLOVENT HFA ALVESCO PULMICORT FLEXHALER ASMANEX QVAR AZMACORT
GLUCOCORTICOID INTRANASAL STEROIDS	GLUCOCORTICOID AND LONG-ACTING BETA-2 ADRENERGICS	LEUKOTRIENE MODIFIERS
Generics are considered preferred	ADVAIR DISKUS SYMBICORT ADVAIR HFA	ACCOLATE ZYFLO SINGULAIR ZYFLO CR
TOPICAL AGENTS		
TOPICAL ANTIBIOTICS	TOPICAL ANTIFUNGALS	TOPICAL ANTIFUNGALS, ONYCHOMYCOSIS
Generics are considered preferred ALTABAX CENTANY BACTROBAN	Generics are considered preferred NAFTIN	Generics are considered preferred CNL 8 PENLAC
TOPICAL ANTIPARASITICS	TOPICAL ANTIVIRALS	BENZOYL PEROXIDE/CLINDAMYCIN COMBOS
Generics are considered preferred ACTICIN RX MALATHION RX ELIMITE RX OVIDE LOTION RX EURAX RX ULESFIA LINDANE RX	DENAVIR ZOVIRAX CREAM ZOVIRAX OINT	Generics are considered preferred BENZACLIN DUAC BENZACLIN CAREKIT DUAC CS
TOPICAL RETINOIDS	TOPICAL RETINOID COMBINATIONS	TOPICAL AGENTS FOR PSORIASIS
Generics are considered preferred ATRALIN RETIN-A MICRO AVITA RETIN-A MICRO PUMP DIFFERIN TAZORAC EPIDUO TRETIN-X RETIN-A	ZIANA	Generics are considered preferred DOVONEX DOVONEX SOLUTION TACLONEX TACLONEX SCALP VECTICAL
TOPICAL DAPSONE		
ACZONE		



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MISCELLANEOUS AGENTS		
C-1 ESTERASE INHIBITORS	ORAL AGENTS FOR PSORIASIS	SELECT PRENATAL VITAMINS
BERINERT CINRYZE	SORIATANE SORIATANE CK	Generics are considered preferred HIP PRENATAL PRENATE DHA PREFERA-OB PRENATE ELITE PNV-DHA TRIFERA OB PNV-SELECT
SUBOXONE		
SUBOXONE		

DIABETIC SUPPLIES

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

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|---|---|
| Prodigy AutoCode® Talking Meter Kit | Prodigy Lancing Device, Adj. Depth w/ Clear Cap |
| Prodigy Voice™ Meter Kit | Prodigy Syringe 28G 12.7mm – 1 cc (100 ct) |
| Prodigy™ No Coding Test Strips | Prodigy Syringe 31G 8mm – 1/2 cc (100 ct) |
| Prodigy Control Solution (Low) | Prodigy Syringe 31G 8mm- 1/3 cc (100 ct) |
| Prodigy Twist Top Lancets 28G | |
| Prodigy Pocket™ Meter Kit (Black, Pink, Blue, Green, Camouflage, Pink Camouflage) | |