



South Carolina Department of Health and Human Services Preferred Drug List
Products within PDL Therapeutic Classes are available without Prior Authorization (PA)
Those Therapeutic Classes which have a PA requirement are noted with the posting
 Non-listed products belonging to therapeutic classes that comprise the PDL require PA
 Note: ALL Therapeutic Classes are not included on the PDL

February 1, 2012

ANALGESIC		
NSAIDs*	OPIOIDS, EXTENDED RELEASE	SHORT ACTING NARCOTIC ANALGESICS
Diclofenac Potassium Diclofenac Sodium Diflunisal Etodolac Flurbiprofen Ibuprofen Indomethacin Indomethacin SR Ketoprofen	Ketoprofen ER Ketorolac Meloxicam Nabumetone Naproxen Oxaprozin Piroxicam Sulindac Vimovo®	Fentanyl Patch Kadian® Morphine Sulfate ER
		Codeine Codeine/APAP Codeine/APAP/caff/butal Codeine/ASA Codeine/ASA/caff/butal Hydrocodone/APAP Hydrocodone/Ibuprofen Hydromorphone
		Meperidine Morphine IR Nalbuphine Oxycodone Oxycodone/APAP Oxycodone/ASA Tramadol Tramadol/APAP
* COX-2 specific NSAIDs require PA.		
TOPICAL NSAIDs AND ANESTHETICS		
* All agents in this class require Prior Authorization.		
ANTI-INFECTIVE		
MACROLIDES / KETOLIDES	FLUOROQUINOLONES	ONYCHOMYCOSIS AGENTS
Azithromycin Clarithromycin Clarithromycin XL EryPed® Ery-Tab® Erythromycin Base	Erythromycin Estolate Erythromycin Ethylsuc Erythromycin Stearate Erythrocin Stearate Erythromycin & Sulfox	Ciprofloxacin Levofloxacin
		Gris-Peg® Griseofulvin Terbinafine
CEPHALOSPORINS, 2ND GENERATION	CEPHALOSPORINS, 3RD GENERATION	HERPES ANTIVIRALS
Cefprozil Cefuroxime	Cefdinir (all dosage forms) Cefditoren	Acyclovir Valtrex®
NITROIMIDAZOLES	ANTI-BIOTICS MARKETED FOR DERMATOLOGIC INDICATIONS	
Metronidazole	All products require Prior Authorization (PA).	
CARDIOVASCULAR		
ACE INHIBITORS (ACEI)	ACEI, CCB COMBINATIONS	ANGIOTENSIN RECEPTOR BLOCKERS (ARB)
Benazepril Benazepril/HCTZ Captopril Enalapril Enalapril/HCTZ Lisinopril	Lisinopril/HCTZ Lotrel® Trandolapril/Verapamil	Avalide® Avapro® Benicar® Benicar HCT® Diovan® Diovan HCT®
		Losartan Losartan/HCTZ Micardis® Micardis HCT® Teveten® Teveten HCT®
BETA BLOCKERS	CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES	CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES
Acebutolol Atenolol Atenolol/Chlorthalidone Betaxolol Bisoprolol Fumarate Bisoprolol/HCTZ Carvedilol Labetolol	Metoprolol Tartrate Nadolol Pindolol Propranolol Propranolol ER Propranolol/HCTZ Sotalol Timolol	Amlodipine Dynacirc CR® Felodipine Isradipine Nicardipine Nifedical XL® Nifedipine ER and SA
		Cartia XT® Diltia XT® Diltiazem Diltiazem ER and XR Taztia XT® Verapamil Verapamil ER Verapamil SR
CCB/ARB COMBINATION PRODUCTS	DIRECT RENIN INHIBITORS	ENDOTHELIN RECEPTOR ANTAGONISTS
Exforge® Exforge HCT®	Tekturna® * Tekturna HCT® * <i>*Prior Authorization is required if an ARB has not been prescribed previously</i>	Letairis® * <i>*Patients currently established on non-preferred therapy will be grandfathered.</i>

CARDIOVASCULAR (Continued)					
PAH-PDE5 INHIBITORS**		BILE ACID SEQUESTERING RESINS		FIBRIC ACID DERIVATIVES	
Adcirca®	Revatio®	Cholestyramine	Colestipol	Gemfibrozil	Trilipix®
		Cholestyramine Light	Welchol®	Tricor®	Lovaza® *
<i>**All agents in this class require verification of PAH diagnosis.</i>				<i>*Requires step-therapy with another preferred agent.</i>	
NIACIN DERIVATIVES		NIACIN/STATIN COMBINATIONS		STATINS	
Niaspan®		Advicor® Simcor®		Altoprev® Crestor® Lescol® Lescol XL® Lipitor®	
CHOLESTEROL ABSORPTION INHIBITORS		STATIN/CCB COMBINATION PRODUCTS		NON-NITRATE ANTIANGINALS	
Zetia®		Caduet®		Ranexa®	
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Donepezil Galantamine Rivastigmine (Oral & Patches)		Namenda®			
ANTI-CONVULSANTS					
CARBAMAZEPINE DERIVATIVES		FIRST GENERATION ANTICONVULSANTS		SECOND GENERATION ANTICONVULSANTS	
Carbamazepine (all dosage forms)		Celontin®		Gabapentin	
Epilex®		Divalproex Sodium		Lamotrigine	
Oxcarbazepine		Ethosuximide		Lamictal® ODT	
		Felbatol®		Levetiracetam	
		Mephobarbital		Lyrica®	
		Phenytoin		Topiramate	
		Phenytoin Sodium ER		Zonisamide	
		Primidone			
		Valproic Acid			
BEHAVIORAL HEALTH					
ANTIDEPRESSANTS, OTHER*		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		ATYPICAL ANTIPSYCHOTICS	
Bupropion		Adderall XR®		Clozapine	
Phenelzine		Metadate ER®		Risperidone	
Bupropion SR		Amphetamine Salt Combo		Fanapt®	
Trazodone		Methylin® Tablets		Saphris®	
Bupropion XL		Concerta® *		Fazaclo®	
Venlafaxine		Methylin ER®		Seroquel®	
Mirtazapine		Dexamethylphenidate IR		Geodon®	
Venlafaxine ER CAP		Methylphenidate		Seroquel XR ®	
Nefazodone		Dextroamphetamine			
		Methylphenidate ER/SR			
		Dextroamphetamine SR			
		Ritalin LA**			
		Focalin XR**			
		Strattera®			
		Vyvanse® *			
		Intuniv®			
<i>*Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>		<i>*Generic agents considered "first-line" when appropriate.</i>		<i>Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>	
<i>**Antidepressants indicated for pain have not yet been reviewed and are available without PA.</i>					
SELECTIVE SEROTONIN REUPTAKE INHIBITORS					
Citalopram					
Paroxetine					
Fluoxetine					
Sertraline					
Fluvoxamine					
<i>Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>					
OTHER CNS AGENTS					
ANTI-MIGRAINE SEROTONIN AGONISTS		MULTIPLE SCLEROSIS AGENTS		SKELETAL MUSCLE RELAXANTS	
Sumatriptan Tablets		Avonex®		Baclofen	
Sumatriptan Injection		Copaxone®		Dantrolene Sodium	
Sumatriptan Nasal Spray		Rebif®		Methocarbamol	
		Betaseron®		Chlorzoxazone	
				Orphenadrine	
				Cyclobenzaprine	
				Tizanidine HCl	
SEDATIVE/HYPNOTICS, NON-BARBITURATES		NON-ERGOT DOPAMINE RECEPTOR			
Temazepam		Pramipexole			
Zolpidem		Ropinirole			

ENDOCRINE AND METABOLIC		
ANTI-DIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS	AMYLIN ANALOGS*	BIGUANIDES
Acarbose Glyset®	Symlin® <i>*Prior Authorization is required if patient is not currently receiving insulin therapy.</i>	Metformin Metformin ER
BIGUANIDE COMBINATION AGENTS	DPP-4 INHIBITORS AND COMBINATIONS*	
ActoPlus Met®	Janumet® Kombiglyze XR® Januvia® Onglyza® <i>*PA required if no claim for metformin in history.</i>	
INCRELIN MIMETICS*	INSULINS	MEGLITINIDES
Byetta® <i>*PA required if no claim for metformin in history.</i>	Humalog® Levemir® Humulin® Novolin® Lantus® Novolog® <i>*Vials and Pen Devices covered for all drugs listed above.</i>	Nateglinide
SULFONYLUREAS, SECOND GENERATION	THIAZOLIDINEDIONES	THIAZOLIDINEDIONE/SULFONYLUREA COMBINATIONS*
Glimepiride Glyburide Micronized Glipizide Glipizide ER Glyburide	Actos®	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® Renagel® Phoslo® Renvela®	Alendronate	Calcitonin Nasal Spray Fortical® Nasal Spray
GROWTH HORMONE*	PANCREATIC ENZYMES	
Genotropin® Nutropin® 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>	Pancrelipase Creon	
GASTROINTESTINAL		
ANTIEMETIC AGENTS	HISTAMINE-2 RECEPTOR ANTAGONISTS	PROTON PUMP INHIBITORS*
Emend® Promethazine Metoclopramide Prochlorperazine Ondansetron <i>*See the listing at: http://southcarolina.fhsc.com for the quantity limits.</i>	Famotidine Ranitidine	Nexium® Capsules Pantoprazole Omeprazole <i>*Preferred PPIs will no longer require step therapy or prior authorization</i> <i>** Disintegrating Lansoproazole will continue to be available without PA for patients age 12 and under.</i>
ULCERATIVE COLITIS THERAPY	PROGESTINS FOR CACHEXIA	
Apriso® Mesalamine Enema Asacol® Pentasa® Balsalazide Disodium Sulfasalazine Canasa® Rectal Supp.	Megesterol Oral Susp.	
GENITOURINARY		
ALPHA BLOCKERS FOR BPH	ANTISPASMODICS	
Tamsulosin Uroxatral®	Detrol LA® Toviaz® Oxybutynin VESicare® Oxytrol®	

HEMATOLOGICAL & ONCOLOGICAL AGENTS

ANTICOAGULANTS- LOW MOLECULAR WEIGHT HEPARINS	HEMATOPOIETIC AGENTS	PLATELET INHIBITORS
Arixtra® Enoxaparin	Fragmin® 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 Myfortic® Neoral® Prograf® Rapamune® Sandimmune®
HEPATITIS B THERAPY*		HEPATITIS C THERAPY
Baraclude® Epivir HBV®	Hepsera® Tyzeka®	Incivek™ Pegasys® & Conv. Pack Peg-Intron® & Redipen Ribavirin Victrelis™
<i>*Viread® is unaffected by the PDL and is available without Prior Authorization.</i>		<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>

OPHTHALMICS

ANTIHISTAMINES, OPHTHALMIC	MAST CELL STABILIZERS, OPHTHALMIC	NSAIDs, OPHTHALMIC
Alaway® OTC Elestat® Ketotifen OTC	Pataday® Patanol® Zaditor® OTC	Alamast® Alocril® Alomide® Cromolyn Sodium
Diclofenac Sodium Flurbiprofen Sodium	Ketorolac Tromethamine Nevanac®	
QUINOLONES & MACROLIDES, OPHTHALMIC		
Ciprofloxacin HCl Vigamox®	Zymar®	

GLAUCOMA THERAPY

ALPHA-2 ADRENERGICS	BETA BLOCKERS	CARBONIC ANHYDRASE INHIBITORS
Brimonidine Tartrate Alphagan P®	Betaxolol HCl Carteolol HCl Combigan® Levobunolol HCl Metipranolol Timolol Maleate	Azopt® Dorzolamide Dorzolamide - Timolol
PROSTAGLANDIN AGONISTS		
latanoprost Lumigan®	Travatan® Travatan Z®	

OTICS

QUINOLONES, OTIC		
Ciprodex® Ofloxacin Otic Drops		

RESPIRATORY

ANTI-CHOLINERGICS	NASAL ANTIHISTAMINES	BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS
Atrovent® HFA Combivent®	Spiriva® Astepro® Azelastine	ProAir® HFA Proventil® HFA Ventolin® HFA

RESPIRATORY (continued)				
ANTI-HISTAMINES, MINIMALLY SEDATING*		BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS		BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS
Cetirizine Loratadine <i>*Combination products containing pseudoephedrine have been removed from this drug class and will be excluded consistent with cough and cold products.</i>		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>
BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS		GLUCOCORTICOID AND LONG-ACTING BETA-2 ADRENERGICS		INHALED CORTICOSTEROIDS
Albuterol 0.083%, 0.5%		Advair® Diskus Symbicort® Advair® HFA		Asmanex® Flovent HFA® Flovent Diskus® Qvar®
INTRANASAL STEROIDS		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>		Singulair® Zafirlukast		
TOPICAL AGENTS FOR ACNE				
Azelex® Clindamycin Phosphate		Retin-A Micro® Generic Benzoyl Peroxide Preparations		
Benzacilin® Differin®		Tretinoin Generic Erythromycin Preparations		
Clindagel® Epiduo®		Generic Sulfacetamide-Sulfur Preparations		
TOPICAL AGENTS FOR PSORIASIS				
TOPICAL AGENTS FOR PSORIASIS				
Calcipotriene Dovonex®				
TOPICAL ANTIINFECTIVES				
TOPICAL ANTIBIOTICS		TOPICAL ANTIVIRALS		
Mupirocin Ointment Bactroban® * Cream Altabax® *		Abreva® Zovirax® Ointment		
<i>*Generic agents should be considered "first line" therapy when appropriate.</i>				
TOPICAL STEROIDS				
Alclometasone Dipropionate Clobetasol Propionate		Fluocinolone Acetonide Halobetasol Propionate		Triamcinolone Acetonide
Betamethasone Dipropionate Cloderm®		Fluocinonide Hydrocortisone		
Betamethasone Valerate Derma-Smoother/FS®		Fluocinonide Emollient Hydrocortisone Butyrate		
Capex® Shampoo Desonide		Fluocinonide-E Hydrocortisone Valerate		
Clobetasol Emollient Desoximetasone		Fluticasone Propionate Mometasone Furoate		
MISCELLANEOUS				
SMOKING CESSATION				
Bupropion SR Nicotine Lozenge				
Chantix® Nicotine Patch				
Nicotine Gum				