



**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  
**July 22, 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*
* COX-2 specific NSAIDs require PA.	* Generic for MS Contin and Kadian®	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		
<b>TOPICAL NSAIDs AND ANESTHETICS</b>	<b>NEUROPATHIC PAIN</b>	
* All agents in this class require Prior Authorization.	Gabapentin Lyrica®	Savella®
<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
Griseofulvin Suspension Griseofulvin Ultramicronized Tablet 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 IR Levofloxacin	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITORS &amp; CCB COMBINATIONS</b>	<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>	<b>ANGIOTENSIN RECEPTOR BLOCKERS (ARB)</b>
Benazepril Benazepril/HCTZ Captopril Enalapril Enalapril/HCTZ Lisinopril	Lisinopril/HCTZ <b>CCB Combinations</b> Lotrel®	Catapres-TTS® Clonidine (Oral) Guanfacine IR (Oral) Methyldopa (Oral)
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® Sildenafil		Cholestyramine Colestipol Tablet Cholestyramine Light		Gemfibrozil Trilipix® 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 (tablets) Rivastigmine Galantamine IR		Namenda®			
<b>ANTI-CONVULSANTS</b>					
<b>CARBAMAZEPINE DERIVATIVES</b>		<b>FIRST GENERATION ANTICONVULSANTS</b>		<b>SECOND GENERATION ANTICONVULSANTS</b>	
Carbamazepine (all dosage forms) Epitol® Oxcarbazepine		Celontin® Phenytoin Divalproex Sodium Phenytoin Sodium ER Ethosuximide Primidone Felbamate Valproic Acid Mephobarbital		Gabapentin Topiramate Lamotrigine Zonisamide Lamictal® ODT Levetiracetam Lyrica®	
<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 Phenezine Bupropion SR Trazodone Bupropion XL Venlafaxine Mirtazapine Venlafaxine ER CAP Nefazodone		Adderall XR® Metadate CD® Amphetamine Salt Combo Methylphenidate Dexamethylphenidate IR Methylphenidate ER/SR Dextroamphetamine Ritalin LA** Dextroamphetamine SR Strattera® Focalin XR** Vyvanse® * Intuniv® **		Clozapine Risperidone Fanapt® Saphris® Olanzapine Tablets Seroquel XR® Latuda® Ziprasidone (caps) Quetiapine	
<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>		<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 IR Fluvoxamine Sertraline (tabs) 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 Sumatriptan Injection Sumatriptan Nasal Spray		Avonex® Copaxone® Avonex Admin Pack® Rebif® Betaseron®		Baclofen Dantrolene Sodium Carisoprodol Methocarbamol Chlorzoxazone Orphenadrine Cyclobenzaprine IR Tizanidine HCl tablets	
<b>SEDATIVE/HYPNOTICS, NON-BARBITURATES</b>		<b>NON-ERGOT DOPAMINE RECEPTOR</b>			
Temazepam Zolpidem IR		Pramipexole IR Ropinirole IR			

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*	INCRELIN MIMETICS*
ActoPlus Met® Glyburide/Metformin	Janumet®                      Kombiglyze XR® Janumet XR®                  Onglyza® Januvia®                        Tradjenta® Jentadueto® <i>*PA required if no claim for metformin in history.</i>	Byetta®  <i>*PA required if no claim for metformin in history.</i>
INSULINS	MEGLITINIDES	SULFONYLUREAS, SECOND GENERATION
Humalog®                      Levemir® Humulin®                      Novolin® Lantus®                        Novolog® <i>*Vials and Pen Devices covered for all drugs listed above.</i>	Nateglinide	Glimepiride                      Glyburide Glipizide                         Glyburide Micronized Glipizide ER
THIAZOLIDINEDIONES	THIAZOLIDINEDIONE/SULFONYLUREA COMBINATIONS*	
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	
Norditropin®                  Nutropin AQ 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                              Zenpep Pancrelipase	
GASTROINTESTINAL		
ANTIEMETIC AGENTS	HISTAMINE-2 RECEPTOR ANTAGONISTS	PROTON PUMP INHIBITORS*
Emend®                        Promethazine Metoclopramide              Prochlorperazine 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</i> <i>** Disintegrating Lansoprazole will continue to be available without PA for patients age 12 and under.</i>
ULCERATIVE COLITIS THERAPY	PROGESTINS FOR CACHEXIA	LAXATIVES & CATHARTICS
Apriso®                        Mesalamine Enema Asacol®                        Pentasa® Balsalazide Disodium        Sulfasalazine Canasa® Rectal Supp.	Megesterol Oral Susp.	Milk of Magnesia              PEG 3350/Electrolyte Magnesium Citrate            MiraLAX OTC Lactulose
GENITOURINARY		
ALPHA BLOCKERS FOR BPH	ANTISPASMODICS	
Tamsulosin Uroxatral®	Detrol LA®                      Toviaz® Oxybutynin IR                  VESicare® Oxytrol®	
GOUT		
XANTHINE OXYDASE INHIBITORS		
Allopurinol                      Probenecid Colcrys®                        Probenecid/Colchicine		

## HEMATOLOGICAL & ONCOLOGICAL AGENTS

ANTICOAGULANTS (Injectable)		ANTICOAGULANTS (Oral)		HEMATOPOIETIC AGENTS	
Arixtra®	Fragmin®	Pradaxa®	Xarelto®	Aranesp®	
Enoxaparin		Warfarin		Procrit®	
PLATELET INHIBITORS		PROTEIN TYROSINE KINASE INHIBITORS			
Aggrenox®	Clopidogrel	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®				Azathioprine	Neoral®
		* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.		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			
*Viread® is unaffected by the PDL and is available without Prior Authorization.		*Class level PA is in effect for all Hepatitis B & C medications. Once criteria are met, the agents listed on the PDL are preferred.			
OPHTHALMICS					
ANTIHISTAMINES, OPHTHALMIC		MAST CELL STABILIZERS, OPHTHALMIC		NSAIDs, OPHTHALMIC	
Alaway® OTC	Pataday®	Alocril®	Cromolyn Sodium	Diclofenac Sodium	Ketorolac Tromethamine
Elestat®	Zaditor® OTC	Alomide®		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	Proventil® HFA
Combivent®		Azelastine			

<b>RESPIRATORY (continued)</b>				
<b>ANTIHISTAMINES, MINIMALLY SEDATING*</b>		<b>BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS</b>		<b>BETA AGONIST AGENTS, SHORT ACTING ORAL AGENTS</b>
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>		Foradil  <i>* Prescribers are reminded of the warnings associated with use of long acting beta agonists.</i>		Albuterol Syrup                      Albuterol IR Tablet
<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® Advair® HFA                          Symbicort®		Asmanex®                          Flovent HFA® Flovent Diskus®                      Qvar®
<b>INTRANASAL STEROIDS</b>		<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
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>		Montelukast Zafirlukast		
<b>TOPICAL AGENTS FOR ACNE</b>				
Azelex®                      Clindamycin Phosphate		Generic Benzoyl Peroxide Preparations		
Benzaclin® (Gel w/pump)              Retin-A Micro®		Generic Erythromycin Preparations		
Clindagel®                      Tretinoin		Generic Sulfacetamide-Sulfur Preparations		
<b>TOPICAL AGENTS FOR PSORIASIS</b>				
Calcipotriene                      Dovonex®				
<b>TOPICAL ANTIINFECTIVES</b>				
<b>TOPICAL ANTIBIOTICS</b>		<b>TOPICAL ANTIVIRALS</b>		
Mupirocin (Oint/Cream)              Altanax® *  <i>*Generic agents should be considered "first line" therapy when appropriate.</i>		Abreva® Acyclovir Ointment		
<b>TOPICAL ANTIPARASITICS</b>				
Permethrin, OTC		Ulesfia®		Permethrin 5% Cream
<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) Desonide		Fluocinolone Oil                      Mometasone Furoate
Betameth/Dipro/Propyl Glycol (cream)				Halobetasol Propionate              Triamcinolone Acetonide Hydrocortisone
<b>MISCELLANEOUS</b>				
<b>SMOKING CESSATION</b>				
Bupropion SR                      Nicotine Lozenge Chantix®                          Nicotine Patch Nicotine Gum				