



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

January 1, 2018

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		Tekturma**		Letairis**	
Exforge HCT*		Tekturma 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*	Kapvay® ER	Aripiprazole tabs	Risperidone
Bupropion SR	Trazodone	Amphetamine Salt Combo	Methylphenidate IR/SR	Clozapine	Saphris®
Bupropion XL	Venlafaxine	Atomoxetine	Methylphenidate ER/LA	Latuda*	Ziprasidone (caps)
Mirtazapine	Venlafaxine ER CAP	Dextroamphetamine Tab	Quillivant XR™	Olanzapine Tablets	
Nefazodone		Focalin® IR/XR	Vyvanse®	Quetiapine IR	
		Guanfacine ER		<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® 20mg/ml only	Baclofen	Methocarbamol
Sumatriptan Injection	Rizatriptan tab/odt	Avonex Admin Pack *	Extavia®	Chlorzoxazone	Orphenadrine ER
Sumatriptan Nasal Spray		Betaseron®	Rebif®	Cyclobenzaprine IR	Tizanidine HCl tablets
				Dantrolene Sodium	
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*		Janumet* Jentadueto* 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* Humulin* Novolog® Lantus*		Nateglinide	
*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 Glipizide Glyburide*		Pioglitazone		Invokana* Invokamet* Farxiga* Xigduo™ XR	
*Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults.		* Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.		*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*		Creon Zenpep* Pancrelipase	
		* A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.			
GASTROINTESTINAL					
ANTIEMETIC AGENTS		HISTAMINE-2 RECEPTOR ANTAGONISTS		PROTON PUMP INHIBITORS*	
Emend* Promethazine Metoclopramide Prochlorperazine Ondansetron		Famotidine tablets Ranitidine		Nexium® Suspension Pantoprazole Omeprazole	
*See the listing at http://southcarolina.fhsc.com for quantity limits.				*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*
		Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.		Cyclosporine	Rapamune
				Gengraf*	Sandimmune*
				Imuran*	Tacrolimus
				Mycophenolate Mofetil	
HEPATITIS B THERAPY*		HEPATITIS C THERAPY		RSV ANTIBODY	
Baraclude*	Hepsera*	Eplclusa*		Synagis*	
Eпивir HBV*	Tyzeka*	Mavyret™			
		Vosevi*			
Viread is unaffected by the PDL and is available without Prior Authorization.		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.			
OPHTHALMICS					
ANTI-HISTAMINES, OPHTHALMIC		ANTI-INFLAMMATORY, IMMUNOMODULATORS		MAST CELL STABILIZERS, OPHTHALMIC	
Alaway*	Pazeo*	Restasis*		Alocril	Cromolyn Sodium
Lastacraft*	Zaditor*			Alomide*	
Pataday*					
NSAIDs, OPHTHALMIC		QUINOLONES & MACROLIDS, OPHTHALMIC			
Diclofenac Sodium	Ketorolac Tromethamine	Ciprofloxacin HCl	Vigamox*		
Flurbiprofen Sodium	Nevanac*				
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*	Ciprofloxacin				
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 Advair® HFA	Dulera® Symbicort®	Bethkis® Kitabis™
INHALED CORTICOSTEROIDS	INTRANASAL STEROIDS		LEUKOTRIENE RECEPTOR ANTAGONISTS
Asmanex® Flovent Diskus®	Flovent HFA® 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® Oralair®	Ragwitek®	Pulmicort Respules®	
TOPICAL AGENTS FOR ACNE			
Azelex® Benzacilin® (Gel w/pump) Clindagel®	Clindamycin Phosphate Retin-A® gel/cream	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) MetroGel® MetroLotion® 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
		Nicotine Gum	Nicotrol® Inh/Cart
AG = Authorized Generic		Nicotine Lozenge	