

Preferred Brands with Non-preferred Generics

Current as of June 25, 2021

Brand Name	Generic Name
Actiq Lozenges	Fentanyl Citrate Lozenges
Adderall XR	Amphetamine Salt Combo ER
Advair Diskus	Fluticasone-Salmeterol Diskus
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Amitiza Capsule	Lubiprostone Capsule
Androgel Pump	Testosterone Gel Pump
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
Aptensio XR Capsule	Methylphenidate ER Capsule
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
Butrans Patch	Buprenorphine Patch
Catapres-TTS Patch	Clonidine Patch
Canasa 1,000 mg Suppository	Mesalamine 1,000 mg Suppository
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Ciprodex Otic Suspension	Ciprofloxacin/Dexamethasone Suspension
Clobex 0.005% Shampoo	Clobetasol 0.005% Shampoo
Concerta Tab	Methylphenidate ER Tab
Copaxone Syr	Glatiramer Syr
Derma-Smoothe-FS Body Oil	Fluocinolone 0.01% Body Oil
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops
Diastat 2.5 mg Pedi System	Diazepam Rectal Gel System
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Differin 0.1% Cream	Adapalene 0.1% Cream
Differin 0.3% Gel Pump	Adapalene 0.3% Gel Pump
Dovonex 0.005% Cream	Calcipotriene 0.005% Cream
E.E.S 200	Erythromycin Ethyl Succinate 200 mg/5 ml
Elidel 1% Cream	Pimecrolimus 1% Cream
Emend 80 mg Capsule	Aprepitant 80 mg Capsule
EryPed Suspension	Erythromycin Ethyl Succinate Suspension
Exelon Patch	Rivastigmine Patch
Focalin 10 mg	Dexmethylphenidate
Focalin XR 10 mg	Dexmethylphenidate ER
Gabitril	Tiagabine
Glyset	Miglitol
Humalog 100 units/ml Vial	Insulin Lispro 100 units/ml Vial
Humalog Kwikpen 100 units/ml	Insulin Lispro 100 units/ml
Humalog Jr Kwikpen 100 units/ml	Insulin Lispro Jr 100 units/ml
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Letairis Tablet	Ambrisentan Tablet
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Methylin Solution	Methylphenidate Solution

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Brand Name	Generic Name
MetroCream 0.75% Cream	Metronidazole 0.75% Cream
Metrogel Topical 1% Gel	Metronidazole Topical 1% Gel
Metrogel Topical 1% Pump	Metronidazole Topical 1% Gel
Mitigare 0.6 mg capsules	Colchicine 0.6 mg capsules
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Nexium DR Packet	Esomeprazole DR Packet
Niaspan ER Tablets	Niacin ER Tablets
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Novolog 100 U/ml FlexPen	Insulin Aspart 100 U/ml Pen
Novolog 100 U Vial	Insulin Aspart 100 U Vial
Novolog Mix 70-30 FlexPen	Insulin Aspart Mix 70-30 Pen
Novolog Mix 70-30 Vial	Insulin Aspart Mix 70-30 Vial
Nuvigil Tabs	Armodafinil Tabs
ProAir HFA Inhaler	Albuterol HFA Inhaler
Protopic Oint	Tacrolimus Oint
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Provigil	Modafinil
Pulmicort Respules	Budesonide Respules
Retin-A Cream	Tretinoin Cream
Retin-A Gel	Tretinoin Gel
Retin-A Micro Gel	Tretinoin Micro Gel
Retin-A Micro Pump Gel	Tretinoin Micro Pump Gel
Sabril 500 mg Powder Packet	Vigabatrin 500 mg Powder Packet
Suboxone Film	Buprenorphine/Naloxone Film
Symbicort Inhaler	Budesonide-Formoterol Inhaler
Symbyax	Olanzapine-fluoxetine
Tecfidera DR Capsule	Dimethyl Fumarate Capsule
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab
Tegretol XR Tab	Carbamazepine ER Tab
Tekturna / Tekturna HCT Tablet	Aliskiren / Aliskiren HCT Tablet
TobraDex Eye Drops	Tobramycin-Dexamethasone Drops
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
Zovirax 5% Cream	Acyclovir 5% Cream
Zovirax 5% Ointment	Acyclovir 5% Ointment

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- If a brand product is preferred and it has a non-preferred generic equivalent, “medically necessary” is NOT needed on the face of the prescription.
- When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

adapted from: <https://medicaid.ncdhhs.gov/media/9948/open>