



**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

**February 15, 2021**

<b>ANALGESIC</b>					
<b>NSAIDs*</b>		<b>OPIOIDS, EXTENDED RELEASE</b>		<b>SHORT ACTING NARCOTIC ANALGESICS</b>	
Diclofenac Sodium	Nabumetone	Fentanyl Patch	Morphine Sulfate ER*	Codeine	Meperidine
Ibuprofen	Naproxen Tab/Susp		Morphine Sulfate SA	Codeine/APAP	Morphine IR
Indomethacin	Piroxicam			Codeine/APAP/caff/butal	Nalbuphine
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®			
<b>TOPICAL NSAIDs AND ANESTHETICS</b>			<b>NEUROPATHIC PAIN</b>		
* All agents in this class require Prior Authorization			Duloxetine	Pregabalin caps	
Gabapentin					
<b>ANTI-INFECTIVE</b>					
<b>MACROLIDES/KETOLIDES</b>		<b>TETRACYCLINES</b>		<b>ONYCHOMYCOSIS AGENTS</b>	
Azithromycin	Erythrocin Stearate	Doxycycline Hyclate IR		Griseofulvin Suspension	
Clarithromycin		Doxycycline Monohydrate (50MG, 100MG) capsules		Griseofulvin Ultramicronized Tablet	
Erythromycin Ethylsuccinate Suspension		Minocycline IR		Terbinafine	
		Tetracycline			
<b>CEPHALOSPORINS, 2ND GENERATION</b>		<b>CEPHALOSPORINS, 3RD GENERATION</b>		<b>HERPES ANTIVIRALS</b>	
Cefprozil		Cefdinir (all dosage forms)		Acyclovir	
Cefuroxime				Valacyclovir	
<b>NITROIMIDAZOLES</b>		<b>FLUOROQUINOLONES</b>			
Metronidazole IR	Vancomycin Caps	Ciprofloxacin IR tablets	Levofloxacin		
Firvanq®					
<b>CARDIOVASCULAR</b>					
<b>ACE INHIBITORS &amp; CCB COMBINATIONS</b>		<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>		<b>ANGIOTENSIN RECEPTOR BLOCKERS (ARB)</b>	
Benazepril	Lisinopril/HCTZ	Catapres-TTS®		Benicar HCT®	Olmesartan
Benazepril/HCTZ		Clonidine (Oral)		Eprosartan	Telmisartan
Captopril	<b>CCB Combinations</b>	Guanfacine IR (Oral)		Irbesartan	Telmisartan HCT
Enalapril	Amlodipine Besylate	Methyldopa (Oral)		Irbesartan/HCTZ	Valsartan/HCTZ
Enalapril/HCTZ				Losartan	
Lisinopril				Losartan/HCTZ	
<b>BETA BLOCKERS</b>		<b>CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES</b>		<b>CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES</b>	
Acebutolol	Metoprolol Tartrate	Amlodipine		Cartia XT®	
Atenolol	Nadolol	Felodipine		Diltiazem	
Atenolol/Chlorthalidone	Propranolol IR/ER	Isradipine		Diltiazem ER and XR	
Bisoprolol Fumarate	Propranolol HCT	Nicardipine		Taztia XT®	
Bisoprolol/HCT	Sotalol/AF	Nifedipine ER and SA		Verapamil	
Carvedilol IR				Verapamil ER	
Labetalol				Verapamil SR	
Metoprolol succ ER					
<b>CCB/ARB COMBINATION PRODUCTS</b>		<b>DIRECT RENIN INHIBITORS</b>		<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>	
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	
		Cholestyramine Light		Fenofibrate (gen Tricor)	
PAH-PDE5 INHIBITORS**		STATINS		CHOLESTEROL ABSORPTION INHIBITORS	
Adcirca® Sildenafil		Atorvastatin	Pravastatin	Ezetimibe	
** All agents in this class require verification of PAH diagnosis.		Fluvastatin	Rosuvastatin		
		Lovastatin	Simvastatin		
NIACIN DERIVATIVES		STATIN/CCB COMBINATION PRODUCTS		NON-NITRATE ANTIANGINALS	
Niaspan®				Ranexa®	
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Donepezil IR, ODT Exelon® transdermal		Rivastigmine caps Memantine HCl IR/SOLN			
ANTI-CONVULSANTS					
CARBAMAZEPINE DERIVATIVES		FIRST GENERATION ANTICONVULSANTS		SECOND GENERATION ANTICONVULSANTS	
Carbamazepine (all dosage forms)		Celontin®	Phenytoin	Gabapentin	Pregabalin caps
Epitol®		Divalproex Sodium	Phenytoin Sodium ER	Lamotrigine	Topiramate IR
Oxcarbazepine		Ethosuximide	Primidone	Lamotrigine ODT	Zonisamide
		Felbamate	Valproic Acid	Levetiracetam	
				*Banzel®, Clobazam tab, Fycompa®, Gabitril®, Sabril® & Vimpat® require PA, no step therapy req.	
RECTAL PREPS					
Diazepam Rectal					
BEHAVIORAL HEALTH					
ANTIDEPRESSANTS, OTHER*		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		ATYPICAL ANTIPSYCHOTICS	
Bupropion	Phenelzine	Atomoxetine	Focalin™ IR/XR	Aripiprazole tabs	Risperidone
Bupropion SR	Trazodone	Adderall XR®	Methylphenidate CD	Clozapine	Saphris®
Bupropion XL	Venlafaxine	Clonidine ER	Methylphenidate IR/LA/SR	Latuda®	Ziprasidone (caps)
Mirtazapine	Venlafaxine ER CAP	Concerta®	Quillivant XR™	Olanzapine Tablets	
Nefazodone		Dyanavel®	QuilliChew®	Quetiapine IR and ER	
		Guanfacine ER	Vyvanse® tabs/caps		
		Dextroamphetamine tabs/caps			
*Patients currently receiving a non-preferred agent will be able to continue without a PA.				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.					
ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES		SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
Abilify Maintena®	Invega Trinza™	Citalopram (tabs/soln)	Fluoxetine* (gen Prozac)		
Aristada®	Perseris™	Escitalopram	Paroxetine IR		
Aristada Initio®	Risperdal® Consta®	Fluvoxamine	Sertraline (tabs)		
Invega® Sustenna®		Patients currently receiving a non-preferred agent will be able to continue without a PA.			
		*Not 60mg tab or 90mg DR capsule			
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 ®	Betaseron®	Chlorzoxazone	Orphenadrine ER
Sumatriptan Nasal Spray		Tedfidera® *		Cyclobenzaprine IR	Tizanidine HCl tablets
		* Step edit requires trial/failure of one of the preferred injectables.		Dantrolene Sodium	
ANTI-CGRP MIGRAINE TREATMENT		NON-ERGOT DOPAMINE RECEPTOR		SEDATIVE/HYPNOTICS, NON-BARBITURATES	
Emgality® 120mg pen		Pramipexole IR	Ropinirole IR	Temazepam	Zolpidem IR
Class Level PA in effect					

ENDOCRINE AND METABOLIC					
ANTI-DIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS		AMYLIN ANALOGS*		DPP-4 INHIBITORS AND COMBINATIONS*	
Acarbose		Symlin®		Janumet®	Jentaduo®
				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		Farxiga®	Invokamet®
Glipizide				Invokana®	Jardiance®
Glyburide*		* Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.		*PA required if no metformin in history.	
*Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults.					
BIGUANIDES					
Metformin					
OTHER ENDOCRINE AND METABOLIC AGENTS					
ELECTROLYTE DEPLETERS		BIPHOSPHONATES-OSTEOPOROSIS		CALCITONINS	
Calcium Acetate capsules	Sevelamer carbonate	Alendronate		Calcitonin Nasal Spray	
Calcium Acetate tablets				Calcitonin Salmon	
GLUCOCORTICOIDS, ORAL		GROWTH HORMONE*		PANCREATIC ENZYMES	
Budesonide EC	Methylprednisolone	Genotropin®	Norditropin®	Creon	Zenpep®
Cortef	Orapred				
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 <a href="http://southcarolina.fhsc.com">http://southcarolina.fhsc.com</a> 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	Polyethylene Glycol 3350
Canasa® Rectal Supp.	Sulfasalazine			Lactulose	
PROGESTINS FOR CACHEXIA					
Megestrol Oral Susp.					
GENITOURINARY					
ALPHA BLOCKERS FOR BPH		ANTISPASMODICS			
Alfuzosin		Oxybutynin IR	Toviaz®		
Tamsulosin		Oxytrol®	VESicare®		
GOUT					
XANTHINE OXYDASE INHIBITORS					
Allopurinol		Probenecid			
Colcrys tab		Probenecid/Colchicine			
Mitigare®					

HEMATOLOGICAL & ONCOLOGICAL AGENTS					
ANTICOAGULANTS (Injectable)		ANTICOAGULANTS (Oral)		HEMATOPOIETIC AGENTS	
Enoxaparin Sodium		Eliquis®	Warfarin	Epogen® (rHuEPO)	
		Pradaxa®	Xarelto®	Retacrit® (rHuEPO-epbx)	
PLATELET INHIBITORS		PROTEIN TYROSINE KINASE INHIBITORS			
Aggrenox®	Clopidogrel	Gleevec®			
Brilinta®					
HORMONE RELATED THERAPY					
ANDROGENIC AGENTS		ANDROGEN HORMONE INHIBITOR			
AndroGel®		Dutasteride			
		Finasteride			
IMMUNOLOGICS					
IMMUNOMODULATORS, INJECTABLE		IMMUNOMODULATORS, TOPICAL		IMMUNOSUPPRESSANTS	
Enbrel®		Imiquimod		Azasan®	Mycophenolate Sodium
Humira®		Elidel® *		Azathioprine	Rapamune®
		*Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.		Cyclosporine	Sandimmune®
				Imuran®	Tacrolimus
				Mycophenolate Mofetil	
HEPATITIS B THERAPY*		HEPATITIS C THERAPY		RSV ANTIBODY	
Baraclude® Soln	Entecavir Tab	Mavyret™		Synagis®	
Epivir HBV® Soln	Lamivudine HBV	Sofosbuvir/Velpatasvir tab			
		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 F0-F4.			
OPHTHALMICS					
ANTI-HISTAMINES, OPHTHALMIC		ANTI-INFLAMMATORY, IMMUNOMODULATORS		MAST CELL STABILIZERS, OPHTHALMIC	
Ketotifen	Pataday®	Restasis®	Xiidra	Alocril	Cromolyn Sodium
Lastacaft®	Zaditor® OTC			Alomide®	
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	Spiriva® Handihaler®	Azelastine	Ipratropium	ProAir® HFA	Proventil® HFA
Bevespi Aerosphere®	Stiolto® RespiMat®				
Combivent®/RespiMat®					

RESPIRATORY (continued)				
ANTIHISTAMINES, MINIMALLY SEDATING*		BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS		BETA AGONIST AGENTS, SHORT ACTING ORAL AGENTS
Cetirizine	Levocetirizine tabs & OTC	Serevent™ Diskus™		Albuterol Syrup      Albuterol IR Tablet
Fexofenadine ODT	Loratadine OTC, ODT, tabs			
*Combination products containing pseudoephedrine have been removed from this class & will be excluded consistent with cough/cold products.				
**Liquids & orally disintegrating formulations limited to patients age 12 and under.		*Prescribers are reminded of the warnings associated with use of long acting beta agonists.		
BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS		GLUCOCORTICOID AND LONG-ACTING BETA-2 ADRENERGICS		INHALED ANTIBIOTICS
Albuterol Neb Inhalation		Advair® Diskus	Dulera®	Bethkis®      Kitabis™
		Advair® HFA	Symbicort®	*TOBI® Podhaler®
				*Step edit requiring trial of nebulized tobramycin Class Level PA in effect
INHALED CORTICOSTEROIDS		INTRANASAL STEROIDS		LEUKOTRIENE RECEPTOR ANTAGONISTS
Asmanex® TwistHaler®	Flovent HFA®	Fluticasone propionate	Mometasone	Montelukast
Flovent Diskus®		*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.		Zafirlukast
ANTI-ALLERGENS (ORAL)		GLUCOCORTICOID INHALED (NEB)		
Oralair®		Pulmicort Respules®		
TOPICAL AGENTS FOR ACNE				
Azelex®	Benzoyl peroxide 5 & 10% wash		Erythromycin soln/med swab	
Clindamycin/benzoyl peroxide	Benzoyl peroxide 6 & 9% cleanser		Retin-A® cream/gel	
Clindamycin phosphate (soln)	Benzoyl peroxide/Clindamycin (generic for Duac) 5/1.2% gel			
TOPICAL ANTIFUNGALS				
Ciclopirox (cream/solution/suspension)	Econazole		Nystatin/Triamcinolone (cream/ointment)	
Clotrimazole (cream/solution)	Ketoconazole (cream/shampoo)			
Clotrimazole/Betamethasone (cream/lotion)	Nystatin (cream/ointment/powder)			
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®		
		Acyclovir Cream		
TOPICAL ANTIPARASITICS				
Natroba	Permethrin 1% OTC	Permethrin 5% Cream		
TOPICAL STEROIDS				
Alclometasone Dipropionate	Clobetasol Emollient	Fluocinone 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 Epinephrine (AG) 0.15mg  AG = Authorized Generic	Narcan® Nasal Spray Naloxone Vial/Syringe	Bupropion SR      Nicotine Patch Chantix® / Dose Pack      Nicotrol® NS Nicotine Gum      Nicotrol® Inh/Cart Nicotine Lozenge
MAT (MEDICATION ASSISTED TREATMENT)		DME PREFERRED PRODUCTS
Buprenorphine (SL)      Suboxone® Film Buprenorphine/naloxone SL tab Vivitrol® Inj Sublocade™ Inj	Additional information regarding MAT guidelines may be found at: <a href="http://southcarolina.fhsc.com/providers/documents.asp">http://southcarolina.fhsc.com/providers/documents.asp</a>	Additional information regarding DME preferred products may be found at: <a href="http://southcarolina.fhsc.com/providers/dmedocuments.asp">http://southcarolina.fhsc.com/providers/dmedocuments.asp</a>