



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, 2023

ANALGESIC					
NSAIDs*		OPIOIDS, EXTENDED RELEASE		SHORT ACTING NARCOTIC ANALGESICS	
Diclofenac Sodium	Nabumetone	Butrans® (transdermal)	Morphine Sulfate SA tabs	Codeine	Meperidine
Ibuprofen	Naproxen Tab/Susp	Fentanyl (transdermal)	Tramadol ER tabs	Codeine/APAP	Morphine IR
Indomethacin	Piroxicam			Codeine/APAP/caff/butal	Nalbuphine
Ketoralac	Sulindac			Codeine/ASA	Oxycodone
Meloxicam tabs				Codeine/ASA/caff/butal	Oxycodone/APAP
				Hydrocodone/APAP	Oxycodone/ASA
				Hydrocodone/Ibuprofen	Tramadol tabs
				Hydromorphone	Tramadol/APAP
*COX-2 specific NSAIDs require PA		*Generic for MS Contin			
TOPICAL NSAIDs AND ANESTHETICS		NEUROPATHIC PAIN			
Diclofenac sodium 1% topical gel		Duloxetine	Pregabalin caps		
		Gabapentin			
ANTI-INFECTIVE					
MACROLIDES/KETOLIDES		TETRACYCLINES		ONYCHOMYCOSIS AGENTS	
Azithromycin	Erythrocin Stearate	Doxycycline Hyclate IR		Griseofulvin Suspension	
Clarithromycin		Doxycycline Monohydrate (50MG, 100MG) capsules		Griseofulvin Ultramicronized Tablet	
Erythromycin Ethylsuccinate Suspension		Minocycline IR		Terbinafine	
		Tetracycline			
CEPHALOSPORINS, 2ND GENERATION		CEPHALOSPORINS, 3RD GENERATION		HERPES ANTIVIRALS	
Cefprozil		Cefdinir (all dosage forms)		Acyclovir	
Cefuroxime				Valacyclovir	
NITROIMIDAZOLES		FLUOROQUINOLONES			
Metronidazole IR	Vancomycin Caps	Ciprofloxacin IR tablets	Levofloxacin		
Firvanq®					
CARDIOVASCULAR					
ACE INHIBITORS & CCB COMBINATIONS		ANTIHYPERTENSIVES, SYMPATHOLYTICS		ANGIOTENSIN RECEPTOR BLOCKERS (ARB)	
Benazepril	Lisinopril/HCTZ	Catapres-TTS®		Benicar HCT®	Olmesartan
Benazepril/HCTZ		Clonidine (Oral)		Eprosartan	Telmisartan
Captopril	CCB Combinations	Guanfacine IR (Oral)		Irbesartan	Telmisartan HCT
Enalapril	Amlodipine Besylate	Methyldopa (Oral)		Irbesartan/HCTZ	Valsartan/HCTZ
Enalapril/HCTZ				Losartan	
Lisinopril				Losartan/HCTZ	
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	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					
CCB/ARB COMBINATION PRODUCTS		DIRECT RENIN INHIBITORS		ENDOTHELIN RECEPTOR ANTAGONISTS	
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®				Ranolazine ER	
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 IR (tabs/chewable)		Celontin®	Phenytoin	Gabapentin	Pregabalin caps
Carbatrol®		Divalproex Sodium	Phenytoin Sodium ER	Lamotrigine	Topiramate IR
Oxcarbazepine tabs		Ethosuximide	Primidone	Lamotrigine ODT	Zonisamide
Tegretol® XR		Felbamate	Valproic Acid	Levetiracetam	
Trileptal® Suspension				*Banzel®, Clobazam tab, Fycompa®, Gabitril®, Sabril® & Vimpat® require PA, no step therapy req.	
NASAL ADMINISTRATION					
Nayzilam®		Valtoco®			
BEHAVIORAL HEALTH					
ANTIDEPRESSANTS, OTHER*		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		ATYPICAL ANTIPSYCHOTICS	
Bupropion	Phenelzine	Atomoxetine	Dexamethylphenidate IR/XR	Aripiprazole tabs	Risperidone
Bupropion SR	Trazodone	Adderall XR®	Methylphenidate CD	Clozapine	Saphris®
Bupropion XL	Venlafaxine	Clonidine ER	Methylphenidate IR/LA/SR	Latuda®	Vraylar®
Mirtazapine	Venlafaxine ER CAP	Concerta®	Quillivant XR™	Olanzapine Tablets	Ziprasidone (caps)
Nefazodone		Dyanavel® Suspension	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® Sustenna®	Citalopram (tabs/soln)	Fluoxetine* (gen Prozac)		
Aristada®	Invega Trinza™	Escitalopram	Paroxetine IR		
Aristada Initio®	Perseris™	Fluvoxamine	Sertraline (tabs)		
Invega Hafyera™	Risperdal® Consta®	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	
Imitrex® nasal	Relpax®	Avonex®	Copaxone® 20mg/ml only	Baclofen	Methocarbamol
Sumatriptan Tabs/Inj	Rizatriptan tab/odt	Avonex Admin Pack ®	Betaseron®	Chlorzoxazone	Orphenadrine ER
		Dimethyl fumarate*		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	Ubrelyvy™	Pramipexole IR	Ropinirole IR	Temazepam	Zolpidem IR
Class Level PA in effect					

OTHER CNS AGENTS (continued)			
MOVEMENT DISORDERS			
Austedo® Tetrabenazine	Ingrezza®		
ENDOCRINE AND METABOLIC			
ANTI-DIABETICS			
ALPHA-GLUCOSIDASE INHIBITORS		AMYLIN ANALOGS*	
Acarbose		Symlin® <i>* Prior Authorization is required if patient is not currently receiving insulin therapy.</i>	
DPP-4 INHIBITORS AND COMBINATIONS*		GLP1 INHIBITORS	
Janumet® Jentadueto® Januvia® Tradjenta® <i>* PA required if no claim for metformin in history.</i>		Ozempic® Victoza® Trulicity® <i>*PA required if no claim for metformin in history.</i>	
SULFONYLUREAS		THIAZOLIDINEDIONES (Thiazolidinediones/Sulfonylurea Combos)	
Glimepiride Glyburide/Metformin IR Glipizide Glyburide* <i>*Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults.</i>		Pioglitazone <i>* Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.</i>	
SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS			
		Farxiga® Invokamet® Invokana® Jardiance® <i>*PA required if no metformin in history.</i>	
INSULINS*			
Apidra® SoloSTAR Pen Humulin*†		Levemir®	
Humalog® / Authorized Generic (Lilly) Lantus®		Novolog® /Authorized Generic (Lilly)	
<i>*Vials/Pen Devices covered for all drugs list above. †Humulin: for N100-kwikpen/vial=Rx only.</i>			
OTHER ENDOCRINE AND METABOLIC AGENTS			
ELECTROLYTE DEPLETERS		BIPHOSPHONATES-OSTEOPOROSIS	
Calcium Acetate capsules Sevelamer carbonate Calcium Acetate tablets		Alendronate Teriparatide Ibandronate tabs	
GLUCOCORTICOIDS, ORAL		GROWTH HORMONE*	
Budesonide EC Methylprednisolone Cortisone Prednisolone Soln Dexamethasone Prednisolone Sod Phos Hydrocortisone Prednisone		Genotropin® Norditropin® <i>* A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.</i>	
PANCREATIC ENZYMES			
		Creon Zenpep®	
GASTROINTESTINAL			
ANTIEMETIC/ANTIVERTIGO AGENTS		HISTAMINE-2 RECEPTOR ANTAGONISTS	
Emend® Promethazine Metoclopramide tabs/soln Prochlorperazine Ondansetron Transderm Scop®		Famotidine tablets Ranitidine	
PROTON PUMP INHIBITORS*			
		Nexium® Suspension Pantoprazole Omeprazole <i>*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.</i>	
ULCERATIVE COLITIS THERAPY		GI MOTILITY, CHRONIC	
Apriso® Mesalamine Enema Balsalazide Disodium Pentasa® Canasa® Rectal Supp. Sulfasalazine		Amitiza® Movantik® Linzess®	
LAXATIVES & CATHARTICS			
		Milk of Magnesia PEG 3350/Electrolyte Magnesium Citrate Polyethylene Glycol 3350 Lactulose	
PROGESTINS FOR CACHEXIA			
Megestrol Oral Susp.			
GENITOURINARY			
ALPHA BLOCKERS FOR BPH		ANTISPASMODICS	
Alfuzosin Tamsulosin Doxazosin IR Terazosin		Oxybutynin IR/ER Toviaz® Solifenacin tabs	
GOUT			
XANTHINE OXYDASE INHIBITORS			
Allopurinol Probenecid Colchicine tabs Probenecid/Colchicine			

HEMATOLOGICAL & ONCOLOGICAL AGENTS		
ANTICOAGULANTS (Injectable)	ANTICOAGULANTS (Oral)	HEMATOPOIETIC AGENTS
Enoxaparin Sodium	Eliquis* Pradaxa*	Warfarin Xarelto* tabs
		Epogen* (rHuEPO) Retacrit* (rHuEPO-epbx)
PLATELET INHIBITORS	PROTEIN TYROSINE KINASE INHIBITORS	
Brilinta® Clopidogrel	Prasugrel 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>	Azathioprine Cyclosporine Mycophenolate Mofetil Mycophenolate Sodium Rapamune® Sandimmune® Tacrolimus
HEPATITIS B THERAPY*	HEPATITIS C THERAPY	METHOTREXATE, INJECTABLE
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>	Methotrexate vial/PF vial Rasuvo® auto inj <i>*PF = Preservative Free</i>
RSV ANTIBODY		
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		
OTIC ANTIBIOTICS		
Ciprodex® Neomycin/polymyxinB/HC	Oflaxacin	
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 Fexofenadine ODT Loratadine OTC, ODT, tabs <i>*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.</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®	Tobramycin Inhalation/AG *TOBI® Podhaler® <i>*Step edit requiring trial of nebulized tobramycin Class Level PA in effect</i>
INHALED CORTICOSTEROIDS	INTRANASAL STEROIDS		LEUKOTRIENE RECEPTOR ANTAGONISTS
Asmanex® TwistHaler® Flovent HFA® Flovent Diskus®	Fluticasone propionate Mometasone <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)		
Oralair®	Budesonide		
TOPICAL AGENTS FOR ACNE			
Azelex®	Clindamycin phosphate (soln)		Erythromycin soln/med swab
Benzoyl peroxide 5 & 10% wash	Adapalene 0.3% gel pump		Retin-A® cream/gel
Benzoyl peroxide 6 & 9% cleanser	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)			
Metronidazole (gel/cream/lotion)			
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	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) 0.3, 0.15mg EpiPen®/EpiPen Jr® 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: http://southcarolina.fhsc.com/providers/documents.asp	Additional information regarding DME preferred products may be found at: http://southcarolina.fhsc.com/providers/dmedocuments.asp