



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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{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}
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January 27, 2010

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

Tekturma®*
Tekturma 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®
Epilex®
Oxcarbazepine

FIRST GENERATION ANTICONVULSANTS

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



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IMMUNOSUPPRESSANTS Azasan® Azathioprine Cyclosporine Gengraf® Imuran® Mycophenolate Mofetil Myfortic® Neoral® Prograf® Rapamune® Sandimmune®	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 Benzacilin® Duac CS® TOPICAL RETINOIDS Differin® Epiduo® Retin-A Micro® Tretinoin TOPICAL AGENTS FOR PSORIASIS TOPICAL AGENTS FOR PSORIASIS Dovonex® TOPICAL ANTIINFECTIVES TOPICAL ANTIBIOTICS Mupirocin Ointment Altabax®* Bactroban®* Cream * Generic agents should be considered "first line" therapy when appropriate. TOPICAL ANTIVIRALS Abreva® Zovirax® Ointment
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