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.
Meloxicam
Nabumetone
Naproxen
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

**COX-2 specific NSAIDs require PA.*

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.*

LIPOTROPICS

BILE ACID SEQUESTERING RESINS
Cholestyramine
Cholestyramine Light
Colestipol
Welchol®

FIBRIC ACID DERIVATIVES
Gemfibrozil
Tricor®
Trilipix®
Lovaza®*
✳ *Requires step-therapy with another preferred agent.*

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NIACIN DERIVATIVES
Niaspan®

NIACIN/STATIN COMBINATIONS
Advicor®
Simcor®

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

CHOLESTEROL-ABSORPTION INHIBITORS
Zetia®

NON-NITRATE ANTIANGINALS
Ranexa®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS
Aricept® tablets
Exelon® (Oral & Patches)
Galantamine

NMDA RECEPTOR ANTAGONIST
Namenda®

ANTI-CONVULSANT AGENTS

CARBAMAZEPINE DERIVATIVES
Carbamazepine (all dosage forms)
Carbatrol®
Epitol®
Oxcarbazepine

FIRST GENERATION ANTICONVULSANTS
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.

SECOND GENERATION ANTICONVULSANTS
Gabapentin
Lamotrigine
Lamictal® ODT
Levetiracetam
Lyrica®
Topiramate
Zonisamide

ANTI-MIGRAINE AGENTS

SELECTIVE SEROTONIN AGONISTS✳
Sumatriptan Tablets
Sumatriptan Injection
Sumatriptan Nasal Spray
Treximet®

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS
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®✳

✳ 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
Ropinirole

SKELETAL MUSCLE RELAXANTS
Baclofen
Carisoprodol
Chlorzoxazone
Cyclobenzaprine
Dantrolene Sodium
Methocarbamol
Orphenadrine
Tizanidine HCl

SEDATIVE/HYPNOTICS, NON-BARBITURATES
Temazepam
Zolpidem

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS
Glyset®
Acarbose

AMYLIN ANALOGS✳
Symlin®

✳ 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✳
Janumet®
Januvia®

✳ Prior authorization is required if metformin, a thiazolidinedione or a sulfonylurea has not been prescribed previously for the patient.

INCRELIN MIMETICS✳
Byetta®
✳ Prior authorization is required if metformin, a thiazolidinedione or a 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

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MEGLITINIDES
Nateglinide

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
Fosrenol®
Phoslo®
Renagel®
Renvela®

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® (Rx Only)
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
Megesterol 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®
Epivir 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.

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IMMUNOSUPPRESSANTS
Azasan®
Azathioprine
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, OPHTHALMIC
Diclofenac Sodium
Flurbiprofen Sodium
Ketorolac Tromethamine
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

GLUCOCORTICOIDS

INHALATION DEVICES
Asmanex®
Azmacort®
Flovent Diskus®
Flovent HFA®
Qvar®

INTRANASAL STEROIDS
Fluticasone propionate
Nasonex®

GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS
Advair® Diskus
Advair® HFA
Symbicort®

LEUKOTRIENE RECEPTOR ANTAGONISTS
Accolate®
Singulair®

TOPICAL AGENTS FOR ACNE

BENZOYL PEROXIDE/ CLINDAMYCIN COMBOS
Benzaclin®
Duac CS®

TOPICAL RETINOIDS
Differin®
Epiduo®
Retin-A Micro®
Tretinoin

TOPICAL AGENTS FOR PSORIASIS

TOPICAL AGENTS FOR PSORIASIS
Dovonex®

TOPICAL ANTIINFECTIVES

TOPICAL ANTIBOTICS
Mupirocin Ointment
Altabax®✳
Bactroban®✳ Cream
✳*Generic agents should be considered "first line" therapy when appropriate.*

TOPICAL ANTIVIRALS
Abreva®
Zovirax ® Ointment

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