

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

January 9, 2007

# MEDICAID BULLETIN

|                   |       |                       |       |
|-------------------|-------|-----------------------|-------|
| <i>DEN</i>        | 07-02 | <i>PHY-ER</i>         | 07-01 |
| <i>HH-HOSP</i>    | 07-01 | <i>PHY-MSP-CBP</i>    | 07-01 |
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| <i>HOS-IP-GEN</i> | 07-01 | <i>PHY-OPHT</i>       | 07-01 |
| <i>HOS-IP-IMD</i> | 07-02 | <i>PHY-PATH</i>       | 07-01 |
| <i>HOS-IP-RTF</i> | 07-02 | <i>PHY-PC-FP/GP</i>   | 07-01 |
| <i>HOS-OP</i>     | 07-01 | <i>PHY-PC-GER</i>     | 07-01 |
| <i>MC-DHEC</i>    | 07-01 | <i>PHY-PC-INT</i>     | 07-01 |
| <i>MC-FQHC</i>    | 07-01 | <i>PHY-PC-NEO</i>     | 07-01 |
| <i>MC-MCHC</i>    | 07-01 | <i>PHY-PC-OG</i>      | 07-01 |
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| <i>MHRC-ADA</i>   | 07-01 | <i>PHY-PC-PED/SUB</i> | 07-01 |
| <i>MHRC-MHC</i>   | 07-01 | <i>PHY-PS</i>         | 07-01 |
| <i>PHARM</i>      | 07-01 | <i>PHY-RAD</i>        | 07-01 |
| <i>PHY-ALG</i>    | 07-01 | <i>PHY-S</i>          | 07-01 |
| <i>PHY-ANES</i>   | 07-01 | <i>PHY-SPEC</i>       | 07-01 |
| <i>PHY-CARD</i>   | 07-01 | <i>PHY-SURG</i>       | 07-01 |
| <i>PHY-DERM</i>   | 07-01 | <i>POD</i>            | 07-01 |
| <i>PHY-ENT</i>    | 07-01 |                       |       |

**TO: Providers Indicated**

- SUBJECTS:**
- I. Dose Optimization Program
  - II. S. C. GAPS Program and Medicare Part D Prescription Drug Plans
  - III. South Carolina Medicaid Preferred Drug List

## I. Dose Optimization Program

Beginning with dates of service February 1, 2007, the South Carolina Department of Health and Human Services (DHHS) will implement a Dose Optimization program applicable for Medicaid Pharmacy Services claims. The focus of the Dose Optimization program is improved patient compliance with drug therapy regimens, reduced potential for exceeding the maximum recommended dose as determined by the Food and Drug Administration, and decreased adverse drug events.

Dose Optimization is an enhancement to the current Quantity Limits program (<http://southcarolina.fhsc.com/Downloads/provider/QuantityLimits-SCpharmacy.pdf>). Medications that may be indicated for once or twice daily dosing will be identified and where clinically applicable, Dose Optimization edits will limit the *number of times* the medication is dosed. This editing process will not interfere with the *total* daily dosage of the medication prescribed for the patient. Prescribers are asked to consider appropriate Dose Optimization guidelines when higher strengths of the drug are commercially available. For example, prescriptions authorized for *two* Aricept® 5 mg tablets daily should instead be authorized for the commercially available Aricept® 10 mg tablet with instructions of one tablet daily.

Pharmacy claims submitted for quantities that exceed the daily dosing limit will deny for NCPDP 76 - Plan Limitations Exceeded. Also, dependent upon the established dosing limitations, additional Dose Optimization messages may include:

- 1.000 Quantity Per Day Exceeded
- 2.000 Quantity Per Day Exceeded
- Quantity of 1.000 Per Week Exceeded

When clinically appropriate, DHHS encourages pharmacy providers to contact prescribers regarding those prescriptions where changes may be appropriate to conform to daily dosing limitations. For those patients who require unique dosing regimens, pharmacy providers should ask the prescriber or the prescriber's designated office personnel to contact the First Health Services Clinical Call Center at 1-866-247-1181 (toll-free) to request prior authorization (PA). Those products subject to Dose Optimization may be found at <http://southcarolina.fhsc.com>. The Dose Optimization listing will be updated periodically; therefore, providers may find it beneficial to refer to the Web site for the most current information. Appropriate, cost-effective prescribing is encouraged, and the cooperative efforts of health care providers toward the achievement of this objective are greatly appreciated.

## II. S. C. GAPS Program and Medicare Part D Prescription Drug Plans

The Gap Assistance Pharmacy Program for Seniors (GAPS) is a state pharmacy assistance program that was established by DHHS in 2006 to supplement Part D drug coverage for South Carolina Medicare beneficiaries who are enrolled in a Prescription Drug Plan (PDP), have an income below 200% of the federal poverty level and do not qualify for the Low Income Subsidy. These Medicare beneficiaries are subject to a lapse in prescription coverage (also known as the doughnut hole) when their drug expenses total a certain dollar amount. Without the GAPS program, the beneficiary is responsible for 100% of the prescription costs during the doughnut hole timeframe. The GAPS benefit, however, provides assistance during this coverage gap by reducing the beneficiary's out-of-pocket costs from 100% to 5%.

To take advantage of the GAPS benefit in calendar year 2007, Medicare beneficiaries who will experience the lapse in prescription coverage should be enrolled in a PDP that participates with DHHS' GAPS program. Following is a listing of the plans that have agreed to participate with GAPS in 2007:

| GAPS-Participating Company                         | Name of Plan                      | Phone Number For Beneficiaries |
|--|-----------------------------------|--------------------------------|
| Arcadian Health Plan (H5783)                       | Charleston - Plus (002)           | 1-800-573-8597                 |
| Arcadian Health Plan (H5783)                       | Charleston - Premier (003)        | 1-800-573-8597                 |
| Arcadian Health Plan (H5783)                       | Greenville - Plus (006)           | 1-800-573-8597                 |
| Arcadian Health Plan (H5783)                       | Greenville - Premier (007)        | 1-800-573-8597                 |
| BlueCross BlueShield of SC (S5953)                 | MedBlue Rx (001)                  | 1-800-930-2836                 |
| BlueCross BlueShield of SC (S5953)                 | MedBlue Rx Plus (002)             | 1-800-930-2836                 |
| Carolina Medicare Prime (S8277)                    | Carolina Medicare Prime (001)     | 1-866-624-4790                 |
| Community Care Rx<br>[Member Health, Inc.] (S5803) | Community Care Rx Basic<br>(078)  | 1-888-868-5854                 |
| Community Care Rx<br>[Member Health, Inc.] (S5803) | Community Care Rx Choice<br>(146) | 1-888-868-5854                 |
| Community Care Rx<br>[Member Health, Inc.] (S5803) | Community Care Rx Gold<br>(226)   | 1-888-868-5854                 |

| GAPS-Participating Company                   | Name of Plan               | Phone Number For Beneficiaries |
|--|----------------------------|--------------------------------|
| Coventry Health & Life Insurance Co. (S5670) | AdvantraRx Value (051)     | 1-800-882-3822                 |
| Coventry Health & Life Insurance Co. (S5670) | AdvantraRx Premier (052)   | 1-800-882-3822                 |
| First Health Part D (S5768)                  | First Health Premier (012) | 1-800-588-3322                 |
| Humana Insurance Co. (S5884)                 | Humana PDP Standard (067)  | 1-800-706-0872                 |
| Humana Insurance Co. (S5884)                 | Humana PDP Enhanced (008)  | 1-800-706-0872                 |
| InStil Health Insurance Co. (S5946)          | InStil Rx (001)            | 1-877-446-7845                 |
| InStil Health Insurance Co. (S5946)          | InStil Rx Plus (003)       | 1-877-446-7845                 |
| WellCare (S5967)                             | WellCare Signature (043)   | 1-888-481-5252                 |

### III. South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additions/deletions of specific drugs within certain PDL therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL. Upon initial implementation of the specified PDL changes, pharmacists will observe soft edits when pharmacy claims are submitted for products that will eventually require prior authorization. This period of soft editing will occur for several weeks. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber and beneficiary of the eventual PA requirement.

**Effective with dates of service January 30, 2007**, hard edits will be activated (*i.e.*, pharmacy claims without prior authorization [PA] approval will deny) for newly designated non-preferred products within the therapeutic classes listed below. The **complete PDL** (attached to this bulletin) includes the following changes:

| <b>REVISED PDL DRUG CLASSES: Effective January 30, 2007</b> |
|---|
| 1) Second Generation Sulfonylureas                          |
| 2) Cholesterol Lowering Agents-Fibric Acids                 |
| 3) Glaucoma Therapy - Alpha <sub>2</sub> Adrenergics        |
| 4) Proton Pump Inhibitors                                   |
| 5) Insulins   |

| <b>REVISED PDL DRUGS: Effective January 30, 2007</b>  |                     |                       |
|---|---------------------|-----------------------|
| <b>PREFERRED</b>  |                     | <b>NON-PREFERRED</b>  |
| <b>SECOND GENERATION SULFONYLUREAS</b>  |                     |                       |
| <b>Glimepiride</b>  | <b>Added to PDL</b> | <i>Amaryl®</i>        |
| <b>Glipizide</b>  | Remains on PDL      | <i>Diabeta®</i>       |
| <b>Glipizide ER</b>   | Remains on PDL      | <i>Glucotrol®</i>     |
| <b>Glyburide</b>  | Remains on PDL      | <i>Glucotrol XL®</i>  |
| <b>Glyburide Micronized</b>   | Remains on PDL      | <i>Glynase®</i>       |
|   |                     | <i>Micronase®</i>     |
| <b>CHOLESTEROL LOWERING AGENTS - FIBRIC ACIDS</b>   |                     |                       |
| <b>Gemfibrozil</b>  | Remains on PDL      | <i>Antara®</i>        |
| <b>Lofibra®</b>   | <b>Added to PDL</b> | <i>Lopid®</i>         |
| <b>Tricor®</b>  | Remains on PDL      | <i>Triglide®</i>      |
| <b>GLAUCOMA THERAPY: ALPHA<sub>2</sub> ADRENERGICS</b>  |                     |                       |
| <b>Alphagan P®</b>  | <b>Added to PDL</b> | <i>lopidine®</i>      |
| <b>Brimonidine Tartrate</b>   | Remains on PDL      |                       |
| <b>PROTON PUMP INHIBITORS*</b>  |                     |                       |
| <b>Nexium®</b>  | Remains on PDL      | <i>Aciphex®</i>       |
| <b>Prevacid®</b>  | <b>Added to PDL</b> | <i>Omeprazole</i>     |
| <b>Prilosec OTC®</b>  | Remains on PDL      | <i>Prilosec®</i>      |
|   |                     | <i>Protonix®</i>      |
|   |                     | <i>Zegerid®</i>       |
| <i>*Note: SC Medicaid has clinical criteria in effect for this class. Once criteria are met, the agents on the PDL will be preferred.</i>                       |                     |                       |
| <b>INSULINS</b>   |                     |                       |
| <b>Humalog 50/50</b>  | <b>Added to PDL</b> | <i>Apidra®</i>        |
| <b>Humulin 50/50</b>  | Remains on PDL      | <i>Exubera®</i>       |
| <b>Lantus®</b>  | Remains on PDL      | <i>Humalog 75/25®</i> |
| <b>Levemir® Vial</b>  | Remains on PDL      | <i>Humalog®</i>       |
| <b>Novolin N®</b>   | Remains on PDL      | <i>Humulin N®</i>     |
| <b>Novolin R®</b>   | Remains on PDL      | <i>Humulin R®</i>     |
| <b>Novolin 70/30®</b>   | Remains on PDL      | <i>Humulin 70/30®</i> |
| <b>Novolog®</b>   | Remains on PDL      | <i>Levemir® Pen*</i>  |
| <b>Novolog Mix 70/30®</b>   | Remains on PDL      |                       |
| <i>* Patients established on Levemir® pen therapy are grandfathered. Levemir® pen does not require Prior Authorization for patients on established therapy.</i> |                     |                       |

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the prior authorization 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 telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. 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 furnished directly to beneficiaries. [First Health's S. C. Medicaid *beneficiary call center* telephone number for questions regarding Pharmacy Services-related issues is 800-834-2680; providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.] Questions about Medicare eligibility issues and Part D should be directed to 1-800-MEDICARE.

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 may 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.

/s/

Robert M. Kerr  
Director

RMK/bgam

Attachments

**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>



## South Carolina Department of Health and Human Services Preferred Drug List

Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)

{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: January 2007

### 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

#### OPIOIDS, EXTENDED RELEASE

Avinza®  
Duragesic® Patch  
Kadian®  
Morphine Sulfate ER \*  
\* Generic MS Contin®

### ANTI-INFECTIVE

#### ANTIBACTERIALS

#### Cephalosporins, 2nd Generation

Ceftin® Suspension  
Cefuroxime Tablets  
Cefzil® Tablets  
Cefzil® Suspension

#### Cephalosporins, 3rd Generation

Omnicef® Capsules  
Omnicef® Suspension  
Spectracef® Tablets

#### Macrolides / Ketolides

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

#### Quinolones, 2nd and 3rd Generation

Avelox®  
Ciprofloxacin  
Factive®  
Levaquin®  
Ofloxacin

#### ANTIFUNGALS, ORAL

#### Onychomycosis Agents

Gris-Peg®  
Griseofulvin  
Lamisil®

#### ANTIVIRALS, ORAL

#### Herpes Antivirals

Acyclovir  
Famvir®  
Valtrex®

### CARDIOVASCULAR

#### ACE INHIBITORS (ACEI)

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

#### ACEI, CALCIUM CHANNEL BLOCKER COMBINATIONS

Lotrel®  
Tarka®

#### ANGIOTENSIN RECEPTOR BLOCKERS

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  
Labetolol  
Metoprolol Tartrate  
Nadolol  
Pindolol  
Propranolol  
Propranolol/HCTZ  
Sotalol  
Timolol  
Coreg®\* regular release formulation  
\*Use of Coreg® reserved for treatment of hypertension accompanied by heart failure.

#### CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINE

Dynacirc®  
Dynacirc CR®  
Nifedipine  
Nifedical XL®  
Nifedipine ER and SA  
Norvasc®  
Plendil®

#### CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES

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

#### LIPOTROPICS

#### Bile Acid Sequestering Resins

Cholestyramine  
Cholestyramine Light  
Colestid®  
Welchol®

#### Fibric Acid Derivatives

Gemfibrozil  
Lofibra®  
Tricor®

#### Niacin Derivatives

Niacor®  
Niaspan®

#### Statins

Advicor®  
Altoprev®  
Crestor®  
Lescol®  
Lescol XL®  
Lipitor®  
Lovastatin  
Pravastatin  
Simvastatin

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{Note that ALL therapeutic classes are not included on the PDL.}

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### Cholesterol-Absorption Inhibitors

Vytorin®  
Zetia®

### CENTRAL NERVOUS SYSTEM

#### ALZHEIMER'S AGENTS

### Cholinesterase Inhibitors

Aricept®  
Exelon®  
Razadyne®

#### ANTI-MIGRAINE AGENTS

### Selective Serotonin Agonists

Amerge®  
Axert®  
Imitrex® Tablets,  
Imitrex® Injection  
Imitrex® Nasal Spray  
Maxalt®  
Maxalt-MLT®  
Relpax®  
Zomig® Tablets  
Zomig-ZMT®  
Zomig® Nasal Spray

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

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Amphetamine Salt  
Combination  
Dextroamphetamine  
Dextroamphetamine SR  
Metadate CD®  
Metadate ER®  
Methylin®

Methylin ER®  
Methylphenidate  
Methylphenidate SR  
Ritalin LA®\*  
Adderall XR®\*  
Concerta®\*  
Focalin®\*  
Focalin XR®\*  
\* Generic agents  
considered "first-line"  
when appropriate.

### SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam  
Lunesta®\*  
\* Generics should be  
considered "first-line"  
when appropriate.

### ENDOCRINE AND METABOLIC

#### ANTI-DIABETICS

### Alpha-Glucosidase Inhibitors

Glyset®  
Precose®

### Biguanides

Metformin  
Metformin ER

### Biguanide Combination

ActoPlus Met®  
Avandamet®  
Glucovance®  
Glyburide/Metformin

### Insulins

Lantus  
Levemir® Vial  
Novolin® N  
Novolin® R  
Novolin® 70/30  
Novolog®  
Novolog® Mix 70/30  
Humalog 50/50  
Humulin 50/50

### Meglitinides

Starlix®

### Sulfonylureas, 2nd Generation

Glimepiride  
Glipizide  
Glipizide ER  
Glyburide  
Glyburide Micronized

### Thiazolidinediones

Actos®  
Avandia®

### BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

### GASTROINTESTINAL

#### ANTI-EMETICS (ORAL)

### Serotonin Receptor Antagonists

Kytril®  
Zofran®  
Zofran ODT®

### Histamine-2 Receptor Antagonists

Famotidine  
Ranitidine  
Zantac® Syrup

### Proton Pump Inhibitors \*

Nexium®  
Prevacid®  
Prilosec OTC®

\* Clinical criteria are in  
effect for this class.  
Once criteria are met,  
the PPI's listed on the  
PDL are preferred.

### GENITOURINARY

#### ANTISPASMODICS

Detrol LA®  
Enablex®  
Oxybutynin  
Oxytrol®  
Sanctura®  
Vesicare®

### IMMUNOLOGICS

#### IMMUNOMODULATORS, ORAL

### Hepatitis C Therapy, Pegylated Interferons

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

### Hepatitis C Therapy, Ribavirins

Rebetol®  
Ribavirin 200mg tablets

#### 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.

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



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### OPHTHALMICS

#### GLAUCOMA THERAPY

##### Alpha-2 Adrenergics

Brimonidine Tartrate  
Alphagan P®

##### Beta Blockers

Betaxolol HCl  
Carteolol HCl  
Levobunolol HCl  
Metipranolol  
Timolol Maleate  
Timolol Maleate gel-forming

##### Carbonic Anhydrase Inhibitors

Azopt®  
Cosopt®  
Trusopt®

##### Prostaglandin Agonists

Lumigan®  
Travatan®  
Xalatan®

### RESPIRATORY

#### ANTI-CHOLINERGICS

Atrovent®  
Combivent®  
Spiriva®

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

Allegra®  
Allegra-D®  
Loratadine OTC (Tabs, Rapid Dissolve, Syrup)  
Loratadine-D OTC  
Zyrtec® (all formulations)  
Zyrtec D®

#### BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS, INHALATION

Albuterol (CFC & HFA)  
Xopenex® HFA

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

Serevent®\*

\* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

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

Albuterol  
Metaproterenol  
Xopenex®\*

\* Generic agents should be considered as "first-line" therapy when appropriate.

### GLUCOCORTICOIDS

#### Inhaled, Inhalation Devices

Asmanex®  
Azmacort®  
Flovent HFA®  
Qvar®

#### Intranasal Steroids

Flonase®  
Nasacort AQ®  
Nasonex®

#### Glucocorticoids and Long-Acting Beta-2 Adrenergics

Advair® Diskus

\* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

#### Leukotriene Receptor Antagonists

Accolate®  
Singulair®\*

\* No PA is required if used in the treatment of asthma with inhaled steroid or beta agonist therapy or after trial of a second generation antihistamine or nasal steroid therapy.



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### A

ACCOLATE  
ACEBUTOLOL  
ACTOS  
ACTOPLUS MET  
ACYCLOVIR  
ADDERALL XR  
ADVAIR DISKUS  
ADVICOR  
ALBUTEROL (CFC & HFA)  
ALBUTEROL NEBULIZER  
ALLEGRA  
ALLEGRA-D  
ALPHAGAN P  
ALTOPREV  
AMERGE  
AMPHETAMINE SALT COMBINATION  
ARICEPT  
ASMANEX  
ATENOLOL  
ATENOLOL/CHLORTHALIDONE  
ATROVENT  
AVALIDE  
AVANDAMET  
AVANDIA  
AVAPRO  
AVELOX  
AVINZA  
AXERT  
AZMACORT  
AZOPT

### B

BENAZEPRIL  
BENAZEPRIL/HCTZ  
BENICAR  
BENICAR HCT  
BETAXOLOL  
BETAXOLOL HCL OPHTHALMIC  
BIAXIN XL  
BISOPROLOL FUMARATE  
BISOPROLOL/HCTZ  
BRIMONIDINE TARTRATE OPHTH.

### C

CAPTOPRIL  
CARTEOLOL HCL OPHTHALMIC  
CARTIA XT  
CEFTIN SUSPENSION  
CEFUROXIME TABLETS  
CEFZIL SUSPENSION  
CEFZIL TABLETS  
CHOLESTYRAMINE  
CHOLESTYRAMINE LIGHT  
CLARITHROMYCIN  
CIPROFLOXACIN  
COLESTID  
COMBIVENT  
CONCERTA  
COREG  
COSOPT  
COZAAR  
CRESTOR

### D

DETROL LA  
DEXTROAMPHETAMINE  
DEXTROAMPHETAMINE SR  
DICLOFENAC POTASSIUM  
DICLOFENAC SODIUM  
DIFLUNISAL  
DILTIA XT  
DILTIAZEM  
DILTIAZEM ER  
DILTIAZEM XR  
DIOVAN  
DIOVAN HCT  
DURAGESIC PATCH  
DYNACIRC  
DYNACIRC CR

### E

ELIDEL  
ENABLEX  
ENALAPRIL  
ENALAPRIL/HCTZ  
ERYPED  
ERY-TAB  
ERYTHROCIN STEARATE  
ERYTHROMYCIN BASE  
ERYTHROMYCIN ESTOLATE  
ERYTHROMYCIN ETHYLSUCCINATE  
ERYTHROMYCIN STEARATE  
ERYTHROMYCIN WITH SULFISOXAZOLE  
ETODOLAC  
EXELON

### F

FACTIVE  
FAMOTIDINE  
FAMVIR  
FENOPROFEN  
FLONASE  
FLOVENT HFA  
FLURBIPROFEN  
FOCALIN  
FOCALIN XR  
FOSAMAX

### G

GEMFIBROZIL  
GLIMEPIRIDE  
GLIPIZIDE  
GLIPIZIDE ER  
GLUCOVANCE  
GLYBURIDE  
GLYBURIDE MICRONIZED  
GLYBURIDE/METFORMIN  
GLYSET  
GRISEOFULVIN  
GRIS-PEG

**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)**

{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}

{Note that ALL therapeutic classes are not included on the PDL.}

**Listing Updated: January 2007**

## H

HUMALOG 50/50  
HUMULIN 50/50  
HYZAAR

## I

IBUPROFEN  
IMITREX INJECTION  
IMITREX NASAL SPRAY  
IMITREX TABLETS  
INDOMETHACIN  
INDOMETHACIN SR

## J

## K

KADIAN  
KETOPROFEN  
KETOPROFEN ER  
KETOROLAC  
KYTRIL

## L

LABETOLOL  
LAMISIL  
LANTUS  
LESCOL  
LESCOL XL  
LEVAQUIN  
LEVEMIR VIAL  
LEVOBUNOLOL HCL OPHTHALMIC  
LIPITOR  
LISINAPRIL  
LISINAPRIL/HCTZ  
LOFIBRA  
LORATADINE OTC (ALL FORMS)  
LORATADINE-D OTC  
LOTREL  
LOVASTATIN  
LUMIGAN  
LUNESTA

## M

MAXALT  
MAXALT-MLT  
MECLOFENAMATE SODIUM  
METADATE CD  
METADATE ER  
METAPROTERENOL NEBULIZER  
METFORMIN  
METFORMIN ER  
METHYLIN  
METHYLIN ER  
METHYLPHENIDATE  
METHYLPHENIDATE SR  
METIPRANOLOL OPHTHALMIC  
METOPROLOL TARTRATE  
MICARDIS  
MICARDIS HCT  
MORPHINE SULFATE ER

## N

NABUMETONE  
NADOLOL  
NAPROXEN  
NAPROXEN SODIUM  
NASACORT AQ  
NASONEX  
NEXIUM  
NIACOR  
NIASPAN  
NICARDIPINE  
NIFEDICAL XL  
NIFEDIPINE ER  
NIFEDIPINE SA  
NORVASC  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30

## O

OFLOXACIN  
OMNICEF CAPSULES  
OMNICEF SUSPENSION  
OXAPROZIN  
OXYBUTININ  
OXYTROL

## P

PEGASYS  
PEGASYS CONVENIENCE PACK  
PEG-INTRON  
PEG-INTRON REDIPEN  
PINDOLOL  
PIROXICAM  
PLENDIL  
PRAVASTATIN  
PRECOSE  
PREVACID  
PRILOSEC OTC  
PROPRANOLOL  
PROPRANOLOL/HCTZ  
PROTOPIC

## Q

QVAR

## R

RANITIDINE  
RAZADYNE  
REBETOL  
RELPAK  
RIBAVIRIN TABLETS  
RITALIN LA

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### **S**

SANCTURA  
SEREVENT  
SIMVASTATIN  
SINGULAIR  
SOTALOL  
SPECTRACEF TABLETS  
SPIRIVA  
STARLIX  
SULINDAC

### **T**

TARKA  
TAZTIA XT  
TEMAZEPAM  
TEVETEN  
TEVETEN HCT  
TIMOLOL  
TIMOLOL MALEATE GEL-FORMING  
TIMOLOL MALEATE OPHTHALMIC  
TOLMETIN SODIUM  
TRAVATAN  
TRICOR  
TRUSOPT

### **U**

### **V**

VALTREX  
VERAMIL  
VERAPAMIL ER  
VERAPAMIL SR  
VESICARE  
VYTORIN

### **W**

WELCHOL

### **X**

XALATAN  
XOPENEX  
XOPENEX HFA

### **Y**

### **Z**

ZANTAC SYRUP  
ZETIA  
ZITHROMAX  
ZOFRAN  
ZOFRAN ODT  
ZOMIG  
ZOMIG NASAL SPRAY  
ZOMIG-ZMT  
ZYRTEC (ALL FORMULATIONS)  
ZYRTEC D