

South Carolina
Department of Health and Human Services
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
www.scdhhs.gov

June 11, 2008

<i>DEN</i>	08-05	<i>PHY-MSP-HBP</i>	08-03
<i>HH-HOSP</i>		08-04	<i>PHY-OPHT</i>
	08-03		
<i>HOS-IP-GEN</i>	08-09	<i>PHY-PATH</i>	08-03
<i>HOS-IP-IMD</i>	08-08	<i>PHY-PC-FP/GP</i>	08-05
<i>HOS-IP-RTF</i>	08-08	<i>PHY-PC-PED</i>	08-05
<i>HOS-OP</i>	08-08	<i>PHY-PC-PED/SUB</i>	08-05
<i>MC-DHEC</i>	08-05	<i>PHY-PC-OG</i>	08-06
<i>MC-FQHC</i>	08-05	<i>PHY-PC-INT</i>	08-05
<i>MC-MCHC</i>	08-05	<i>PHY-PC-GER</i>	08-05
<i>MC-RHC</i>	08-05	<i>PHY-PC-NEO</i>	08-05
<i>MHRC-ADA</i>	08-03	<i>PHY-PS</i>	08-03
<i>MHRC-MHC</i>	08-03	<i>PHY-RAD</i>	
	08-03		
<i>PHARM</i>	08-03	<i>PHY-DERM</i>	08-03
<i>PHY-ANES</i>	08-03	<i>PHY-SURG</i>	08-04
<i>PHY-ENT</i>	08-03	<i>PHY-CARD</i>	08-03
<i>PHY-S</i>	08-03	<i>PHY-ALG</i>	
	08-03		
<i>PHY-MSP-CBP</i>	08-03	<i>PHY-ER</i>	08-03

MEDICAID BULLETIN

TO: Providers Indicated

SUBJECTS: I. **South Carolina Medicaid Preferred Drug List**
 II. **Prior Authorization Required for Actiq[®] and Fentora[®]**

I. South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additional 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 August 1, 2008, 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:

Additional PDL DRUG CLASSES
1) Calcium Channel Blocker/ARB Combination Products
2) Niacin/Statin Combinations
3) Endothelin Receptor Antagonists
4) Ulcerative Colitis Therapy
5) Topical Antibiotics
6) First Generation Anticonvulsants
7) Second Generation Anticonvulsants

NEW PDL CLASSES	
PREFERRED	NON-PREFERRED
Calcium Channel Blockers/ARB Combination Products	
Exforge®	Azor®
Niacin/Statin Combinations	
Advicor® Simcor®	
Endothelin Receptor Antagonists	
Tracleer®	Letairis®
<i>Existing patients on non-preferred product will be "grandfathered."</i>	
Ulcerative Colitis Therapy	
Asacol® Balsalazide Disodium Pentasa® Sulfasalazine Canasa® Rectal Supp. Mesalamine Enema	Colazal® Dipentum® Lialda®
Topical Antibiotics	
Mupirocin Ointment Altabax® Bactroban® Cream	Bactroban® Ointment
First Generation Anticonvulsants	
Celontin® Depakote® Depakote ER® Depakote Sprinkle® Ethosuximide Felbatol® Mebaral® Phenytoin Phenytoin Sodium ER Primidone Valproic Acid	Depakene® Dilantin®* Mysoline® Phenytek® Zarontin®
<i>Prior authorization not required for Dilantin® if criteria for "brand medically necessary" policy are met.</i>	
Second Generation Anticonvulsants	
Gabapentin Keppra® Lamictal® Lamotrigine Lyricea® Topamax® Zonisamide	Gabitril® Neurontin® Zonegran®
<i>Existing patients on Gabitril® will be "grandfathered."</i>	

CHANGES TO EXISTING PDL CLASSES			
PREFERRED		NON-PREFERRED	
Attention Deficit Hyperactivity Disorder			
Vyvanse®	Added to PDL	Metadate CD®	Removed from PDL
Niacin Derivatives			
		Niacor®	Removed from PDL
Antihistamines, 2nd Generation and Decongestant Combinations			
		Allegra®	Removed from PDL
		Allegra D®	Removed from PDL
Selective Serotonin Receptor Agonists			
Treximet®	Added to PDL	Amerge®	Removed from PDL
		Axert®	Removed from PDL
		Maxalt®	Removed from PDL
		Maxalt MLT®	Removed from PDL
		Relpax®	Removed from PDL
		Zomig®	Removed from PDL
		Zomig ZMT®	Removed from PDL

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.*] Providers are reminded that questions about Medicare eligibility issues and Part D drug plans 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.

II. Prior Authorization Required for Actiq® and Fentora®

Effective with date of service August 1, 2008 prior authorization will be required for payment of claims for Actiq® and Fentora®. Prior authorization will be granted when requested for approved indications stipulated by the Food and Drug Administration.

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

/s/

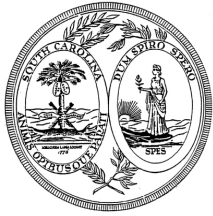
Emma Forkner
Director

EF/mga

Attachments

NOTE: To receive Medicaid bulletins by email, please send an email to 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: June 2008

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^á

Celebrex[®]
Meloxicam

^á Clinical criteria are in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

OPIOIDS, EXTENDED RELEASE

Avinza[®]
Duragesic[®] Patch
Kadian[®]
Morphine Sulfate ER^á
^á Generic MS Contin[®]

ANTI-INFECTIVE

ANTIBACTERIALS

CEPHALOSPORINS, 2ND GENERATION

Cefprozil (all dosage forms)
Cefuroxime (all dosage forms)

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
Factive[®]
Levaquin[®]
Ofloxacin

ANTIFUNGALS, ORAL

ONYCHOMYCOSIS AGENTS

Gris-Peg[®]
Griseofulvin
Terbinafine

ANTIVIRALS, ORAL

HERPES ANTIVIRALS

Acyclovir
Famvir[®]
Valtrex[®]

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

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

ACEI, CCB 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
Carvedilol
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol

CALCIUM CHANNEL BLOCKERS (CCB), DIHYDROPYRIDINES

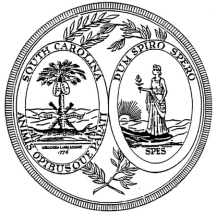
Amlodipine
Dynacirc CR[®]
Felodipine
Isradipine
Nicardipine
Nifedical XL[®]
Nifedipine ER and SA

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[®]



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DIRECT RENIN INHIBITORS

Tekturma®^á

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

DIRECT RENIN INHIBITOR/DIUR

Tekturma HCT®^á

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

ENOETHELIN RECEPTOR ANTAGONISTS

Tracleer®^á

^á Patients currently established on non-preferred therapy will be grandfathered.

LIPOTROPICS

BILE ACID SEQUESTERING RESINS

Cholestyramine
Cholestyramine Light
Colestipol
Welchol®

FIBRIC ACID DERIVATIVES

Gemfibrozil
Lofibra®
Tricor®

NIACIN DERIVATIVES

Niaspan®

NIACIN/STATIN COMBINATIONS

Advicor®
Simcor®

STATINS

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

CHOLESTEROL- ABSORPTION INHIBITORS

Zetia®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

Aricept®
Exelon® (Capsules and Solution)
Razadyne®

ANTI-CONVULSANT AGENTS

CARBAMAZEPINE DERIVATIVES

Carbamazepine (all dosage forms)
Carbatrol®
Eptol®
Tegretol XR®
Trileptal® (tablets and suspension)

FIRST GENERATION ANTICONVULSANTS

Celontin®
Depakote®
Depakote ER®
Depakote Sprinkles®
Ethosuximide
Felbatol®
Mebaral®
Phenytoin
Phenytoin Sodium ER
Primidone
Valproic Acid

^á Prior authorization is not required for Dilantin® if "Brand Medically Necessary" criteria are met.

SECOND GENERATION ANTICONVULSANTS

Gabapentin
Keppra®
Lamictal®
Lamotrigine
Lyrica®
Topamax®
Zonisamide

ANTI-MIGRAINE AGENTS

SELECTIVE SEROTONIN AGONISTS^á

Imitrex® Tablets
Imitrex® Injection
Imitrex® Nasal Spray

^á See the listing at: <http://southcarolina.fhsc.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
Dexamethylphenidate Immediate Release
Dextroamphetamine
Dextroamphetamine SR
Metadate ER®
Methylin®
Methylin ER®
Methylphenidate
Methylphenidate SR
Ritalin LA®^á
Adderall XR®^á
Concerta®^á
Focalin XR®^á
Vyvanse®^á

^á Generic agents considered "first-line" when appropriate.

MULTIPLE SCLEROSIS AGENTS

Avonex®
Avonex Administration Pack®
Betaseron®
Copaxone®
Rebif®

PARKINSON'S AGENTS

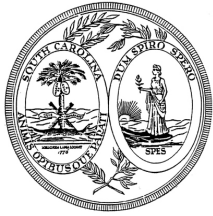
NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Requip®
Requip Dose Pack®

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Zolpidem
Lunesta®^á

^á Generics should be considered "first-line" when appropriate.



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ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

Glyset®
Precose®

AMYLIN ANALOGS^á

Symlin®

á Prior authorization is required if patient is not currently receiving insulin therapy.

BIGUANIDES

Metformin
Metformin ER

BIGUANIDE COMBINATION AGENTS

ActoPlus Met®
Avandamet®

DPP-4 INHIBITORS AND COMBINATIONS^á

Janumet®
Januvia®

á Prior authorization is required if a thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.

INCRELIN MIMETICS^á

Byetta®

á Prior authorization is required if a thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.

INSULINS

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

MEGLITINIDES

Starlix®

SULFONYLUREAS, SECOND GENERATION

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

THIAZOLIDINEDIONES

Actos®
Avandia®

THIAZOLIDINEDIONE / SULFONYLUREA COMBINATIONS^á

Avandaryl®
Duetact®

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

BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

GROWTH HORMONE

Genotropin®
Norditropin®
Saizen®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

SEROTONIN RECEPTOR ANTAGONISTS

Granisetron
Ondansetron

HISTAMINE-2 RECEPTOR ANTAGONISTS

Famotidine
Ranitidine

PROTON PUMP INHIBITORS^á

Nexium® Capsules
Prevacid®
Omeprazole OTC

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

ULCERATIVE COLITIS THERAPY

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

GENTOURINARY

ALPHA BLOCKERS FOR BPH

Flomax®
Uroxatral®

ANTISPASMODICS

Detrol LA®
Enablex®
Oxybutynin
Oxytrol®
Sanctura®
VESicare®

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renalog®

HEMATOLOGICAL AGENTS

ANTICOAGULANTS - LOW MOLECULAR WEIGHT HEPARINS

Arixtra®
Fragmin®
Lovenox®

HEMOPOIETIC AGENTS

Aranesp®
Epogen®
Procrit®

IMMUNOLOGICS

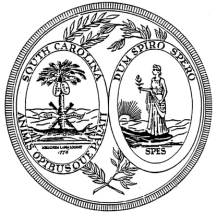
IMMUNOMODULATORS, INJECTABLE

Enbrel®
Humira®

IMMUNOMODULATORS, TOPICAL

Elidel® ^á
Protopic® ^á

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



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**IMMUNOMODULATORS,
ORAL AND INJECTABLE**

**HEPATITIS C THERAPY,
PEGYLATED
INTERFERONS**

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

**HEPATITIS C THERAPY,
RIBAVIRINS**

Rebetol®
Ribavirin 200mg tablets

OPHTHALMICS

**ANTI-HISTAMINES,
OPHTHALMIC**

Pataday®
Patanol®
Elestat®

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®

**QUINOLONES,
OPHTHALMIC**

Ciprofloxacin HCl
Vigamox®
Zymar®

OTICS

QUINOLONES, OTIC

Ciprodex®
Ofloxacin Otic Drops

RESPIRATORY

ANTI-CHOLINERGICS

Atrovent® HFA
Combivent®
Spiriva®

**ANTI-HISTAMINES, 2nd
GENERATION AND
DECONGESTANT
COMBINATIONS**

Loratadine OTC (Tabs,
Rapid Dissolve, Syrup)
Loratadine-D OTC
Zyrtec® OTC or RX
Zyrtec D® OTC or RX

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

Albuterol CFC
Xopenex® HFA
Ventolin® HFA

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

Serevent Diskus®

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

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

Albuterol
Metaproterenol
Xopenex®

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

GLUCOCORTICOIDS

**INHALED, INHALATION
DEVICES**

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

INTRANASAL STEROIDS

Fluticasone propionate
Nasacort AQ®
Nasonex®

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

Advair® Diskus
Advair® HFA

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

**LEUKOTRIENE RECEPTOR
ANTAGONISTS**

Accolate®
Singulair®

**TOPICAL AGENTS
FOR ACNE**

**COMBINATION BENZOYL
PEROXIDE/
CLINDAMYCIN
PRODUCTS**

Benzaclin®

TOPICAL RETINOIDS

Retin-A Micro®
(excludes Pump)
Tretinoin

**TOPICAL AGENTS
FOR PSORIASIS**

**TOPICAL AGENTS FOR
PSORIASIS**

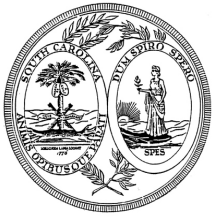
Dovonex®
Psoriatec®

**TOPICAL
ANTIBIOTICS**

TOPICAL ANTIBIOTICS

Mupirocin Ointment
Altabax®
Bactroban® Cream

á Generic agents should be considered as "first line" therapy when appropriate.



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A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
ALBUTEROL CFC
ALBUTEROL NEBULIZER
ALPHAGAN P
ALTOPREV
ALTABAX
AMLODIPINE
AMPHETAMINE SALT COMBINATION
ARANESP
ARICEPT
ARIXTRA
ASACOL
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT HFA
AVALIDE
AVANDAMET
AVANDARYL
AVANDIA
AVAPRO
AVELOX
AVINZA
AZITHROMYCIN
AZMACORT
AZOPT

B

BACTROBAN CREAM
BALSALAZIDE DISODIUM
BENZAEPRI
BENZAEPRI/HCTZ
BENICAR
BENICAR HCT
BENZACLIN
BETASERON
BETAXOLOL
BETAXOLOL HCL OPHTHALMIC
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPHTH.
BYETTA

C

CANASA RECTAL SUPPOSITORIES
CAPTOPRIL
CARBAMAZEPINE (ALL FORMULATIONS)
CARBATROL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CARVEDILOL
CEFDINIR
CEFPROZIL
CEFUROXIME
CELEBREX
CELONTIN
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CLARITHROMYCIN XL
CIPRODEX OTIC
CIPROFLOXACIN
CIPROFLOXACIN HCL OPHTHALMIC
COLESTIPOL
COMBIVENT
CONCERTA
COPAXONE
COSOPT
COZAAR
CRESTOR

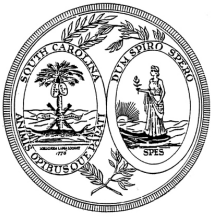
D

DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPINKLE
DETROL LA
DEXMETHYLPHENIDATE IR
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DOVONEX
DUETACT
DURAGESIC PATCH
DYNACIRC CR

E

ELESTAT OPHTHALMIC
ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ENBREL
EPITOL
EPOGEN
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETHOSUXIMIDE
ETODOLAC
EXELON CAPSULES AND SOLUTION
EXFORGE

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



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F

FACTIVE
FAMOTIDINE
FAMVIR
FELBATOL
FELODIPINE
FENOPROFEN
FLOMAX
FLOVENT DISKUS
FLOVENT HFA
FLURBIPROFEN
FLUTICASONE
FOCALIN XR
FOSAMAX
FOSRENOL
FRAGMIN

G

GABAPENTIN
GEMFIBROZIL
GENOTROPIN
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLYBURIDE
GLYBURIDE MICRONIZED
GLYSET
GRANISETRON
GRISEOFULVIN
GRIS-PEG

H

HUMALOG 50/50
HUMIRA
HYZAAR

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR
ISRADIPINE

J

JANUMET
JANUVIA

K

KADIAN
KEPPRA
KETOPROFEN
KETOPROFEN ER
KETOROLAC

L

LABETOLOL
LAMICTAL
LAMOTRIGINE
LANTUS VIAL
LESCOL
LESCOL XL
LEVAQUIN
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINOPRIL
LISINOPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LOVENOX
LUMIGAN
LUNESTA
LYRICA

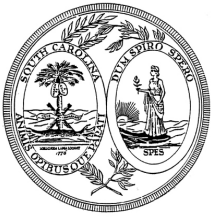
M

MEBARAL
MECLOFENAMATE SODIUM
MELOXICAM
MESALAMINE ENEMA
MESYLAMINE
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER
MUPIROCIN OINTMENT

N

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

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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: June 2008

O

ONDANSETRON
OFLOXACIN
OFLOXACIN OTIC DROPS
OMEPRAZOLE OTC
OXAPROZIN
OXYBUTININ
OXYTROL

P

PATADAY OPHTHALMIC
PATANOL OPHTHALMIC
PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PENTASA
PHENYTOIN
PHENYTOIN SODIUM ER
PHOSLO
PINDOLOL
PIROXICAM
PRAVASTATIN
PRECOSE
PREVACID
PROCRIT
PRIMIDONE
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTOPIC
PSORiatec

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
REBIF
RENAGEL
REQUIP
REQUIP DOSE PACK
RETIN-A MICRO
RIBAVIRIN TABLETS
RITALIN LA

S

SAIZEN
SANCTURA
SEREVENT DISKUS
SIMCOR
SIMVASTATIN
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC
SULFASALAZINE
SYMLIN

T

TARKA
TAZTIA XT
TEGRETOL XR
TEKTRUNA
TEKTRUNA HCT
TEMAZEPAM
TERBINAFINE
TEVETEN
TEVETEN HCT
TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TOPAMAX
TRAVATAN
TRACLEER
TRETINOIN
TREMIMET
TRILEPTAL
TRICOR
TRUSOPT

U

UROXATRAL

V

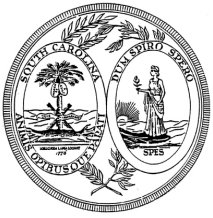
VALPROIC ACID
VALTrex
VENTOLIN HFA
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VIGAMOX OPHTHALMIC
VESICARE
VYTORIN
VYVANSE

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA



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Y

Z

ZETIA
ZOLPIDEM
ZONISAMIDE
ZYMAR OPHTHALMIC
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D