



**South Carolina Department of Health and Human Services Preferred Drug List (PDL)
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 1, 2017

| ANALGESIC | | | | | |
|--|-------------------------|--|-------------------------|---|----------------|
| NSAIDs* | | OPIOIDS, EXTENDED RELEASE | | SHORT ACTING NARCOTIC ANALGESICS | |
| Diclofenac Sodium | Nabumetone | Butrans* | Morphine Sulfate ER* | Codeine | Meperidine |
| Ibuprofen | Naproxen Tab/Susp | Embeda* | Morphine Sulfate SA | Codeine/APAP | Morphine IR |
| Indomethacin | Piroxicam | Fentanyl Patch | | Codeine/APAP/caff/butal | Naibuphine |
| Ketoralac | Sulindac | | | Codeine/ASA | Oxycodone |
| Meloxicam | | | | Codeine/ASA/caff/butal | Oxycodone/APAP |
| | | | | Hydrocodone/APAP | Oxycodone/ASA |
| | | | | Hydrocodone/Ibuprofen | Tramadol |
| | | | | Hydromorphone | Tramadol/APAP |
| *COX-2 specific NSAIDs require PA | | *Generic for MS Contin and Kadian * | | | |
| TOPICAL NSAIDs AND ANESTHETICS | | | NEUROPATHIC PAIN | | |
| * All agents in this class require Prior Authorization | | | Gabapentin | Savella* | |
| Lyrica* | | | | | |
| ANTI-INFECTIVE | | | | | |
| MACROLIDES/KETOLIDES | | TETRACYCLINES | | ONYCHOMYCOSIS AGENTS | |
| Azithromycin | Erythromycin Ethylsuc | Doxycycline Hyclate IR | | Griseofulvin Suspension | |
| Clarithromycin | Erythrocin Stearate | Doxycycline Monohydrate (50MG, 100MG) capsules | | Griseofulvin Ultramicronized Tablet | |
| Clarithromycin XL | Erythromycin & Sulfisox | Minocycline IR | | Terbinafine | |
| EryPed* | | Tetracycline | | | |
| Ery-Tab* | | Vibramycin Suspension | | | |
| Erythromycin Base | | Vibramycin Syrup | | | |
| CEPHALOSPORINS, 2ND GENERATION | | CEPHALOSPORINS, 3RD GENERATION | | HERPES ANTIVIRALS | |
| Cefprozil | | Cefdinir (all dosage forms) | | Acyclovir | |
| Cefuroxime | | Cefditoren | | Valacyclovir | |
| NITROIMIDAZOLES | | FLUOROQUINOLONES | | | |
| Metronidazole | | Ciprofloxacin IR tablets | Levofloxacin | | |
| CARDIOVASCULAR | | | | | |
| ACE INHIBITORS & CCB COMBINATIONS | | ANTIHYPERTENSIVES, SYMPATHOLYTICS | | ANGIOTENSIN RECEPTOR BLOCKERS (ARB) | |
| Benazepril | Lisinopril/HCTZ | Catapres-TTS* | | Benicar* | Losartan/HCTZ |
| Benazepril/HCTZ | | Clonidine (Oral) | | Benicar HCT* | Micardis* |
| Captopril | CCB Combinations | Guanfacine IR (Oral) | | Eprosartan | Micardis HCT* |
| Enalapril | Amlodipine Besylate | Methyldopa (Oral) | | Irbesartan | Valsartan/HCTZ |
| Enalapril/HCTZ | | | | Irbesartan/HCTZ | |
| Lisinopril | | | | Losartan | |
| BETA BLOCKERS | | CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES | | CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES | |
| Acebutolol | Metoprolol Tartrate | Amlodipine | | Cartia XT* | |
| Atenolol | Nadolol | Felodipine | | Diltiazem | |
| Atenolol/Chlorthalidone | Pindolol | Isradipine | | Diltiazem ER and XR | |
| Betaxolol | Propranolol | Nicardipine | | Taztia XT® | |
| Bisoprolol Fumarate | Propranolol ER | Nifedical XL* | | Verapamil | |
| Bisoprolol/HCTZ | Propranolol/HCTZ | Nifedipine ER and SA | | Verapamil ER | |
| Carvedilol | Sotalol | | | Verapamil SR | |
| Labetalol | Timolol | | | | |
| CCB/ARB COMBINATION PRODUCTS | | DIRECT RENIN INHIBITORS | | ENDOTHELIN RECEPTOR ANTAGONISTS | |
| Amlodipine/Valsartan | | Tekturna** | | Letairis** | |
| Exforge HCT* | | Tekturna HCT** | | Tracleer® | |
| | | *Prior Authorization is required if an ARB has not been prescribed previously. | | *Patients currently established on non-preferred therapy will be grandfathered. | |

| CARDIOVASCULAR (Continued) | | | | | |
|---|---------------------|---|-----------------------|--|--------------------------|
| ARNI ARB/NEPRILYSIN COMBO | | BILE ACID SEQUESTERING RESINS | | FIBRIC ACID DERIVATIVES | |
| Entresto* | | Cholestyramine | Colestipol Tablet | Gemfibrozil | Fenofibric Acid capsules |
| | | Cholestyramine Light | | Fenofibrate | |
| | | | | <i>*Requires step-therapy with another preferred agent</i> | |
| PAH-PDE5 INHIBITORS** | | NIACIN/STATIN COMBINATIONS | | STATINS | |
| Adcirca* Sildenafil | | Simcor* | | Atorvastatin | Rosuvastatin |
| <i>** All agents in this class require verification of PAH diagnosis.</i> | | | | Lovastatin | Simvastatin |
| | | | | Pravastatin | |
| NIACIN DERIVATIVES | | STATIN/CCB COMBINATION PRODUCTS | | NON-NITRATE ANTIANGINALS | |
| Niaspan* | | | | Ranexa* | |
| CENTRAL NERVOUS SYSTEM | | | | | |
| ALZHEIMER'S AGENTS | | | | | |
| CHOLINESTERASE INHIBITORS | | NMDA RECEPTOR ANTAGONIST | | | |
| Donepezil (tablets) | Rivastigmine | Memantine HCl | | | |
| Galantamine IR | | | | | |
| ANTI-CONVULSANTS | | | | | |
| CARBAMAZEPINE DERIVATIVES | | FIRST GENERATION ANTICONVULSANTS | | SECOND GENERATION ANTICONVULSANTS | |
| Carbamazepine (all dosage forms) | | Celontin* | Phenytoin | Gabapentin | Lyrica* |
| Epilex* | | Divalproex Sodium | Phenytoin Sodium ER | Lamotrigine | Topiramate |
| Oxcarbazepine | | Ethosuximide | Primidone | Lamictal® ODT | Zonisamide |
| | | Felbamate | Valproic Acid | Levetiracetam | |
| | | <i>*Banzel®, Fycompa®, Gabitril®, Onfi®, Potiga® Sabril® & Vimpat® require PA, no step therapy req.</i> | | | |
| RECTAL PREPS | | | | | |
| Diastat | | | | | |
| BEHAVIORAL HEALTH | | | | | |
| ANTIDEPRESSANTS, OTHER* | | ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS | | ATYPICAL ANTIPSYCHOTICS | |
| Bupropion | Phenelzine | Adderall XR* | Metadate CD* | Aripiprazole tabs | Risperidone |
| Bupropion SR | Trazodone | Amphetamine Salt Combo | Metadate ER* | Clozapine | Saphris* |
| Bupropion XL | Venlafaxine | Daytrana* | Methylphenidate | Latuda* | Ziprasidone (caps) |
| Mirtazapine | Venlafaxine ER CAP | Dexmethylphenidate IR | Methylphenidate ER/SR | Olanzapine Tablets | |
| Nefazodone | | Dextroamphetamine | Quillivant XR™ | Quetiapine IR | |
| | | Dextroamphetamine SR | Ritalin LA* | | |
| | | Focalin XR* | Strattera* | | |
| | | Guanfacine | Vyvanse* | | |
| <i>*Patients currently receiving a non-preferred agent will be able to continue without a PA.</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> | | | | | |
| ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES | | SELECTIVE SEROTONIN REUPTAKE INHIBITORS | | | |
| Abilify Maintena* | Invega Trinza™ | Citalopram (tabs/soln) | Fluoxetine | | |
| Invega® Sustenna* | Risperdal® Consta* | Escitalopram | Paroxetine IR | | |
| | | Fluvoxamine | Sertraline (tabs) | | |
| | | <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 | Relpax* | Avonex* | Copaxone* | Baclofen | Dantrolene Sodium |
| Sumatriptan Injection | Rizatriptan tab/odt | Avonex Admin Pack * | Extavia* | Carisoprodol 350mg | Methocarbamol |
| Sumatriptan Nasal Spray | | Betaseron* | Rebif* | Chlorzoxazone | Orphenadrine |
| | | | | Cyclobenzaprine IR | Tizanidine HCl tablets |
| SEDATIVE/HYPNOTICS, NON-BARBITURATES | | NON-ERGOT DOPAMINE RECEPTOR | | | |
| Temazepam | Zolpidem IR | Pramipexole IR | Ropinirole IR | | |

| ENDOCRINE AND METABOLIC | | |
|---|---|---|
| ANTI-DIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | AMYLIN ANALOGS* | DPP-4 INHIBITORS AND COMBINATIONS* |
| Acarbose Glyset* | Symlin® * Prior Authorization is required if patient is not currently receiving insulin therapy. | Janumet® Jentadueto® Januvia® Tradjenta® * PA required if no claim for metformin in history. |
| GLP1 INHIBITORS | INSULINS* | MEGLITINIDES |
| Bydureon® Victoza® *PA required if no claim for metformin in history. | Humalog® Levemir® Humulin® Novolog® Lantus® *Vials/Pen Devices covered for all drugs listed above | Nateglinide |
| SULFONYLUREAS | THIAZOLIDINEDIONES (Thiazolidinediones/Sulfonylurea Combos) | SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS |
| Glimepiride Glyburide/Metformin Glipizide Glyburide* *Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults. | Pioglitazone * Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously. | Invokana® Invokamet® Farxiga® Xigduo™ XR *PA required if no metformin in history. |
| BIGUANIDES | | |
| Metformin | | |
| OTHER ENDOCRINE AND METABOLIC AGENTS | | |
| ELECTROLYTE DEPLETERS | BIPHOSPHONATES-OSTEOPOROSIS | CALCITONINS |
| Calcium Acetate-capsules Renagel® Fosrenol® Renvela® | Alendronate | Calcitonin Nasal Spray Fortical® Nasal Spray |
| GLUCOCORTICOIDS, ORAL | GROWTH HORMONE* | PANCREATIC ENZYMES |
| Budesonide EC Methylprednisolone Cortef Orapred/Orapred ODT Cortisone Prednisolone Soln Dexamethasone Prednisolone Sod Phos Hydrocortisone Prednisone | Genotropin® Norditropin® * A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. | Creon Zenpep® Pancrelipase |
| GASTROINTESTINAL | | |
| ANTIEMETIC AGENTS | HISTAMINE-2 RECEPTOR ANTAGONISTS | PROTON PUMP INHIBITORS* |
| Emend® Promethazine Metoclopramide Prochlorperazine Ondansetron *See the listing at http://southcarolina.fhsc.com for quantity limits. | Famotidine tablets Ranitidine | Nexium® Suspension Pantoprazole Omeprazole *Preferred PPIs will no longer require step therapy or prior authorization. ** Disintegrating Lansoprazole will continue to be available without PA for patients age 12 and under. |
| ULCERATIVE COLITIS THERAPY | GI MOTILITY, CHRONIC | LAXATIVES & CATHARTICS |
| Apriso® Mesalamine Enema Balsalazide Disodium Pentasa® Canasa® Rectal Supp. Sulfasalazine | Amitiza® Movantik® Linzess® | Milk of Magnesia PEG 3350/Electrolyte Magnesium Citrate MiraLAX OTC Lactulose |
| PROGESTINS FOR CACHEXIA | | |
| Megestrol Oral Susp. | | |
| GENITOURINARY | | |
| ALPHA BLOCKERS FOR BPH | ANTISPASMODICS | |
| Tamsulosin Uroxatral® | Oxybutynin IR Toviaz® Oxytrol® VESIcare® | |
| GOUT | | |
| XANTHINE OXYDASE INHIBITORS | | |
| Allopurinol Probenecid Colchicine Probenecid/Colchicine | | |

| HEMATOLOGICAL & ONCOLOGICAL AGENTS | | | | | |
|--|--------------------|--|-----------------------|---|------------------------|
| ANTICOAGULATNS (Injectable) | | ANTICOAGULANTS (Oral) | | HEMATOPOIETIC AGENTS | |
| Enoxaparin | Fragmin* | Eliquis* | Warfarin | Aranesp* | |
| Fondaparinux | | Pradaxa* | Xarelto* | Procrit* | |
| PLATELET INHIBITORS | | PROTEIN TYROSINE KINASE INHIBITORS | | | |
| Aggrenox* | Clopidogrel | Gleevec* | | | |
| Brilinta* | | | | | |
| HORMONE RELATED THERAPY | | | | | |
| ANDROGENIC AGENTS | | ANDROGEN HORMONE INHIBITOR | | | |
| AndroGel* | | Avodart* | | | |
| | | Finasteride | | | |
| IMMUNOLOGICS | | | | | |
| IMMUNOMODULATORS, INJECTABLE | | IMMUNOMODULATORS, TOPICAL | | IMMUNOSUPPRESSANTS | |
| Enbrel* | | Aldara™ | | Azasan* | Myfortic* |
| Humira* | | Elidel® * | | Azathioprine | Neoral* |
| | | <i>*Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.</i> | | Cyclosporine | Rapamune* |
| | | | | Gengraf* | Sandimmune* |
| | | | | Imuran* | Tacrolimus |
| | | | | Mycophenolate Mofetil | |
| HEPATITIS B THERAPY* | | HEPATITIS C THERAPY | | RSV ANTIBODY | |
| Baraclude* | Hepsera* | Genotype 1 | | Synagis* | |
| Epivir HBV* | Tyzeka* | Harvoni* | Viekira XR™ Zepatier™ | | |
| | | Genotype 2/3 | | | |
| | | Eplclusa* | | | |
| | | Genotype 4 | | | |
| | | Technivie™ Zepatier™ Harvoni* | | | |
| | | Genotype 5/6 | | | |
| | | Harvoni® | | | |
| | | <i>Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. Effective Jan 1, 2017, SC coverage includes Metavir FO-F4.</i> | | | |
| <i>*Viread® is unaffected by the PDL and is available without Prior Authorization.</i> | | | | | |
| OPHTHALMICS | | | | | |
| ANTIHISTAMINES, OPHTHALMIC | | MAST CELL STABILIZERS, OPHTHALMIC | | NSAIDs, OPHTHALMIC | |
| Alaway* | Pazeo* | Alocril | Cromolyn Sodium | Diclofenac Sodium | Ketorolac Tromethamine |
| Lastacaft* | Zaditor* | Alomide* | | Flurbiprofen Sodium | Nevanac* |
| Pataday* | | | | | |
| QUINOLONES & MACROLIDS, 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 Z* | | | | |
| Lumigan* | | | | | |
| OTICS | | | | | |
| QUINOLONES, OTIC | | | | | |
| Ciprodex* | | | | | |
| RESPIRATORY | | | | | |
| ANTI-CHOLINERGICS | | NASAL ANTIHISTAMINES | | BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS | |
| Atrovent* HFA | Stiolto* Respimat* | Astepro* | Ipratropium | ProAir* HFA | Proventil* HFA |
| Spiriva* Handihaler* | | Azelastine | | | |

| RESPIRATORY (continued) | | | | |
|---|---|---|---|--|
| ANTIHISTAMINES, MINIMALLY SEDATING* | | BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS | | BETA AGONIST AGENTS, SHORT ACTING ORAL AGENTS |
| Cetirizine Loratadine Fexofenadine**/Allegra ODT <i>*Combination products containing pseudoephedrine have been removed from this class & will be excluded consistent with cough/cold products.</i> <i>**Liquids & orally disintegrating formulations limited to patients age 12 and under.</i> | | Serevent™ Diskus™ <i>*Prescribers are reminded of the warnings associated with use of long acting beta agonists.</i> | | Albuterol Syrup Albuterol IR Tablet |
| BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS | | GLUCOCORTICOID AND LONG-ACTING BETA-2 ADRENERGICS | | INHALED ANTIBIOTICS |
| Albuterol Neb Inhalation | | Advair® Diskus Dulera® Advair® HFA Symbicort® | Bethkis® Kitabis™ | |
| INHALED CORTICOSTEROIDS | | INTRANASAL STEROIDS | | LEUKOTRIENE RECEPTOR ANTAGONISTS |
| Asmanex® Flovent HFA® Flovent Diskus® QVAR® | 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 | |
| ANTI-ALLERGENS (ORAL) | | GLUCOCORTICOID INHALED (NEB) | | |
| Grastek® Ragwitek® Oralair® | Pulmicort Respules® | | | |
| TOPICAL AGENTS FOR ACNE | | | | |
| Azelex® Clindamycin Phosphate Benzacilin® (Gel w/pump) Retin-A® gel/cream Clindagel® | Generic Benzoyl Peroxide Preparations Generic Erythromycin Preparations Sulfacetamide-Sodium 10% cleanser | | | |
| TOPICAL ANTIFUNGALS | | | | |
| Ciclopirox (cream/solution/suspension) Clotrimazole (cream/solution) Clotrimazole/Betamethasone (cream/lotion) | Econazole Ketoconazole (cream/shampoo) Nystatin (cream/ointment) | | Nystatin/Triamcinolone (cream/ointment) | |
| TOPICAL AGENTS FOR PSORIASIS | | | | |
| TOPICAL AGENTS FOR PSORIASIS | | | | |
| Calcipotriene | | | | |
| TOPICAL AGENTS FOR ROSACEA | | | | |
| TOPICAL AGENTS FOR ROSACEA | | | | |
| Finacea® (gel/foam) MetroLotion® MetroGel® MetroCream® | | | | |
| TOPICAL ANTIINFECTIVES | | | | |
| TOPICAL ANTIBIOTICS | | TOPICAL ANTIVIRALS | | |
| Mupirocin (ointment) | | Abreva® Zovirax® Cream | | |
| TOPICAL ANTIPARASITICS | | | | |
| Permethrin, OTC Permethrin 5% Cream Sklice® Ulesfia® | | | | |
| TOPICAL STEROIDS | | | | |
| Alclometasone Dipropionate Betameth Diprop (cream/lotion) Betameth Valerate (cream/lotion) Betameth/Dipro/Propyl Glycol (cream) Capex® Shampoo | Clobetasol Emollient Clobetasol Prop (cream/gel/oint/soln) Desonide Fluocinonide Emollient Fluocinonide-E | Fluocinolone Oil Halobetasol Propionate Hydrocortisone Hydrocortisone Butyrate (oint/solution) Hydrocortisone Valerate (cream/soln) | Mometasone Furoate Triamcinolone Acetonide | |

| MISCELLANEOUS | | | |
|---------------------------|---------------------------------------|----------------------|--------------------|
| EPINEPHRINE (INJECTABLES) | EMERGENCY TREATMENT (OPIOID OVERDOSE) | SMOKING CESSATION | |
| Epinephrine (AG) 0.3mg | Narcan® Nasal Spray | Bupropion SR | Nicotine Patch |
| Epinephrine (AG) 0.15mg | Naloxone Vial/Syringe | Chantix® / Dose Pack | Nicotrol® NS |
| AG = Authorized Generic | | Nicotine Gum | Nicotrol® Inh/Cart |
| | | Nicotine Lozenge | |