



**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, 2024**

<b>ANALGESIC</b>					
<b>NSAIDs*</b>		<b>OPIOIDS, EXTENDED RELEASE</b>		<b>SHORT ACTING NARCOTIC ANALGESICS</b>	
Diclofenac Sodium	Nabumetone	Butrans® (transdermal)	Tramadol ER tabs	Codeine	Meperidine
Ibuprofen	Naproxen Tab/Susp	Fentanyl (transdermal)	Xtampza ER®	Codeine/APAP	Morphine IR
Indomethacin	Piroxicam	Morphine Sulfate SA tabs		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			
<b>TOPICAL NSAIDs AND ANESTHETICS</b>		<b>NEUROPATHIC PAIN</b>			
Diclofenac sodium 1% topical gel		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		LIPOTROPICS, OTHER: OMEGA-3 FATTY ACIDS		NON-NITRATE ANTIANGINALS	
Niaspan®		Vascepa® caps	3 acid ethyl esters caps	Ranolazine ER	
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Donepezil IR, ODT		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	Guanfacine ER	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	Viibryd®	Daytrana®	QuilliChew®	Quetiapine IR and ER	
Desvenlafaxine succinate ER tabs		Dyanavel® Suspension	Vyvanse® tabs/caps		
*Patients currently receiving a non-preferred agent will be able to continue without a PA.		Dexmethylphenidate IR/XR			
** Antidepressants indicated for pain have not yet been reviewed and are available without PA.		Dextroamphetamine tabs/caps		Patients currently receiving a non-preferred agent will be able to continue without a PA.	
ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES		SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
Abilify Asimtufii®	Invega® Sustenna®	Citalopram (tabs/soln)	Fluoxetine* (gen Prozac)		
Abilify Maintena®	Invega Trinza™	Escitalopram	Paroxetine IR		
Aristada®	Perseris™	Fluvoxamine	Sertraline (tabs)		
Aristada Initio®	Risperdal® Consta®	Patients currently receiving a non-preferred agent will be able to continue without a PA.			
Invega Hafyera™		*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/lnj	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					



HEMATOLOGICAL & ONCOLOGICAL AGENTS					
ANTICOAGULANTS (Injectable)		ANTICOAGULANTS (Oral)		HEMATOPOIETIC AGENTS	
Enoxaparin Sodium		Eliquis*	Warfarin	Epogen® (rHuEPO)	
		Pradaxa*	Xarelto® tabs	Retacrit® (rHuEPO-epbx)	
PLATELET INHIBITORS		PROTEIN TYROSINE KINASE INHIBITORS			
Brilinta® Prasugrel		Gleevec®			
Clopidogrel					
HORMONE RELATED THERAPY					
ANDROGENIC AGENTS		ANDROGEN HORMONE INHIBITOR			
Testosterone gel 1.62% pump		Dutasteride			
Testim®		Finasteride			
IMMUNOLOGICS					
IMMUNOMODULATORS, INJECTABLE		IMMUNOMODULATORS, TOPICAL		IMMUNOSUPPRESSANTS	
Enbrel®		Imiquimod		Azathioprine Rapamune®	
Humira®		Elidel® *		Cyclosporine Sandimmune®	
		*Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.		Mycophenolate Mofetil Tacrolimus	
				Mycophenolate Sodium	
HEPATITIS B THERAPY*		HEPATITIS C THERAPY		METHOTREXATE, INJECTABLE	
Baraclude® Soln Entecavir Tab		Mavyret™		Methotrexate vial/PF vial	
EpiVir HBV® Soln Lamivudine HBV		Sofosbuvir/Velpatasvir tab		Rasuvo® auto inj	
Vosevi®		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.		*PF = Preservative Free	
*Viread® is unaffected by the PDL and is available without Prior Authorization.					
RSV ANTIBODY					
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					
OTIC ANTIBIOTICS					
Ciprodex® Ofloxacin					
Neomycin/polymyxinB/HC					
RESPIRATORY					
ANTI-CHOLINERGICS		NASAL ANTIHISTAMINES		BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS	
Anoro Ellipta® DPI Incruse Ellipta® DPI		Azelastine Ipratropium		ProAir® HFA Ventolin® HFA	
Atrovent® HFA Spiriva® Handihaler DPI				Proventil® HFA Xopenex® HFA	
Combivent Respimat® Stiolto® Respimat®					

Magellan Medicaid Administration Call Center

Telephone: 866-247-1181 (toll-free)

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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 &amp; will be excluded consistent with cough/cold products. **Liquids &amp; 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                      Dulera® Advair® HFA                      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					
Calcipotriene					
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: <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>