

CARDIOVASCULAR (Continued)					
NON-NITRATE ANTIANGINALS		BILE ACID SEQUESTERING RESINS		FIBRIC ACID DERIVATIVES	
Ranexa®		Cholestyramine	Colestipol	Gemfibrozil	Trilipix®
		Cholestyramine Light	Welchol®	Tricor®	Lovaza® *
				<i>*Requires step-therapy with another preferred agent.</i>	
NIACIN DERIVATIVES		NIACIN/STATIN COMBINATIONS		STATINS	
Niaspan®		Advicor®		Altoprev®	Lovastatin
		Simcor®		Crestor®	Pravastatin
				Lescol®	Simvastatin
				Lescol XL®	Vytorin®
				Lipitor®	
CHOLESTEROL ABSORPTION INHIBITORS					
Zetia®					
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Aricept® tablets Exelon® (Oral & Patches) Galantamine		Namenda®			
ANTI-CONVULSANTS					
CARBAMAZEPINE DERIVATIVES		FIRST GENERATION ANTICONVULSANTS		SECOND GENERATION ANTICONVULSANTS	
Carbamazepine (all dosage forms)		Celontin®	Phenytoin	Gabapentin	Lyrica®
Carbatrol®		Divalproex Sodium	Phenytoin Sodium ER	Lamotrigine	Topiramate
Epilex®		Ethosuximide	Primidone	Lamictal® ODT	Zonisamide
Oxcarbazepine		Felbatol®	Valproic Acid	Levetiracetam	
		Mephobarbital			
OTHER CNS AGENTS					
ANTI-MIGRAINE SEROTONIN AGONISTS		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		MULTIPLE SCLEROSIS AGENTS	
Sumatriptan Tablets Sumatriptan Injection Sumatriptan Nasal Spray Treximet®		Adderall XR®	Methylin ER®	Avonex®	
		Amphetamine Salt Combo	Methylphenidate	Avonex Administration Pack®	
		Dexamethylphenidate IR	Methylphenidate ER/SR	Betaseron®	
		Dextroamphetamine	Ritalin LA® *	Copaxone®	
		Dextroamphetamine SR	Concerta® *	Rebif®	
		Metadate ER®	Focalin XR® *		
		Methylin®	Vyvanse® *		
		<i>*Generic agents considered "first-line" when appropriate.</i>			
NON-ERGOT DOPAMINE RECEPTOR		SKELETAL MUSCLE RELAXANTS		SEDATIVE/HYPNOTICS, NON-BARBITURATES	
Ropinirole		Baclofen	Dantrolene Sodium	Temazepam	
		Carisoprodol	Methocarbamol	Zolpidem	
		Chlorzoxazone	Orphenadrine		
		Cyclobenzaprine	Tizanidine HCl		
ENDOCRINE AND METABOLIC					
ANTI-DIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS		AMYLIN ANALOGS*		BIGUANIDES	
Glyset® Acarbose		Symlin®		Metformin Metformin ER	
		<i>*Prior Authorization is required if patient is not currently receiving insulin therapy.</i>			
BIGUANIDE COMBINATION AGENTS		DPP-4 INHIBITORS AND COMBINATIONS*			
ActoPlus Met®		Janumet®	Januvia®		
Avandamet®		<i>*PA required if no claim for metformin in history.</i>			

ENDOCRINE AND METABOLIC (continued)

INCRELIN MIMETICS*		INSULINS		MEGLITINIDES
Byetta® <i>*PA required if no claim for metformin in history.</i>		Lantus® Vial Levemir® Vial Novolin® N Novolin® R	Novolin® 70/30 Novolog® Novolog® Mix 70/30 Humalog® 50/50	Nateglinide
SULFONYLUREAS, SECOND GENERATION		THIAZOLIDINEDIONES		THIAZOLIDINEDIONE/SULFONYLUREA COMBINATIONS*
Glimepiride Glyburide Glipizide Glipizide ER Glyburide		Actos® Avandia®		Avandaryl® Duetact® <i>*Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.</i>
OTHER ENDOCRINE AND METABOLIC AGENTS				
ELECTROLYTE DEPLETERS		BIPHOSPHONATES-OSTEOPOROSIS		CALCITONINS
Fosrenol® Phoslo®		Renagel® Renvela®		Alendronate Calcitonin Nasal Spray Fortical® Nasal Spray
GROWTH HORMONE*				
Genotropin® Norditropin® <i>*A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred</i>				
GASTROINTESTINAL				
NK1 ANTAGONISTS		SEROTONIN RECEPTOR ANTAGONISTS		HISTAMINE-2 RECEPTOR ANTAGONISTS
Emend®		Granisetron Ondansetron <i>*See the listing at: http://southcarolina.fhsc.com for the quantity limits.</i>		Famotidine Ranitidine
PROTON PUMP INHIBITORS*		ULCERATIVE COLITIS THERAPY		PROGESTINS FOR CACHEXIA
Nexium® Omeprazole OTC		Prevacid Solutabs** Prilosec OTC		Megesterol Oral Susp.
<i>* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. **Prevacid Solutabs are preferred only for beneficiaries age 12 and under.</i>		Asacol® Balsalazide Disodium Canasa® Rectal Supp.		Mesalamine Enema Pentasa® Sulfasalazine
GENITOURINARY				
ALPHA BLOCKERS FOR BPH		ANTISPASMODICS		
Flomax® Uroxatral®		Detrol LA® Enablex® Oxybutynin		
		Oxytrol® Sanctura® VESicare®		
HEMATOLOGICAL & ONCOLOGICAL AGENTS				
ANTICOAGULANTS- LOW MOLECULAR WEIGHT HEPARINS		HEMATOPOIETIC AGENTS		PLATELET INHIBITORS
Arixtra® Fragmin® Lovenox®		Aranesp® Procrit®		Aggrenox® Plavix®
PROTEIN TYROSINE KINASE INHIBITORS				
Gleevec®				

HORMONE RELATED THERAPY		
ANDROGENIC AGENTS	ANDROGEN HORMONE INHIBITOR	
Androderm® Androgel®	Testim® Avodart® Finasteride	
IMMUNOLOGICS		
IMMUNOMODULATORS, INJECTABLE	IMMUNOMODULATORS, TOPICAL	IMMUNOSUPPRESSANTS
Enbrel® Humira®	Elidel® * Protopic® * <i>* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.</i>	Azasan® Azathioprine Cyclosporine Gengraf® Imuran® Mycophenolate Mofetil
HEPATITIS B THERAPY*	HEPATITIS C THERAPY PEGYLATED INTERFERONS*	HEPATITIS C THERAPY RIBAVIRINS*
Baraclude® Epivir HBV®	Hepsera® Tyzeka® <i>*Viread® is unaffected by the PDL and is available without Prior Authorization.</i>	Pegasys® & Conv. Pack Peg-Intron® & Redipen <i>*Class level PA is in effect for all Hepatitis B & C medications. Once criteria are met, the agents listed on the PDL are preferred.</i>
		Ribavirin
OPHTHALMICS		
ANTIHISTAMINES, OPHTHALMIC	MAST CELL STABILIZERS, OPHTHALMIC	NSAIDs, OPHTHALMIC
Alaway® OTC Elestat® Ketotifen OTC	Pataday® Patanol® Zaditor® OTC	Alamast® Alocril® Alomide®
QUINOLONES & MACROLIDES, OPHTHALMIC	GLAUCOMA THERAPY	BETA BLOCKERS
Ciprofloxacin HCl Vigamox® Zymar®	ALPHA-2 ADRENERGICS Brimonidine Tartrate Alphagan P®	BETA BLOCKERS Betaxolol HCl Carteolol HCl Combigan®
	CARBONIC ANHYDRASE INHIBITORS Azopt® Dorzolamide Dorzolamide - Timolol	BETA BLOCKERS Levobunolol HCl Metipranolol Timolol Maleate
	PROSTAGLANDIN AGONISTS Lumigan® Travatan® Travatan Z®	
OTICS		
QUINOLONES, OTIC		
Ciprodex® Ofloxacin Otic Drops		
RESPIRATORY		
ANTI-CHOLINERGICS	ANTIHISTAMINES, 2ND GENERATION AND DECONGESTANT COMBINATIONS	NASAL ANTIHISTAMINES
Atrovent® HFA Combivent®	Spiriva® Cetirizine Loratadine OTC	Astelin® Astepro®
BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS	BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS	BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS
ProAir® HFA Proventil® HFA	Ventolin® HFA Serevent Diskus® * <i>* Prescribers are reminded of the warnings associated with use of long acting beta agonists.</i>	 <i>* Both agents in this class require Prior Authorization.</i>

RESPIRATORY (continued)		
BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS	INHALATION DEVICES	
Albuterol	Asmanex® Azmacort® Flovent Diskus®	Flovent HFA® Qvar®
INTRANASAL STEROIDS	GLUCOCORTICOID AND LONG-ACTING BETA-2 ADRENERGICS	LEUKOTRIENE RECEPTOR ANTAGONISTS
Fluticasone propionate Nasonex®* <i>*Step-therapy required for beneficiaries over age 12- must have failed fluticasone within the previous 6 months. Nasonex is available for beneficiaries age 12 and under without step therapy.</i>	Advair® Diskus Advair® HFA Symbicort®	Accolate® Singulair®
TOPICAL AGENTS FOR ACNE		
BENZOYL PEROXIDE/CLINDAMYCIN COMBOS	TOPICAL RETINOIDS	
Benzaclin® Duac CS®	Differin® Epiduo®	Retin-A Micro® Tretinoin
TOPICAL AGENTS FOR PSORIASIS		
TOPICAL AGENTS FOR PSORIASIS		
Dovonex®		
TOPICAL ANTIINFECTIVES		
TOPICAL ANTIBIOTICS	TOPICAL ANTIVIRALS	
Mupirocin Ointment Bactroban® * Cream Altanax® *	Abreva® Zovirax® Ointment	
<i>*Generic agents should be considered "first line" therapy when appropriate.</i>		