



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

October 15, 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	TETRACYCLINES	ONYCHOMYCOSIS AGENTS
Azithromycin Clarithromycin Clarithromycin XL EryPed® Ery-Tab® Erythromycin Base	Erythromycin Estolate Erythromycin Ethylsuc Erythromycin Stearate Erythrocin Stearate Erythromycin & Sulfisox	Doxycycline Hyclate IR Doxycycline Monohydrate (50MG, 100MG) capsules Minocycline IR Tetracycline Vibramycin Suspension Vibramycin Syrup
		Gris-Peg® Griseofulvin Terbinafine
CEPHALOSPORINS, 2ND GENERATION	CEPHALOSPORINS, 3RD GENERATION	HERPES ANTIVIRALS
Cefprozil Cefuroxime	Cefdinir (all dosage forms) Cefditoren	Acyclovir Valtrex®
NITROIMIDAZOLES	FLUOROQUINOLONES	
Metronidazole	Ciprofloxacin Levofloxacin	
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®
		Eprosartan Losartan Losartan/HCTZ Micardis® Micardis HCT® 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®	Tekturina® * Tekturina 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 Tablet	Gemfibrozil	Trilipix®
		Cholestyramine Light		Tricor®	
<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®		Simcor®		Atorvastatin	Lovastatin
				Lescol®	Pravastatin
				Lescol XL®	Simvastatin
CHOLESTEROL ABSORPTION INHIBITORS		STATIN/CCB COMBINATION PRODUCTS		NON-NITRATE ANTIANGINALS	
				Ranexa®	
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Donepezil	Rivastigmine	Namenda®			
Galantamine					
ANTI-CONVULSANTS					
CARBAMAZEPINE DERIVATIVES		FIRST GENERATION ANTICONVULSANTS		SECOND GENERATION ANTICONVULSANTS	
Carbamazepine (all dosage forms)		Celontin®	Mephobarbital	Gabapentin	Lyrica®
Epilex®		Divalproex Sodium	Phenytoin	Lamotrigine	Topiramate
Oxcarbazepine		Ethosuximide	Phenytoin Sodium ER	Lamictal® ODT	Zonisamide
		Felbamate tablets	Primidone	Levetiracetam	
		Felbatol suspension	Valproic Acid		
RECTAL PREPS					
Diastat					
BEHAVIORAL HEALTH					
ANTIDEPRESSANTS, OTHER*		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		ATYPICAL ANTIPSYCHOTICS	
Bupropion	Phenelzine	Adderall XR®	Metadate CD®	Clozapine	Quetiapine
Bupropion SR	Trazodone	Amphetamine Salt Combo	Methylphenidate	Fanapt®	Risperidone
Bupropion XL	Venlafaxine	Concerta® *	Methylphenidate ER/SR	Fazaclo®	Saphris®
Mirtazapine	Venlafaxine ER CAP	Dexmethylphenidate IR	Ritalin LA**	Geodon®	Seroquel XR ®
Nefazodone		Dextroamphetamine	Strattera®		
		Dextroamphetamine SR	Vyvanse® *		
<i>*Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>		Focalin XR**		<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>		Intuniv® **			
		<i>*Generic agents considered "first-line" when appropriate.</i>			
		<i>**Preferred for 6 years of age and older</i>			
ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES		SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
Invega Sustenna	Risperdal Consta	Citalopram	Paroxetine		
		Fluvoxamine	Sertraline		
		Fluoxetine (Cap/Soln/Tab not DR)			
		<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®	Copaxone®	Baclofen	Dantrolene Sodium
Sumatriptan Injection		Avonex Admin Pack®	Rebif®	Carisoprodol	Methocarbamol
Sumatriptan Nasal Spray		Betaseron®		Chlorzoxazone	Orphenadrine
				Cyclobenzaprine IR	Tizanidine HCl tablets
SEDATIVE/HYPNOTICS, NON-BARBITURATES		NON-ERGOT DOPAMINE RECEPTOR			
Temazepam	Zolpidem IR	Pramipexole	Ropinirole		

ENDOCRINE AND METABOLIC		
ANTI-DIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS	AMYLIN ANALOGS*	ANTHYPERURICEMICS
Acarbose Glyset®	Symlin® <i>*Prior Authorization is required if patient is not currently receiving insulin therapy.</i>	Allopurinol Colcrys® Probenecid Probenecid/Colchicine
BIGUANIDES	BIGUANIDE COMBINATION AGENTS	DPP-4 INHIBITORS AND COMBINATIONS*
Metformin Metformin ER	ActoPlus Met® Glyburide/Metformin	Janumet® Janumet XR® Januvia® Jentadueto® <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® Humulin® Lantus® Levemir® Novolin® Novolog® <i>*Vials and Pen Devices covered for all drugs listed above.</i>	Nateglinide
SULFONYLUREAS, SECOND GENERATION	THIAZOLIDINEDIONES	THIAZOLIDINEDIONE/SULFONYLUREA COMBINATIONS*
Glimepiride Glipizide Glipizide ER Glyburide Glyburide Micronized	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® Phoslo® Renagel® Renvela®	Alendronate	Calcitonin Nasal Spray Fortical® Nasal Spray
GROWTH HORMONE*	PANCREATIC ENZYMES	
Norditropin® Nutropin® Nutropin AQ <i>*A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred</i>	Creon Pancrelipase Zenpep	
GASTROINTESTINAL		
ANTIEMETIC AGENTS	HISTAMINE-2 RECEPTOR ANTAGONISTS	PROTON PUMP INHIBITORS*
Emend® Metoclopramide Ondansetron Promethazine Prochlorperazine <i>*See the listing at: http://southcarolina.fhsc.com for the quantity limits.</i>	Famotidine tablets Ranitidine	Omeprazole OTC Pantoprazole Omeprazole RX <i>*Preferred PPIs will no longer require step therapy or prior authorization ** Disintegrating Lansoproazole will continue to be available without PA for patients age 12 and under.</i>
ULCERATIVE COLITIS THERAPY	PROGESTINS FOR CACHEXIA	
Apriso® Asacol® Balsalazide Disodium Canasa® Rectal Supp. Mesalamine Enema Pentasa® Sulfasalazine	Megestrol Oral Susp.	
GENITOURINARY		
ALPHA BLOCKERS FOR BPH	ANTISPASMODICS	
Tamsulosin Uroxatral®	Detrol LA® Oxybutynin IR Oxytrol® Toviaz® VESicare®	

HEMATOLOGICAL & ONCOLOGICAL AGENTS

ANTICOAGULANTS (Injectable)		ANTICOAGULANTS (Oral)		HEMATOPOIETIC AGENTS	
Arixtra®	Fragmin®	Pradaxa®	Xarelto®	Aranesp®	
Enoxaparin		Warfarin		Procrit®	
PLATELET INHIBITORS		PROTEIN TYROSINE KINASE INHIBITORS			
Aggrenox®	Plavix®	Gleevec®			
HORMONE RELATED THERAPY					
ANDROGENIC AGENTS		ANDROGEN HORMONE INHIBITOR			
Androderm®	Testim®	Avodart®			
Androgel®		Finasteride			
IMMUNOLOGICS					
IMMUNOMODULATORS, INJECTABLE		IMMUNOMODULATORS, TOPICAL		IMMUNOSUPPRESSANTS	
Enbrel®		Elidel® *		Azasan®	Myfortic®
Humira®		Protopic® *		Azathioprine	Neoral®
		<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>		Cyclosporine	Prograf®
				Gengraf®	Rapamune®
				Imuran®	Sandimmune®
				Mycophenolate Mofetil	
HEPATITIS B THERAPY*		HEPATITIS C THERAPY			
Baraclude®	Hepsera®	Incivek™	Ribavirin		
EpiVir HBV®	Tyzeka®	Pegasys® & Conv. Pack	Victrelis™		
		Peg-Intron® & Redipen			
<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	Pataday®	Alamast®	Alomide®	Diclofenac Sodium	Ketorolac Tromethamine
Elestat®	Patanol®	Alocril®	Cromolyn Sodium	Flurbiprofen Sodium	Nevanac®
Ketotifen OTC	Zaditor® OTC				
QUINOLONES & MACROLIDES, OPHTHALMIC					
Ciprofloxacin HCl	Vigamox®				
GLAUCOMA THERAPY					
ALPHA-2 ADRENERGICS		BETA BLOCKERS		CARBONIC ANHYDRASE INHIBITORS	
Brimonidine Tartrate		Betaxolol HCl	Levobunolol HCl	Azopt®	
Alphagan P®		Carteolol HCl	Metipranolol	Dorzolamide	
		Combigan®	Timolol Maleate	Dorzolamide - Timolol	
PROSTAGLANDIN AGONISTS					
latanoprost	Travatan®				
Lumigan®	Travatan Z®				
OTICS					
QUINOLONES, OTIC					
Ciprodex®					
Ofloxacin Otic Drops					
RESPIRATORY					
ANTI-CHOLINERGICS		NASAL ANTIHISTAMINES		BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS	
Atrovent® HFA	Spiriva®	Astepro®		ProAir® HFA	Ventolin® HFA
Combivent®		Azelastine		Proventil® HFA	

RESPIRATORY (continued)				
ANTI-HISTAMINES, MINIMALLY SEDATING*		BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS		BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS
Cetirizine	Loratadine	Foradil	Serevent® *	
<i>*Combination products containing pseudoephedrine have been removed from this drug class and will be excluded consistent with cough and cold products.</i>		<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	Dulera®	Asmanex®
		Advair® HFA	Symbicort®	Flovent HFA®
				Flovent Diskus®
				Qvar®
INTRANASAL STEROIDS		LEUKOTRIENE RECEPTOR ANTAGONISTS		
Fluticasone propionate	Nasonex®*	Montelukast		
<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>		Zafirlukast		
TOPICAL AGENTS FOR ACNE				
Azelex®	Clindamycin Phosphate	Generic Benzoyl Peroxide Preparations		
Benzaclin®	Retin-A Micro®	Generic Erythromycin Preparations		
Clindagel®	Tretinoin	Generic Sulfacetamide-Sulfur Preparations		
TOPICAL AGENTS FOR PSORIASIS				
TOPICAL AGENTS FOR PSORIASIS				
Calcipotriene	Dovonex®			
TOPICAL ANTIINFECTIVES				
TOPICAL ANTIBIOTICS		TOPICAL ANTIVIRALS		
Mupirocin Ointment	Bactroban® * Cream	Abreva®		
Altanax® *		Zovirax® Ointment		
<i>*Generic agents should be considered "first line" therapy when appropriate.</i>				
TOPICAL STEROIDS				
Alclometasone Dipropionate	Capex® Shampoo	Fluocinolone Acetonide	Halobetasol Propionate	Triamcinolone Acetonide
Betameth Diprop (cream/lotion)	Clobetasol Emollient	Fluocinolone Oil	Hydrocortisone	
Betameth Valerate (cream/lotion)	Clobetasol Propionate	Fluocinonide Emollient	Hydrocortisone Butyrate	
Beta-Val (cream/lotion)	Cloderm®	Fluocinonide-E	Hydrocortisone Valerate	
Betameth/Dipro/Propyl Glycol (cream)	Desonide	Fluticasone Propionate	Mometasone Furoate	
MISCELLANEOUS				
SMOKING CESSATION				
Bupropion SR	Nicotine Lozenge			
Chantix®	Nicotine Patch			
Nicotine Gum				