

**July 1, 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	
<i>** All agents in this class require verification of PAH diagnosis.</i>		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 Rivastigmine caps		Memantine HCl IR/SOLN			
Exelon® transdermal					
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	
				<i>*Banzel®, Clobazam tab, Fycompa®, Gabitril®, Sabril® &amp; Vimpat® require PA, no step therapy req.</i>	
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			
<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* (gen Prozac)		
Aristada®	Perseris™	Escitalopram	Paroxetine IR		
Aristada Initio®	Risperdal® Consta®	Fluvoxamine	Sertraline (tabs)		
Invega® Sustenna®		<i>Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>			
		<i>*Not 60mg tab or 90mg DR capsule</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 ®	Betaseron®	Chlorzoxazone	Orphenadrine ER
Sumatriptan Nasal Spray		Tedfidera® *		Cyclobenzaprine IR	Tizanidine HCl tablets
		<i>* Step edit requires trial/failure of one of the preferred injectables.</i>		Dantrolene Sodium	
ANTI-CGRP MIGRAINE TREATMENT		NON-ERGOT DOPAMINE RECEPTOR		SEDATIVE/HYPNOTICS, NON-BARBITURATES	
Emgality® 120mg pen	Ubrelyvy™	Pramipexole IR	Ropinirole IR	Temazepam	Zolpidem IR
<i>Class Level PA in effect</i>					

ENDOCRINE AND METABOLIC					
ANTI-DIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS		AMYLIN ANALOGS*		BIGUANIDES	
Acarbose		Symlin®  * Prior Authorization is required if patient is not currently receiving insulin therapy.		Metformin	
DPP-4 INHIBITORS AND COMBINATIONS*		GLP1 INHIBITORS		MEGLITINIDES	
Janumet®	Jentaduet®	Trulicity®	Victoza®	Nateglinide	
Januvia®	Tradjenta®				
* PA required if no claim for metformin in history.		*PA required if no claim for metformin in history.			
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.					
INSULINS*					
Apidra® SoloSTAR Pen		Humulin*†		Levemir®	
Humalog® / Authorized Generic (Lilly)		Lantus®		Novolog® /Authorized Generic (Lilly)	
*Vials/Pen Devices covered for all drugs list above. †Humulin: for N100-kwikpen/vial=Rx only.					
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® Pradaxa®	Warfarin Xarelto®
		Epogen® (rHuEPO) Retacrit® (rHuEPO-epbx)
PLATELET INHIBITORS	PROTEIN TYROSINE KINASE INHIBITORS	
Aggrenox® Brilinta®	Clopidogrel	Gleevec®
HORMONE RELATED THERAPY		
ANDROGENIC AGENTS	ANDROGEN HORMONE INHIBITOR	
AndroGel® Pump	Dutasteride Finasteride	
IMMUNOLOGICS		
IMMUNOMODULATORS, INJECTABLE	IMMUNOMODULATORS, TOPICAL	IMMUNOSUPPRESSANTS
Enbrel® Humira®	Imiquimod  Elidel® * <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>	Azasan® Mycophenolate Sodium Azathioprine Rapamune® Cyclosporine Sandimmune® Imuran® Tacrolimus Mycophenolate Mofetil
HEPATITIS B THERAPY*	HEPATITIS C THERAPY	RSV ANTIBODY
Baraclude® Soln Epivir HBV® Soln  <i>*Viread® is unaffected by the PDL and is available without Prior Authorization.</i>	Entecavir Tab Lamivudine HBV  Mavyret™ Sofosbuvir/Velpatasvir tab Vosevi®  <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 F0-F4.</i>	Synagis®
OPHTHALMICS		
ANTI-HISTAMINES, OPHTHALMIC	ANTI-INFLAMMATORY, IMMUNOMODULATORS	MAST CELL STABILIZERS, OPHTHALMIC
Ketotifen Lastacaft®	Pataday® Zaditor® OTC	Restasis® Xiidra Alocril Cromolyn Sodium Alomide®
NSAIDs, OPHTHALMIC	QUINOLONES & MACROLIDS, OPHTHALMIC	
Diclofenac Sodium Flurbiprofen Sodium	Ketorolac Tromethamine Nevanac®	Ciprofloxacin HCl Vigamox®
GLAUCOMA THERAPY		
ALPHA-2 ADRENERGICS	BETA BLOCKERS	CARBONIC ANHYDRASE INHIBITORS
Brimonidine Tartrate Alphagan P®	Betaxolol HCl Carteolol HCl Combigan®	Levobunolol HCl Metipranolol Timolol Maleate
		Azopt® Dorzolamide Dorzolamide - Timolol
PROSTAGLANDIN AGONISTS		
Latanoprost Lumigan®	Travatan Z®	
OTICS		
QUINOLONES, OTIC		
Ciprodex®	Ciprofloxacin	
RESPIRATORY		
ANTI-CHOLINERGICS	NASAL ANTIHISTAMINES	BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS
Atrovent® HFA Bevespi Aerosphere® Combivent®/Respimat®	Spiriva® Handihaler® Stiolto® Respimat®	Azelastine Ipratropium ProAir® HFA Proventil® HFA

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®				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)		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>