

South Carolina  
**Department of Health and Human Services**  
 Post Office Box 8206  
 Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)  
 October 7, 2009

Phys  
 Dent  
 MC  
 Hosp  
 Med Clin  
 MHRC  
 HH  
 Pharm

## MEDICAID BULLETIN

**TO: Providers Indicated**

**SUBJECTS: South Carolina Medicaid Preferred Drug List**

The Preferred Drug List (PDL) has been revised. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL.

**Effective with dates of service** on or after October 28, 2009, pharmacy claims without prior authorization (PA) approval will deny for designated non-preferred products within the therapeutic classes listed below. The complete PDL (attached to this bulletin) includes the following changes:

<b>CHANGES TO EXISTING PDL CLASSES</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
<b>SHORT ACTING BETA ADRENERGICS</b>			
PROAIR HFA 90	Changed to Preferred	XOPENEX HFA	Changed to Non-Preferred
PROVENTIL HFA	Changed to Preferred	MAXAIR AUTOHALER	
VENTOLIN HFA			
<b>BETA - ADRENERGIC AGENTS: NEBS</b>			
ALBUTEROL SULFATE		ACCUNEB ALBUTEROL-GENERIC ACCUNEB METAPROTERENOL SULFATE	
		XOPENEX	Changed to Non-Preferred
<b>BETA BLOCKERS- GLAUCOMA</b>			

BETAXOLOL HCL CARTEOLOL HCL	Changed to Preferred	AKBETA BETAGAN	
COMBIGAN LEVOBUNOLOL HCL METIPRANOLOL TIMOLOL MALEATE		BETIMOL BETOPTIC BETOPTIC S ISTALOL OCUPRESS OPTIPRANOLOL TIMOLOL SOL-GEL TIMOPTIC TIMOPTIC-XE	
<b>ELECTROLYTE DEPLETERS</b>			
FOSRENOL PHOSLO RENAGEL		Changed to Preferred	ELIPHOS CALCIUM ACETATE
REVELA			
<b>ENDOTHELIN RECEPTOR ANTAGONISTS (ETRA)</b>			
LETAIRIS	Changed to Preferred	TRACLEER Changed to Non-Preferred	
<b>BETA ADRENERGIC/CORTICOSTEROID</b>			
ADVAIR DISKUS ADVAIR HFA SYMBICORT	Changed to Preferred		
<b>HERPES ANTIVIRALS</b>			
ACYCLOVIR TAB/CAP ACYCLOVIR SUSP VALTREX		FAMCICLOVIR FAMVIR ZOVIRAX TAB & CAPS ZOVIRAX SUSP Changed to Non-Preferred	
<b>OPHTHALMIC ANTIHISTAMINES</b>			
ALAWAY OTC ELESTAT	Changed to Preferred	EMADINE ZADITOR RX	
KETOTIFEN OTC PATADAY PATANOL	Changed to Preferred	OPTIVAR	
ZADITOR OTC	Changed to Preferred		

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that a patient's clinical status requires therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the PA request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

All PA requests should be submitted via WebPA, telephone, or fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. To access the WebPA tool, visit <http://southcarolina.fhsc.com>, click on "Prescribers", then "WebPA". New users will need to click on "UAC" in the right hand corner to request a user id and password. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. (First Health's South Carolina Medicaid **beneficiary call center** telephone number for Pharmacy Services is 800-834-2680. Providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.)

A pharmacy claim submitted for a PA-required product that has not been approved for Medicaid reimbursement will reject. If this occurs, the pharmacist should contact the prescriber so that a determination can be made regarding whether a drug *not* requiring PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

Questions about **Medicare** eligibility issues and Part D drug plans should be directed to 1-800-MEDICARE.

/S/  
Emma Forkner  
Director

Attachment

NOTE: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov>. To sign up for Electronic funds Transfer of your Medicaid payment, please go to: <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic funds Transfer (EFT)" for instructions.



South Carolina Department of Health and Human Services Preferred Drug List  
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)  
Some therapeutic classes to have a PA requirement. These are noted within the posting.  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

October 28, 2009

**ANALGESIC**

**NSAIDs**

Diclofenac Potassium  
Diclofenac Sodium  
Diflunisal  
Etodolac  
Fenoprofen  
Flurbiprofen  
Ibuprofen  
Indomethacin  
Indomethacin SR  
Ketoprofen  
Ketoprofen ER  
Ketorolac  
Meclofenamate Sod.  
Nabumetone  
Naproxen  
Naproxen Sodium  
Oxaprozin  
Piroxicam  
Sulindac  
Tolmetin Sodium

**NSAIDs, RECEPTOR SELECTIVE\***

Celebrex®  
Meloxicam

\* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

**OPIOIDS, EXTENDED RELEASE**

Duragesic® Patch  
Kadian®  
Morphine Sulfate ER\*

**TOPICAL NSAIDS AND ANESTHETICS**

\*All agents in this class require Prior Authorization.

**ANTI-INFECTIVE**

**ANTIBACTERIALS**

**CEPHALOSPORINS, 2ND GENERATION**

Cefprozil  
Cefuroxime

**CEPHALOSPORINS, 3RD GENERATION**

Cefdinir (all dosage forms)  
Spectracef® Tablets

**MACROLIDES/KETOLIDES**

Azithromycin  
Clarithromycin  
Clarithromycin XL  
EryPed®  
Ery-Tab®  
Erythromycin Base  
Erythromycin Estolate  
Erythromycin Ethylsuc.  
Erythromycin Stearate  
Erythrocin Stearate  
Erythromycin & Sulfisox.

**QUINOLONES, 2ND AND 3RD GENERATION**

Avelox®  
Ciprofloxacin  
Ofloxacin

\*Prescribers are encouraged to ensure compliance with FDA approved indications.

**ANTIFUNGALS, ORAL**

**ONYCHOMYCOSIS AGENTS**

Gris-Peg®  
Griseofulvin  
Terbinafine

**ANTIPROTOZOALS, ORAL**

**NITROIMIDAZOLES**

Metronidazole

**ANTIVIRALS, ORAL**

**HERPES ANTIVIRALS**

Acyclovir  
Valtrex®

**CARDIOVASCULAR**

**ACE INHIBITORS (ACEI)**

Benazepril  
Benazepril/HCTZ  
Captopril  
Enalapril  
Enalapril/HCTZ  
Lisinopril  
Lisinopril/HCTZ

**ACEI, CCB COMBINATIONS**

Lotrel®  
Tarka®

**ANGIOTENSIN RECEPTOR BLOCKERS (ARB)**

Avalide®  
Avapro®  
Benicar®  
Benicar HCT®  
Cozaar®  
Diovan®  
Diovan HCT®  
Hyzaar®  
Micardis®  
Micardis HCT®  
Teveten®  
Teveten HCT®

**BETA BLOCKERS**

Acebutolol  
Atenolol  
Atenolol/Chlorthalidone  
Betaxolol  
Bisoprolol Fumarate  
Bisoprolol/HCTZ  
Carvedilol  
Labetolol  
Metoprolol Tartrate  
Nadolol  
Pindolol  
Propranolol  
Propranolol ER  
Propranolol/HCTZ  
Sotalol  
Timolol

**CALCIUM CHANNEL BLOCKERS (CCB), DIHYDROPYRIDINES**

Amlodipine  
Dynacirc CR®  
Felodipine  
Isradipine  
Nicaldipine  
Nifedical XL®  
Nifedipine ER and SA

**CALCIUM CHANNEL BLOCKERS (CCB), NON-DIHYDROPYRIDINES**

Cartia XT®  
Diltia XT®  
Diltiazem  
Diltiazem ER and XR  
Taztia XT®  
Verapamil  
Verapamil ER  
Verapamil SR

**CCB/ARB COMBINATION PRODUCTS**

Exforge®  
Exforge HCT®

**DIRECT RENIN INHIBITORS**

Tektura®\*  
Tektura HCT®\*

\* Prior authorization is required if an ARB has not been prescribed previously for the patient.

**ENDOTHELIN RECEPTOR ANTAGONISTS**

Letairis®\*  
\*Patients currently established on non-preferred therapy will be grandfathered.



South Carolina Department of Health and Human Services Preferred Drug List  
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)  
Some therapeutic classes to have a PA requirement. These are noted within the posting.  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

October 28, 2009

<b>LIPOTROPICS</b>	<b>NMDA RECEPTOR ANTAGONIST</b> Namenda®	<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS</b> Adderall XR® Amphetamine Salt Combination Dexmethylphenidate Immediate Release Dextroamphetamine Dextroamphetamine SR Metadate ER® Methylin® Methylin ER® Methylphenidate Methylphenidate ER/SR Ritalin LA®* Concerta®* Focalin XR®* Vyvanse®*	<b>AMYLIN ANALOGS*</b> Symlin®  * Prior authorization is required if patient is not currently receiving insulin therapy.
<b>BILE ACID SEQUESTERING RESINS</b> Cholestyramine Cholestyramine Light Colestipol Welchol®	<b>ANTI-CONVULSANT AGENTS</b>		
<b>FIBRIC ACID DERIVATIVES</b> Gemfibrozil Lofibra® Tricor® Trilipix®	<b>CARBAMAZEPINE DERIVATIVES</b> Carbamazepine (all dosage forms) Carbatrol® Epitol® Oxcarbazepine		
<b>NIACIN DERIVATIVES</b> Niaspan®	<b>FIRST GENERATION ANTICONVULSANTS</b> Celontin® Depakote ER® Divalproex Sprinkles Ethosuximide Felbatol® Mephobarbital Phenytoin Phenytoin Sodium ER Primidone Valproic Acid  * Prior authorization is not required for Dilantin® if "Brand Medically Necessary" criteria are met.	<b>MULTIPLE SCLEROSIS AGENTS</b> Avonex® Avonex Administration Pack® Betaseron® Copaxone® Rebif®  * Generic agents considered "first-line" when appropriate.	<b>BIGUANIDES</b> Metformin Metformin ER
<b>NIACIN/STATIN COMBINATIONS</b> Advicor® Simcor®			<b>BIGUANIDE COMBINATION AGENTS</b> ActoPlus Met® Avandamet®
<b>STATINS</b> Altoprev® Crestor® Lescol® Lescol XL® Lipitor® Lovastatin Pravastatin Simvastatin Vytorin®	<b>SECOND GENERATION ANTICONVULSANTS</b> Gabapentin Lamotrigine Levetiracetam Lyrica® Topiramate Zonisamide	<b>PARKINSON'S AGENTS</b>	<b>DPP-4 INHIBITORS AND COMBINATIONS*</b> Janumet® Januvia®  * Prior authorization is required if metformin, a thiazolidinedione or a sulfonylurea has not been prescribed previously for the patient.
<b>CHOLESTEROL-ABSORPTION INHIBITORS</b> Zetia®		<b>NON-ERGOT DOPAMINE RECEPTOR AGONISTS</b> Ropinirole	<b>INCRELIN MIMETICS*</b> Byetta® * Prior authorization is required if metformin, a thiazolidinedione or a sulfonylurea product has not been prescribed previously for the patient.
<b>NON-NITRATE ANTIANGINALS</b> Ranexa®	<b>ANTI-MIGRAINE AGENTS</b>	<b>SEDATIVE/HYPNOTICS, NON-BARBITURATES</b> Temazepam Zolpidem	<b>INSULINS</b> Lantus® Vial Levemir® Vial Novolin® N Novolin® R Novolin® 70/30 Novolog® Novolog® Mix 70/30 Humalog® 50/50
<b>CENTRAL NERVOUS SYSTEM</b>	<b>SELECTIVE SEROTONIN AGONISTS*</b> Sumatriptan Tablets Sumatriptan Injection Sumatriptan Nasal Spray Treximet®	<b>ENDOCRINE AND METABOLIC</b>	<b>MEGLITINIDES</b> Starlix®
<b>ALZHEIMER'S AGENTS</b>		<b>ANTI-DIABETICS</b>	
<b>CHOLINESTERASE INHIBITORS</b> Aricept® tablets Exelon® (Oral & Patches) Galantamine		<b>ALPHA-GLUCOSIDASE INHIBITORS</b> Glyset® Acarbose	



South Carolina Department of Health and Human Services Preferred Drug List  
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)  
Some therapeutic classes to have a PA requirement. These are noted within the posting.  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

October 28, 2009

**SULFONYLUREAS,  
SECOND GENERATION**

Glimepiride  
Glipizide  
Glipizide ER  
Glyburide  
Glyburide Micronized

**THIAZOLIDINEDIONES**

Actos®  
Avandia®

**THIAZOLIDINEDIONE /  
SULFONYLUREA  
COMBINATIONS\***

Avandaryl®  
Duetact®

\* Prior authorization is required if a single agent thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.

**ELECTROLYTE DEPLETERS**

Fosreno®  
Phoslo®  
Renagel®  
Renvela® Tablets

**BIPHOSPHONATES -  
OSTEOPOROSIS**

Alendronate

**CALCITONINS**

Calcitonin Nasal Spray  
Fortical® Nasal Spray

**GROWTH HORMONE**

Genotropin®  
Norditropin®  
Saizen®

\* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

**GASTROINTESTINAL**

**ANTI-EMETICS (ORAL)**

**NK1 ANTAGONISTS**

Emend®

**SEROTONIN RECEPTOR  
ANTAGONISTS**

Granisetron  
Ondansetron

\* See the listing at:  
<http://southcarolina.fhsc.com>  
for the quantity limits for this class. (Click on Providers, then Documents, then Pharmacy Quantity Limits.)

**HISTAMINE-2 RECEPTOR  
ANTAGONISTS**

Famotidine  
Ranitidine

**PROTON PUMP  
INHIBITORS\***

Nexium® Capsules  
Prevacid®  
Omeprazole OTC

\* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

**ULCERATIVE COLITIS  
THERAPY**

Asacol®  
Balsalazide Disodium  
Canasa® Rectal Supp.  
Mesalamine Enema  
Pentasa®  
Sulfasalazine

**PROGESTINS FOR  
CACHEXIA**

Megestrol Oral Susp

**GENITOURINARY**

**ALPHA BLOCKERS FOR  
BPH**

Flomax®  
Uroxatral®

**ANTISPASMODICS**

Detrol LA®  
Enablex®  
Oxybutynin  
Oxytrol®  
Sanctura®  
VESIcare®

**HEMATOLOGICAL &  
ONCOLOGICAL  
AGENTS**

**ANTICOAGULANTS –  
LOW MOLECULAR  
WEIGHT HEPARINS**

Arixtra®  
Fragmin®  
Lovenox®

**HEMATOPOIETIC  
AGENTS**

Aranesp®  
Procrit®

**PLATELET INHIBITORS**

Aggrenox®  
Plavix®

**PROTEIN TYROSINE  
KINASE INHIBITORS**

Gleevec®

**HORMONE  
RELATED  
THERAPY**

**ANDROGENIC AGENTS**

Androderm®  
Androgel®  
Testim®

**ANDROGEN HORMONE  
INHIBITOR**

Avodart®  
Finasteride

**IMMUNOLOGICS**

**IMMUNOMODULATORS,  
INJECTABLE**

Enbrel®  
Humira®

**IMMUNOMODULATORS,  
TOPICAL**

Elidel® \*  
Protopic® \*

\* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.

**IMMUNOMODULATORS,  
ORAL AND INJECTABLE**

**HEPATITIS B THERAPY\***

Baraclude®  
Epiriv HBV®  
Hepsera®  
Tyzeka®

\*Viread® is unaffected by the PDL and is available without Prior Authorization.

**HEPATITIS C THERAPY,  
PEGYLATED  
INTERFERONS\***

Pegasys® & Conv. Pack  
Peg-Intron® & Redipen

**HEPATITIS C THERAPY,  
RIBAVIRINS \***

Ribavirin

\* Class level PA is in effect for all Hepatitis B & C medications. Once criteria are met, the agents listed on the PDL are preferred.



South Carolina Department of Health and Human Services Preferred Drug List  
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)  
Some therapeutic classes to have a PA requirement. These are noted within the posting.  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

October 28, 2009

**IMMUNOSUPPRESSANTS**

Azasan®  
Azathioprene  
Cyclosporine  
Gengraf®  
Imuran®  
Mycophenolate Mofetil  
Myfortic®  
Neoral®  
Prograf®  
Rapamune®  
Sandimmune®

**OPHTHALMICS**

**ANTIHISTAMINES,  
OPHTHALMIC**

Alaway® OTC  
Elestat®  
Ketotifen OTC  
Pataday®  
Patanol®  
Zaditor® OTC

**MAST CELL STABILIZERS,  
OPHTHALMIC**

Alamast®  
Alocril®  
Alomide®  
Cromolyn Sodium

**NSAIDs, OPTHALMIC**

Acular®  
Acular LS®  
Acular PL®  
Diclofenac Sodium  
Flurbiprofen Sodium  
Nevanac®

**GLAUCOMA THERAPY**

**ALPHA-2 ADRENERGICS**

Brimonidine Tartrate  
Alphagan P®

**BETA BLOCKERS**

Betaxolol HCl  
Carteolol HCl  
Combigan®  
Levobunolol HCl  
Metipranolol  
Timolol Maleate

**CARBONIC ANHYDRASE  
INHIBITORS**

Azopt®  
Dorzolamide  
Dorzolamide -Timolol

**PROSTAGLANDIN  
AGONISTS**

Lumigan®  
Travatan®  
Travatan Z®  
Xalatan®

**QUINOLONES &  
MACROLIDES,  
OPHTHALMIC**

Ciprofloxacin HCl  
Vigamox®  
Zymar®

**OTICS**

**QUINOLONES, OTIC**

Ciprodex®  
Ofloxacin Otic Drops

**RESPIRATORY**

**ANTI-CHOLINERGICS**

Atrovent® HFA  
Combivent®  
Spiriva®

**ANTIHISTAMINES, 2nd  
GENERATION AND  
DECONGESTANT  
COMBINATIONS**

Cetirizine  
Loratadine OTC  
Loratadine-D OTC

**NASAL ANTIHISTAMINES**

Astelin®  
Astepro®

**BETA ADRENERGIC  
DEVICES, SHORT-  
ACTING INHALERS**

ProAir® HFA  
Proventil® HFA  
Ventolin® HFA

**BETA ADRENERGIC  
DEVICES, LONG-ACTING  
METERED DOSE  
INHALERS**

Serevent Diskus®\*

\* Prescribers are reminded of the warnings associated with the use of long acting beta agonists.

**BETA ADRENERGIC  
AGENTS, LONG-ACTING  
NEBULIZERS**

\*Both agents in this class require Prior Authorization.

**BETA ADRENERGIC  
AGENTS, SHORT-ACTING  
NEBULIZERS**

Albuterol

**GLUCOCORTICIDS**

**INHALATION DEVICES**

Asmanex®  
Azmacort®  
Flovent Diskus®  
Flovent HFA®  
Qvar®

**INTRANASAL STEROIDS**

Fluticasone propionate  
Nasonex®

**GLUCOCORTICIDS  
AND LONG-ACTING  
BETA-2 ADRENERGICS**

Advair® Diskus  
Advair® HFA  
Symbicort®

**LEUKOTRIENE RECEPTOR  
ANTAGONISTS**

Accolate®  
Singulair®

**TOPICAL AGENTS FOR  
ACNE**

**BENZOYL PEROXIDE/  
CLINDAMYCIN  
COMBOS**

Benzacilin®  
Duac CS®

**TOPICAL RETINOIDS**

Differin®  
Epiduo®  
Retin-A Micro®  
Tretinoin

**TOPICAL AGENTS FOR  
PSORIASIS**

**TOPICAL AGENTS FOR  
PSORIASIS**

Dovonex®  
Psoriasis®

**TOPICAL  
ANTIINFECTIVES**

**TOPICAL ANTIBOTICS**

Mupirocin Ointment  
Altanax®\*  
Bactroban®\* Cream  
\* Generic agents should be considered "first line" therapy when appropriate.

**TOPICAL ANTIVIRALS**

Abreva®  
Zovirax® Ointment



**South Carolina Department of Health and Human Services Preferred Drug List**  
**Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)**  
**Some therapeutic classes to have a PA requirement. These are noted within the posting.**  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

**October 28, 2009**

**A**

Abreva®  
Acarbose  
Accolate®  
Acebutolol  
ActoPlus Met®  
Actos®  
Acular LS®  
Acular PL®  
Acular®  
Acyclovir  
Adderall XR®  
Advair® Diskus  
Advair® HFA  
Advicor®  
Aggrenox®  
Alamast®  
Alaway® OTC  
Albuterol  
Alendronate  
Alocril®  
Alomide®  
Alphagan P®  
Altabax®  
Altoprev®  
Amlodipine  
Amphetamine Salt  
Combination  
Androderm®  
Androgel®  
Aranesp®  
Aricept® tablets  
Arixtra®  
Asacol®  
Asmanex®  
Astelin®  
Astepro®  
Atenolol  
Atenolol/Chlorthalidone  
Atrovent® HFA  
Avalide®  
Avandamet®

Avandaryl®  
Avandia®  
Avapro®  
Avelox®  
Avodart®  
Avonex Administration Pack®  
Avonex®  
Azasan®  
Azathioprene  
Azithromycin  
Azmacort®  
Azopt®

**B**

Bactroban® Cream  
Balsalazide Disodium  
Baraclude®  
Benzepriol  
Benzepriol/HCTZ  
Benicar HCT®  
Benicar®  
Benzaclin®  
Betaseron®  
Betaxolol  
Betaxolol HCl  
Bisoprolol Fumarate  
Bisoprolol/HCTZ  
Brimonidine Tartrate  
Byetta®

**C**

Calcitonin Nasal Spray  
Canasa® Rectal Supp.  
Captopril  
Carbamazepine (all dosage  
forms)  
Carbatrol®  
Carteolol HCl  
Cartia XT®  
Carvedilol  
Cefdinir (all dosage forms)  
Cefprozil  
Cefuroxime  
Celebrex®

Celontin®  
Cetirizine  
Cholestyramine  
Cholestyramine Light  
Ciprodex®  
Ciprofloxacin  
Ciprofloxacin HCl  
Clarithromycin  
Clarithromycin XL  
Colestipol  
Combigan®  
Combivent®  
Concerta®  
Copaxone®  
Cozaar®  
Crestor®  
Cromolyn Sodium  
Cyclosporine

**D**

Depakote ER  
Detrol LA®  
Dexmethylphenidate  
Immediate Release  
Dextroamphetamine  
Dextroamphetamine SR  
Diclofenac Potassium  
Diclofenac Sodium  
Diclofenac Sodium  
Differin®  
Diflunisal  
Diltia XT®  
Diltiazem  
Diltiazem ER and XR  
Diovan HCT®  
Diovan®  
Divalproex Sprinkles  
Dorzolamide  
Dorzolamide -Timolol  
Dovonex®  
Duac CS®  
Duetact®  
Duragesic® Patch

**First Health Clinical Call Center**  
**Telephone: 866-247-1181 (toll-free)**  
**Fax: 888-603-7696 (toll-free)**



**South Carolina Department of Health and Human Services Preferred Drug List**  
**Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)**  
**Some therapeutic classes to have a PA requirement. These are noted within the posting.**  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

**October 28, 2009**

Dynacirc CR®

**E**

Elestat®

Elidel®

Emend®

Enablex®

Enalapril

Enalapril/HCTZ

Enbrel®

Epiduo®

Epitol®

Epiriv HBV®

EryPed®

Ery-Tab®

Erythrocin Stearate

Erythromycin & Sulfisox.

Erythromycin Base

Erythromycin Estolate

Erythromycin Ethylsuc.

Erythromycin Stearate

Ethosuximide

Etodolac

Exelon® (Oral & Patches)

Exforge HCT®

Exforge®

**F**

Famotidine

Felbatol

Felodipine

Fenoprofen

Finasteride

Flomax®

Flovent Diskus®

Flovent HFA®

Flurbiprofen

Flurbiprofen Sodium

Fluticasone propionate

Focalin XR®

Fortical® Nasal Spray

Fosrenol®

Fragmin®

**G**

Gabapentin

Galantamine

Gemfibrozil

Gengraf®

Genotropin®

Gleevec®

Glimepiride

Glipizide

Glipizide ER

Glyburide

Glyburide Micronized

Glyset®

Granisetron

Griseofulvin

Gris-Peg®

**H**

Hepsera®

Humira®

Hyzaar®

**I**

Ibuprofen

Imuran®

Indomethacin

Indomethacin SR

Isradipine

**J**

Janumet®

Januvia®

K

Kadian®

Ketoprofen

Ketoprofen ER

Ketorolac

Ketotifen OTC

**L**

Labetolol

Lamotrigine

Lantus® Vial

Lescol®

Lescol XL®

Letairis®

Levemir® Vial

Levetiracetam

Levobunolol HCl

Lipitor®

Lisinopril

Lisinopril/HCTZ

Lofibra®

Loratadine OTC

Loratadine-D OTC

Lotrel®

Lovastatin

Lovenox®

Lumigan®

Lyrica®

**M**

Meclofenamate Sod.

Megesterol Oral Susp

Meloxicam

Mephobarbital

Mesalamine Enema

Metadate ER®

Metformin

Metformin ER

Methylin ER®

Methylin®

Methylphenidate

Methylphenidate ER/SR

Metipranolol

Metoprolol Tartrate

Metronidazole

Micardis HCT®

Micardis®

Morphine Sulfate ER

Mupirocin Ointment

Mycophenolate Mofetil

Myfortic®

**N**

Nabumetone

Nadolol

Namenda®

Naproxen

Naproxen Sodium

Nasonex®

**First Health Clinical Call Center**  
**Telephone: 866-247-1181 (toll-free)**  
**Fax: 888-603-7696 (toll-free)**



**South Carolina Department of Health and Human Services Preferred Drug List**  
**Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)**  
**Some therapeutic classes to have a PA requirement. These are noted within the posting.**  
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}  
{Note that ALL therapeutic classes are not included on the PDL.}

**October 28, 2009**

Neoral®  
Nevanac®  
Nexium® Capsules  
Niaspan®  
Nicardipine  
Nifedical XL®  
Nifedipine ER and SA  
Norditropin®  
Novolin® 70/30  
Novolin® N  
Novolin® R  
Novolog®  
Novolog® Mix 70/30  
Humalog® 50/50  
**O**  
Ofloxacin  
Ofloxacin Otic Drops  
Omeprazole OTC  
Ondansetron  
Oxaprozin  
Oxcarbazepine  
Oxybutynin  
Oxytrol®  
**P**  
Pataday®  
Patanol®  
Pegasys® & Conv. Pack  
Peg-Intron® & Redipen  
Pentasa®  
Phenytoin  
Phenytoin Sodium ER  
Phoslo®  
Pindolol  
Piroxicam  
Plavix®  
Pravastatin  
Prevacid®  
Primidone  
ProAir® HFA  
Procrit®  
Prograf®  
Propranolol

Propranolol ER  
Propranolol/HCTZ  
Protopic®  
Proventil® HFA  
Psoriatec®  
**Q**  
Qvar®  
**R**  
Ranexa®  
Ranitidine  
Rapamune®  
Rebif®  
Renagel®  
Renvela® Tablets  
Retin-A Micro®  
Ribavirin  
Ritalin LA®  
Ropinirole  
**S**  
Saizen®  
Sanctura®  
Sandimmune®  
Simcor®  
Simvastatin  
Singulair®  
Sotalol  
Spectracef® Tablets  
Spiriva®  
Starlix®  
Sulfasalazine  
Sulindac  
Sumatriptan Injection  
Sumatriptan Nasal Spray  
Sumatriptan Tablets  
Symbicort®  
Symlin®  
**T**  
Tarka®  
Taztia XT®  
Tekturna HCT®  
Tekturna®

Temazepam  
Terbinafine  
Testim®  
Teveten HCT®  
Teveten®  
Timolol  
Timolol Maleate  
Tolmetin Sodium  
Topiramate  
Travatan Z®  
Travatan®  
Tretinoin  
Treximet®  
Tricor®  
Trilipix®  
Tyzeka®  
**U**  
Uroxatral®  
**V**  
Valproic Acid  
Valtrex®  
Ventolin® HFA  
Verapamil  
Verapamil ER  
Verapamil SR  
VESicare®  
Vigamox®  
Vytorin®  
Vyvanse®  
**W**  
Welchol®  
**X**  
Xalatan®  
**Z**  
Zaditor® OTC  
Zetia®  
Zolpidem  
Zonisamide  
Zovirax® Ointment  
Zymar®