

Miscellaneous Drug Criteria

Revised: 7/01/2025

MISCELLANEOUS DRUG CRITERIA

INITIAL REVIEW CRITERIA – 6 MONTHS (UNLESS OTHERWISE INDICATED)

- The patient has tried and failed at least two preferred agents, unless otherwise indicated, or there is clinical reason that preferred drugs cannot be used (e.g., allergy, documented contraindication or Medwatch form); **AND**
- Documentation of previous trials, such as progress notes, diagnostic evaluations, and lab results are required; **AND**
- The drug is requested for a medically accepted indication; **AND**
- Dosage and administration do not exceed FDA-approved maximums for the patient's indication.

CONTINUATION OF THERAPY – 1 YEAR (UNLESS OTHERWISE INDICATED)

- The patient met initial review requirements; **AND**
- Clinical response to therapy has been submitted (supporting documentation is required); **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosage and administration do not exceed FDA-approved maximums for the patient's indication.

ADDITIONAL POINTS OF CONSIDERATION

- Medications listed as non-preferred are available through the prior authorization (PA) process.
- Trial and failure of two preferred products are required, unless only one preferred product is listed or if otherwise indicated.
- New medications in classes reviewed by P&T will be added as non-preferred and will require prior authorization until formally reviewed at P&T.
- The South Carolina PDL applies only to medications dispensed in the outpatient retail pharmacy setting.
 - Excluded medications can be found within the [Pharmacy Provider Manual](#)
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, "Brand medically necessary" **or** "Brand necessary" must be written on the prescription in the prescriber's handwriting or noted via an electronic prescription and the pharmacist must enter "1" in the DAW field 408-D8.
- Beneficiaries must first try the generic of a PDL product before receiving the brand name equivalent, unless the brand name is Preferred or there is a clinical reason the generic product cannot be dispensed.
- When a preferred medication is determined to be on manufacturer backorder, providers are encouraged to contact the respective plan's Call Center for a one time override
- The list of preferred medications may be reviewed at the website below:
<https://southcarolina.fhsc.com/providers/pdl.asp>

REVISION HISTORY

Date	Issues/Updates
07/01/2025	<ul style="list-style-type: none">• Additional verbiage added trial/failure of Preferred products
06/26/2024	<ul style="list-style-type: none">• Initial draft creation