



South Carolina Department of Health and Human Services Preferred Drug List  
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)  
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**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  
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®  
Exforge HCT®

**DIRECT RENIN  
INHIBITORS**

Tekturna®\*  
Tekturna 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.



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



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<b>SULFONYLUREAS, SECOND GENERATION</b>	<b>GASTROINTESTINAL</b>	<b>GENITOURINARY</b>	<b>IMMUNOLOGICS</b>
Glimpiride Glipizide Glipizide ER Glyburide Glyburide Micronized	<b>ANTI-EMETICS (ORAL)</b>	<b>ALPHA BLOCKERS FOR BPH</b>	<b>IMMUNOMODULATORS, INJECTABLE</b>
	<b>NK1 ANTAGONISTS</b>	Flomax® Uroxatral®	Enbrel® Humira®
	<b>SEROTONIN RECEPTOR ANTAGONISTS</b>	<b>ANTISPASMODICS</b>	<b>IMMUNOMODULATORS, TOPICAL</b>
<b>THIAZOLIDINEDIONES</b>	Granisetron Ondansetron	Detrol LA® Enablex® Oxybutynin Oxytrol® Sanctura® VESIcare®	Elidel® * Protopic® *
<b>THIAZOLIDINEDIONE / SULFONYLUREA COMBINATIONS*</b>	* See the listing at: <a href="http://southcarolina.fhsc.com">http://southcarolina.fhsc.com</a> for the quantity limits for this class. (Click on Providers, then Documents, then Pharmacy Quantity Limits.)	<b>HEMATOLOGICAL &amp; ONCOLOGICAL AGENTS</b>	* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.
Avandaryl® Duetact®	<b>HISTAMINE-2 RECEPTOR ANTAGONISTS</b>	<b>ANTICOAGULANTS – LOW MOLECULAR WEIGHT HEPARINS</b>	<b>IMMUNOMODULATORS, ORAL AND INJECTABLE</b>
* Prior authorization is required if a single agent thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.	Famotidine Ranitidine	Arixtra® Fragmin® Lovenox®	<b>HEPATITIS B THERAPY*</b>
<b>ELECTROLYTE DEPLETERS</b>	<b>PROTON PUMP INHIBITORS*</b>	<b>HEMATOPOIETIC AGENTS</b>	Baraclude® Epivir HBV® Hepsera® Tyzeka®
Fosreno® Phoslo® Renagel® Renvela® Tablets	Nexium® Capsules Prevacid® Omeprazole OTC	Aranesp® Procrit®	*Viread® is unaffected by the PDL and is available without Prior Authorization.
<b>BIPHOSPHONATES - OSTEOPOROSIS</b>	* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.	<b>PLATELET INHIBITORS</b>	<b>HEPATITIS C THERAPY, PEGYLATED INTERFERONS*</b>
Alendronate	<b>ULCERATIVE COLITIS THERAPY</b>	Aggrenox® Plavix®	Pegasys® & Conv. Pack Peg-Intron® & Redipen
<b>CALCITONINS</b>	Asacol® Balsalazide Disodium Canasa® Rectal Supp. Mesalamine Enema Pentasa® Sulfasalazine	<b>PROTEIN TYROSINE KINASE INHIBITORS</b>	<b>HEPATITIS C THERAPY, RIBAVIRINS *</b>
Calcitonin Nasal Spray Fortical® Nasal Spray	<b>PROGESTINS FOR CACHEXIA</b>	Gleevec®	Ribavirin
<b>GROWTH HORMONE</b>	Megesterol Oral Susp	<b>HORMONE RELATED THERAPY</b>	* Class level PA is in effect for all Hepatitis B & C medications. Once criteria are met, the agents listed on the PDL are preferred.
Genotropin® Norditropin® Saizen®		<b>ANDROGENIC AGENTS</b>	
* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.		Androderm® Androgel® Testim®	
		<b>ANDROGEN HORMONE INHIBITOR</b>	
		Avodart® Finasteride	



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<b>IMMUNOSUPPRESSANTS</b> Azasan® Azathioprine Cyclosporine Gengraf® Imuran® Mycophenolate Mofetil Myfortic® Neoral® Prograf® Rapamune® Sandimmune®	<b>BETA BLOCKERS</b> Betaxolol HCl Carteolol HCl Combigan® Levobunolol HCl Metipranolol Timolol Maleate  <b>CARBONIC ANHYDRASE INHIBITORS</b> Azopt® Dorzolamide Dorzolamide -Timolol  <b>PROSTAGLANDIN AGONISTS</b> Lumigan® Travatan® Travatan Z® Xalatan®  <b>QUINOLONES &amp; MACROLIDES, OPHTHALMIC</b> Ciprofloxacin HCl Vigamox® Zymar®  <b>OTICS</b>  <b>QUINOLONES, OTIC</b> Ciprodex® Ofloxacin Otic Drops  <b>RESPIRATORY</b>  <b>ANTI-CHOLINERGICS</b> Atrovent® HFA Combivent® Spiriva®  <b>ANTIHISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS</b> Cetirizine Loratadine OTC Loratadine-D OTC	<b>NASAL ANTIHISTAMINES</b> Astelin® Astepro® <b>BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS</b> ProAir® HFA Proventil® HFA Ventolin® HFA  <b>BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS</b> Serevent Diskus®*  * Prescribers are reminded of the warnings associated with the use of long acting beta agonists.  <b>BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS</b> *Both agents in this class require Prior Authorization.  <b>BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS</b> Albuterol  <b>GLUCOCORTICIDS</b>  <b>INHALATION DEVICES</b> Asmanex® Azmacort® Flovent Diskus® Flovent HFA® Qvar® <b>INTRANASAL STEROIDS</b> Fluticasone propionate Nasonex®	<b>GLUCOCORTICIDS AND LONG-ACTING BETA-2 ADRENERGICS</b> Advair® Diskus Advair® HFA Symbicort®  <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b> Accolate® Singulair®  <b>TOPICAL AGENTS FOR ACNE</b>  <b>BENZOYL PEROXIDE/ CLINDAMYCIN COMBOS</b> Benzacilin® Duac CS®  <b>TOPICAL RETINOIDS</b> Differin® Epiduo® Retin-A Micro® Tretinoin  <b>TOPICAL AGENTS FOR PSORIASIS</b>  <b>TOPICAL AGENTS FOR PSORIASIS</b> Dovonex®  <b>TOPICAL ANTIINFECTIVES</b>  <b>TOPICAL ANTIBIOTICS</b> Mupirocin Ointment Altabax®* Bactroban®* Cream * Generic agents should be considered "first line" therapy when appropriate.  <b>TOPICAL ANTIVIRALS</b> Abreva® Zovirax® Ointment
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