



**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

**January 1, 2013**

<b>ANALGESIC</b>		
<b>NSAIDs*</b>	<b>OPIOIDS, EXTENDED RELEASE</b>	<b>SHORT ACTING NARCOTIC ANALGESICS</b>
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.		
<b>TOPICAL NSAIDs AND ANESTHETICS</b>		
* All agents in this class require Prior Authorization.		
<b>ANTI-INFECTIVE</b>		
<b>MACROLIDES / KETOLIDES</b>	<b>TETRACYCLINES</b>	<b>ONYCHOMYCOSIS AGENTS</b>
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
<b>CEPHALOSPORINS, 2ND GENERATION</b>	<b>CEPHALOSPORINS, 3RD GENERATION</b>	<b>HERPES ANTIVIRALS</b>
Cefprozil Cefuroxime	Cefdinir (all dosage forms) Cefditoren	Acyclovir Valtrex®
<b>NITROIMIDAZOLES</b>	<b>FLUOROQUINOLONES</b>	
Metronidazole	Ciprofloxacin Levofloxacin	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITORS (ACEI)</b>	<b>ACEI, CCB COMBINATIONS</b>	<b>ANGIOTENSIN RECEPTOR BLOCKERS (ARB)</b>
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®
<b>BETA BLOCKERS</b>	<b>CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES</b>	<b>CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES</b>
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
<b>CCB/ARB COMBINATION PRODUCTS</b>	<b>DIRECT RENIN INHIBITORS</b>	<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>
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>

<b>CARDIOVASCULAR (Continued)</b>					
<b>PAH-PDE5 INHIBITORS**</b>		<b>BILE ACID SEQUESTERING RESINS</b>		<b>FIBRIC ACID DERIVATIVES</b>	
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>	
<b>NIACIN DERIVATIVES</b>		<b>NIACIN/STATIN COMBINATIONS</b>		<b>STATINS</b>	
Niaspan®		Simcor®		Atorvastatin	Lovastatin
				Lescol®	Pravastatin
				Lescol XL®	Simvastatin
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		<b>STATIN/CCB COMBINATION PRODUCTS</b>		<b>NON-NITRATE ANTIANGINALS</b>	
				Ranexa®	
<b>CENTRAL NERVOUS SYSTEM</b>					
<b>ALZHEIMER'S AGENTS</b>					
<b>CHOLINESTERASE INHIBITORS</b>		<b>NMDA RECEPTOR ANTAGONIST</b>			
Donepezil	Rivastigmine	Namenda®			
Galantamine					
<b>ANTI-CONVULSANTS</b>					
<b>CARBAMAZEPINE DERIVATIVES</b>		<b>FIRST GENERATION ANTICONVULSANTS</b>		<b>SECOND GENERATION ANTICONVULSANTS</b>	
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		
<b>RECTAL PREPS</b>					
Diastat					
<b>BEHAVIORAL HEALTH</b>					
<b>ANTIDEPRESSANTS, OTHER*</b>		<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS</b>		<b>ATYPICAL ANTIPSYCHOTICS</b>	
Bupropion	Phenelzine	Adderall XR®	Metadate CD®	Clozapine	Quetiapine
Bupropion SR	Trazodone	Amphetamine Salt Combo	Methylphenidate	Fanapt®	Risperidone
Bupropion XL	Venlafaxine	Cercera® *	Methylphenidate ER/SR	Fazaclo®	Saphris®
Mirtazapine	Venlafaxine ER CAP	Dexamethylphenidate 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>			
<b>ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES</b>		<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>			
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>			
<b>OTHER CNS AGENTS</b>					
<b>ANTI-MIGRAINE SEROTONIN AGONISTS</b>		<b>MULTIPLE SCLEROSIS AGENTS</b>		<b>SKELETAL MUSCLE RELAXANTS</b>	
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
<b>SEDATIVE/HYPNOTICS, NON-BARBITURATES</b>		<b>NON-ERGOT DOPAMINE RECEPTOR</b>			
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® <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  <i>*See the listing at: <a href="http://southcarolina.fhsc.com">http://southcarolina.fhsc.com</a> 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	Megesterol 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 &amp; 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®	Zaditor® OTC	Alocril®	Cromolyn Sodium	Flurbiprofen Sodium	Nevanac®
Ketotifen 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	

<b>RESPIRATORY (continued)</b>				
<b>ANTIHISTAMINES, MINIMALLY SEDATING*</b>		<b>BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS</b>		<b>BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS</b>
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>
<b>BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS</b>		<b>GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS</b>		<b>INHALED CORTICOSTEROIDS</b>
Albuterol 0.083%, 0.5%		Advair® Diskus	Dulera®	Asmanex®
		Advair® HFA	Symbicort®	Flovent HFA®
				Flovent Diskus®
				Qvar®
<b>INTRANASAL STEROIDS</b>		<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
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		
<b>TOPICAL AGENTS FOR ACNE</b>				
Azelex®	Clindamycin Phosphate	Generic Benzoyl Peroxide Preparations		
Benzaclin®	Retin-A Micro®	Generic Erythromycin Preparations		
Clindagel®	Tretinoin	Generic Sulfacetamide-Sulfur Preparations		
<b>TOPICAL AGENTS FOR PSORIASIS</b>				
<b>TOPICAL AGENTS FOR PSORIASIS</b>				
Calcipotriene	Dovonex®			
<b>TOPICAL ANTIINFECTIVES</b>				
<b>TOPICAL ANTIBIOTICS</b>		<b>TOPICAL ANTIVIRALS</b>		
Mupirocin Ointment	Bactroban® * Cream	Abreva®		
Altanax® *		Zovirax® Ointment		
<i>*Generic agents should be considered "first line" therapy when appropriate.</i>				
<b>TOPICAL STEROIDS</b>				
Alclometasone Dipropionate	Capex® Shampoo	Fluocinonide Emollient	Hydrocortisone Butyrate	(ointment/solution)
Betameth Diprop (cream/lotion)	Clobetasol Emollient	Fluocinonide-E	Hydrocortisone Valerate	(cream/solution)
Betameth Valerate (cream/lotion)	Clobetasol Prop (Cream/Gel/Oint/Soln)	Fluocinolone Oil	Mometasone Furoate	
Beta-Val (cream/lotion)	Desonide	Halobetasol Propionate	Triamcinolone Acetonide	
Betameth/Dipro/Propyl Glycol (cream)		Hydrocortisone		
<b>MISCELLANEOUS</b>				
<b>SMOKING CESSATION</b>				
Bupropion SR	Nicotine Lozenge			
Chantix®	Nicotine Patch			
Nicotine Gum				