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

November 1, 2017

ANALGESIC

NSAIDs*

Diclofenac Sodium	Nabumetone
Ibuprofen	Naproxen Tab/Susp
Indomethacin	Piroxicam
Ketoralac	Sulindac
Meloxicam	

COX-2 specific NSAIDs require PA

OPIOIDS, EXTENDED RELEASE

Butrans®	Morphine Sulfate ER*
Embeda®	Morphine Sulfate SA
Fentanyl Patch	

Generic for MS Contin and Kadian ®

SHORT ACTING NARCOTIC ANALGESICS

Codeine	Meperidine
Codeine/APAP	Morphine IR
Codeine/APAP/caff/butal	Nalbuphine
Codeine/ASA	Oxycodone
Codeine/ASA/caff/butal	Oxycodone/APAP
Hydrocodone/APAP	Oxycodone/ASA
Hydrocodone/Ibuprofen	Tramadol
Hydromorphone	Tramadol/APAP

TOPICAL NSAIDs AND ANESTHETICS

** All agents in this class require Prior Authorization*

NEUROPATHIC PAIN

Gabapentin	Savella®
Lyrica®	

ANTI-INFECTIVE

MACROLIDES/KETOLIDES

Azithromycin	Erythromycin Ethylsuc
Clarithromycin	Erythrocin Stearate
Clarithromycin XL	Erythromycin & Sulfisox
EryPed®	
Ery-Tab®	
Erythromycin Base	

TETRACYCLINES

Doxycycline Hyclate IR
Doxycycline Monohydrate (50MG, 100MG) capsules
Minocycline IR
Tetracycline
Vibramycin Suspension
Vibramycin Syrup

ONYCHOMYCOSIS AGENTS

Griseofulvin Suspension
Griseofulvin Ultramicronized Tablet
Terbinafine

CEPHALOSPORINS, 2ND GENERATION

Cefprozil
Cefuroxime

CEPHALOSPORINS, 3RD GENERATION

Cefdinir (all dosage forms)
Cefditoren

HERPES ANTIVIRALS

Acyclovir
Valacyclovir

NITROIMIDAZOLES

Metronidazole

FLUOROQUINOLONES

Ciprofloxacin IR tablets	Levofloxacin

CARDIOVASCULAR

ACE INHIBITORS & CCB COMBINATIONS

Benazepril	Lisinopril/HCTZ
Benazepril/HCTZ	
Captopril	**CCB Combinations**
Enalapril	Amlodipine Besylate
Enalapril/HCTZ	
Lisinopril	

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Catapres-TTS®
Clonidine (Oral)
Guanfacine IR (Oral)
Methyldopa (Oral)

ANGIOTENSIN RECEPTOR BLOCKERS (ARB)

Benicar®	Losartan/HCTZ
Benicar HCT®	Micardis®
Eprosartan	Micardis HCT®
Irbesartan	Valsartan/HCTZ
Irbesartan/HCTZ	
Losartan	

BETA BLOCKERS

Acebutolol	Metoprolol Tartrate
Atenolol	Nadolol
Atenolol/Chlorthalidone	Pindolol
Betaxolol	Propranolol
Bisoprolol Fumarate	Propranolol ER
Bisoprolol/HCTZ	Propranolol/HCTZ
Carvedilol	Sotalol
Labetalol	Timolol

CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES

Amlodipine
Felodipine
Isradipine
Nicardipine
Nifedical XL®
Nifedipine ER and SA

CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES

Cartia XT®
Diltiazem
Diltiazem ER and XR
Taztia XT®
Verapamil
Verapamil ER
Verapamil SR

CCB/ARB COMBINATION PRODUCTS

Amlodipine/Valsartan
Exforge HCT®

DIRECT RENIN INHIBITORS

Tekturna®*
Tekturna HCT®*
**Prior Authorization is required if an ARB has not been prescribed previously.*

ENDOTHELIN RECEPTOR ANTAGONISTS

Letairis®*
Tracleer®
**Patients currently established on non-preferred therapy will be grandfathered.*

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CARDIOVASCULAR (Continued)

ARNI ARB/NEPRILYSIN COMBO

Entresto®

BILE ACID SEQUESTERING RESINS

Cholestyramine
Cholestyramine Light
Colestipol Tablet

FIBRIC ACID DERIVATIVES

Gemfibrozil
Fenofibrate
Fenofibric Acid capsules

**Requires step-therapy with another preferred agent*

PAH-PDE5 INHIBITORS**

Adcirca®
Sildenafil

*** All agents in this class require verification of PAH diagnosis.*

NIACIN/STATIN COMBINATIONS

Simcor®

STATINS

Atorvastatin
Lovastatin
Pravastatin
Rosuvastatin
Simvastatin

NIACIN DERIVATIVES

Niaspan®

STATIN/CCB COMBINATION PRODUCTS

NON-NITRATE ANTIANGINALS

Ranexa®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

Donepezil (tablets)
Galantamine IR
Rivastigmine

NMDA RECEPTOR ANTAGONIST

Memantine HCl

ANTI-CONVULSANTS

CARBAMAZEPINE DERIVATIVES

Carbamazepine (all dosage forms)
Epitol®
Oxcarbazepine

FIRST GENERATION ANTICONVULSANTS

Celontin®
Divalproex Sodium
Ethosuximide
Felbamate
Phenytoin
Phenytoin Sodium ER
Primidone
Valproic Acid

SECOND GENERATION ANTICONVULSANTS

Gabapentin
Lamotrigine
Lamictal® ODT
Levetiracetam
Lyrica®
Topiramate
Zonisamide

**Banzel®, Fycompa®, Gabitril®, Onfi®, Potiga® Sabril® & Vimpat® require PA, no step therapy req.*

RECTAL PREPS

Diastat

BEHAVIORAL HEALTH

ANTIDEPRESSANTS, OTHER*

Bupropion
Bupropion SR
Bupropion XL
Mirtazapine
Nefazodone
Phenelzine
Trazodone
Venlafaxine
Venlafaxine ER CAP

**Patients currently receiving a non-preferred agent will be able to continue without a PA.*
*** Antidepressants indicated for pain have not yet been reviewed and are available without PA.*

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Adderall XR®
Amphetamine Salt Combo
Daytrana®
Dexmethylphenidate IR
Dextroamphetamine
Dextroamphetamine SR
Focalin XR®
Guanfacine
Metadate CD®
Metadate ER®
Methylphenidate
Methylphenidate ER/SR
Quillivant XR™
Ritalin LA®
Strattera®
Vyvanse®

ATYPICAL ANTIPSYCHOTICS

Aripiprazole tabs
Clozapine
Latuda®
Olanzapine Tablets
Quetiapine IR
Risperidone
Saphris®
Ziprasidone (caps)

Patients currently receiving a non-preferred agent will be able to continue without a PA.

ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES

Abilify Maintena®
Invega® Sustenna®
Invega Trinza™
Risperdal® Consta®

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Citalopram (tabs/soln)
Escitalopram
Fluvoxamine
Fluoxetine
Paroxetine IR
Sertraline (tabs)

Patients currently receiving a non-preferred agent will be able to continue without a PA.

OTHER CNS AGENTS

ANTI-MIGRAINE SEROTONIN AGONISTS

Sumatriptan Tablets
Sumatriptan Injection
Sumatriptan Nasal Spray
Relpax®
Rizatriptan tab/odt

MULTIPLE SCLEROSIS AGENTS

Avonex®
Avonex Admin Pack ®
Betaseron®
Copaxone®
Extavia®
Rebif®

SKELETAL MUSCLE RELAXANTS

Baclofen
Carisoprodol 350mg
Chlorzoxazone
Cyclobenzaprine IR
Dantrolene Sodium
Methocarbamol
Orphenadrine
Tizanidine HCl tablets

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Zolpidem IR

NON-ERGOT DOPAMINE RECEPTOR

Pramipexole IR
Ropinirole IR

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS	AMYLIN ANALOGS*	DPP-4 INHIBITORS AND COMBINATIONS*
Acarbose	Symlin®	Janumet® Jentadueto®
Glyset®		Januvia® Tradjenta®
	** Prior Authorization is required if patient is not currently receiving insulin therapy.*	** PA required if no claim for metformin in history.*
GLP1 INHIBITORS	**INSULINS***	**MEGLITINIDES**
Bydureon® Victoza®	Humalog® Levemir®	Nateglinide
	Humulin® Novolog®	
	Lantus®	
**PA required if no claim for metformin in history.*	**Vials/Pen Devices covered for all drugs listed above*	
SULFONYLUREAS	**THIAZOLIDINEDIONES (Thiazolidinediones/Sulfonylurea Combos)**	**SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS**
Glimepiride Glyburide/Metformin	Pioglitazone	Invokana® Invokamet®
Glipizide		Farxiga® Xigduo™ XR
Glyburide*	** Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.*	
*Caution: *Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults.*		**PA required if no metformin in history.*
BIGUANIDES		
Metformin		

OTHER ENDOCRINE AND METABOLIC AGENTS

ELECTROLYTE DEPLETERS	BIPHOSPHONATES-OSTEOPOROSIS	CALCITONINS
Calcium Acetate-capsules Renagel®	Alendronate	Calcitonin Nasal Spray
Fosrenol® Renvela®		Fortical® Nasal Spray
GLUCOCORTICOIDS, ORAL	**GROWTH HORMONE***	**PANCREATIC ENZYMES**
Budesonide EC Methylprednisolone	Genotropin® Norditropin®	Creon Zenpep®
Cortef Orapred/Orapred ODT		Pancrelipase
Cortisone Prednisolone Soln		
Dexamethasone Prednisolone Sod Phos	** A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.*	
Hydrocortisone Prednisone		

GASTROINTESTINAL

ANTIEMETIC AGENTS	HISTAMINE-2 RECEPTOR ANTAGONISTS	PROTON PUMP INHIBITORS*
Emend® Promethazine	Famotidine tablets	Nexium® Suspension Pantoprazole
Metoclopramide Prochlorperazine	Ranitidine	Omeprazole
Ondansetron		**Preferred PPIs will no longer require step therapy or prior authorization.*
**See the listing at http://southcarolina.fhsc.com for quantity limits.*		*** 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	Amitiza® Movantik®	Milk of Magnesia PEG 3350/Electrolyte
Balsalazide Disodium Pentasa®	Linzess®	Magnesium Citrate MiraLAX OTC
Canasa® Rectal Supp. Sulfasalazine		Lactulose
PROGESTINS FOR CACHEXIA		
Megestrol Oral Susp.		

GENITOURINARY

ALPHA BLOCKERS FOR BPH	ANTISPASMODICS	
Tamsulosin	Oxybutynin IR Toviaz®	
Uroxatral®	Oxytrol® VESIcare®	

GOUT

XANTHINE OXYDASE INHIBITORS		
Allopurinol Probenecid		
Colchicine Probenecid/Colchicine		

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HEMATOLOGICAL & ONCOLOGICAL AGENTS

ANTICOAGULATNS (Injectable)

Enoxaparin
Fragmin®
Fondaparinux

ANTICOAGULANTS (Oral)

Eliquis®
Warfarin
Pradaxa®
Xarelto®

HEMATOPOIETIC AGENTS

Aranesp®
Procrit®

PLATELET INHIBITORS

Aggrenox®
Clopidogrel
Brilinta®

PROTEIN TYROSINE KINASE INHIBITORS

Gleevec®

HORMONE RELATED THERAPY

ANDROGENIC AGENTS

AndroGel®

ANDROGEN HORMONE INHIBITOR

Avodart®
Finasteride

IMMUNOLOGICS

IMMUNOMODULATORS, INJECTABLE

Enbrel®
Humira®

IMMUNOMODULATORS, TOPICAL

Aldara™

Elidel® *

**Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.*

IMMUNOSUPPRESSANTS

Azasan®
Myfortic®
Azathioprine
Neoral®
Cyclosporine
Rapamune®
Gengraf®
Sandimmune®
Imuran®
Tacrolimus
Mycophenolate Mofetil

HEPATITIS B THERAPY*

Baraclude®
Hepsera®
Epivir HBV®
Tyzeka®

**Viread ® is unaffected by the PDL and is available without Prior Authorization.*

HEPATITIS C THERAPY

Epclusa®
Mavyret™
Vosevi®

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 F0-F4.

RSV ANTIBODY

Synagis®

OPHTHALMICS

ANTIHISTAMINES, OPHTHALMIC

Alaway®
Pazeo®
Lastacaft®
Zaditor®
Pataday®

MAST CELL STABILIZERS, OPHTHALMIC

Alocril
Cromolyn Sodium
Alomide®

NSAIDs, OPTHALMIC

Diclofenac Sodium
Ketorolac Tromethamine
Flurbiprofen Sodium
Nevanac®

QUINOLONES & MACROLIDS, OPHTHALMIC

Ciprofloxacin HCl
Vigamox®

GLAUCOMA THERAPY

ALPHA-2 ADRENERGICS

Brimonidine Tartrate
Alphagan P®

BETA BLOCKERS

Betaxolol HCl
Levobunolol HCl
Carteolol HCl
Metipranolol
Combigan®
Timolol Maleate

CARBONIC ANHYDRASE INHIBITORS

Azopt®
Dorzolamide
Dorzolamide - Timolol

PROSTAGLANDIN AGONISTS

Latanoprost
Travatan Z®
Lumigan®

OTICS

QUINOLONES, OTIC

Ciprodex®

RESPIRATORY

ANTI-CHOLINERGICS

Atrovent® HFA
Stiolto® Respimat®
Spiriva® Handihaler®

NASAL ANTIHISTAMINES

Astepro®
Ipratropium
Azelastine

BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS

ProAir® HFA
Proventil® HFA

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RESPIRATORY (continued)

ANTIHISTAMINES, MINIMALLY SEDATING*		BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS	BETA AGONIST AGENTS, SHORT ACTING ORAL AGENTS	
Cetirizine	Loratadine	Serevent™ Diskus™	Albuterol Syrup	Albuterol IR Tablet
Fexofenadine**/Allegra ODT				
**Combination products containing pseudoephedrine have been removed from this class & will be excluded consistent with cough/cold products.*		**Prescribers are reminded of the warnings associated with use of long acting beta agonists.*		
***Liquids & orally disintegrating formulations limited to patients age 12 and under.*				

BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS	GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS		INHALED ANTIBIOTICS	
Albuterol Neb Inhalation	Advair® Diskus	Dulera®	Bethkis®	Kitabis™
	Advair® HFA	Symbicort®		

INHALED CORTICOSTEROIDS		INTRANASAL STEROIDS		LEUKOTRIENE RECEPTOR ANTAGONISTS
Asmanex®	Flovent HFA®	Fluticasone propionate	Nasonex®*	Montelukast
Flovent Diskus®	QVAR®			Zafirlukast
		**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.*		

ANTI-ALLERGENS (ORAL)		GLUCORTICOIDS INHALED (NEB)	
Grastek®	Ragwitek®	Pulmicort Respules®	
Oralair®			

TOPICAL AGENTS FOR ACNE

Azelex®	Clindamycin Phosphate	Generic Benzoyl Peroxide Preparations
Benzaclin® (Gel w/pump)	Retin-A® gel/cream	Generic Erythromycin Preparations
Clindagel®		Sulfacetamide-Sodium 10% cleanser

TOPICAL ANTIFUNGALS

Ciclopirox (cream/solution/suspension)	Econazole	Nystatin/Triamcinolone (cream/ointment)
Clotrimazole (cream/solution)	Ketoconazole (cream/shampoo)	
Clotrimazole/Betamethasone (cream/lotion)	Nystatin (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	Clobetasol Emollient	Fluocinolone Oil	Mometasone Furoate
Betameth Diprop (cream/lotion)	Clobetasol Prop (cream/gel/oint/soln)	Halobetasol Propionate	Triamcinolone Acetonide
Betameth Valerate (cream/lotion)	Desonide	Hydrocortisone	
Betameth/Dipro/Propyl Glycol (cream)	Fluocinonide Emollient	Hydrocortisone Butyrate (oint/solution)	
Capex® Shampoo	Fluocinonide-E	Hydrocortisone Valerate (cream/soln)	

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
		Nicotine Gum	Nicotrol® Inh/Cart
AG = Authorized Generic		Nicotine Lozenge	

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