

January 2, 2009

MEDICAID BULLETIN

DENTISTS
HOME HEALTH
HOSPITALS
MEDICAL CLINICS
MENTAL HEALTH AND
REHABILITATION CLINICS
PHARMACY
PHYSICIANS

TO: Providers Indicated

SUBJECTS: I. South Carolina Medicaid Preferred Drug List
II. Hepatitis C Care Coordination Program
III. Web Based Prior Authorization (WebPA)

I. South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additional therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL. Upon initial implementation of the specified PDL changes, pharmacists will observe soft edits when pharmacy claims are submitted for products that will eventually require prior authorization (PA). This period of soft editing will occur until February 25, 2009. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber and beneficiary of the eventual PA requirement.

Effective with dates of service February 25, 2009, hard edits will be activated (*i.e.*, pharmacy claims without PA approval will deny) for newly designated non-preferred products within the therapeutic classes listed below. The **complete PDL** (attached to this bulletin) includes the following changes:

Additional PDL DRUG CLASSES
1) Immunosuppressants
2) Androgenic Agents
3) Adrogen Hormone Inhibitors
4) NK1 Antagonist
5) Hepatitis B Therapy
6) Long Acting Beta Adrenergic Nebulizers
7) Ophthalmic Macrolide
8) Nitroimidazoles
9) NMDA Receptor Antagonist

NEW PDL CLASSES	
PREFERRED	NON-PREFERRED
Immunosuppressants	
AZASAN® AZATHIOPRINE CELLCEPT® CYCLOSPORINE GENGRAF® IMURAN® MYFORTIC® NEORAL® PROGRAF® RAPAMUNE® SANDIMMUNE®	
Androgenic Agents	
Androderm® Androgel® Testim®	
Androgen Hormone Inhibitors	
Avodart® Finasteride	Proscar®
NK1 Antagonist	
Emend®	
Hepatitis B Therapy	
BARACLUDE® EPIVIR HBV® HEPSERA® TYZEKA®	
Long Acting Beta Atonist Nebulizers	
	BROVANA® PERFOROMIST®
Ophthalmic Macrolide	
	AZASITE®
NITROIMIDAZOLES	
METRONIDAZOLE	FLAGYL® FLAGYL ER® TINDAMAX®
NMDA Receptor Antagonist	
NAMENDA	

CHANGES TO EXISTING PDL CLASSES		
PREFERRED	NON-PREFERRED	
Cholinesterase Inhibitors		
	Aricept ODT®	Removed from PDL

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the PA request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

All PA requests should be telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be furnished directly to beneficiaries. [First Health's South Carolina Medicaid *beneficiary call center* telephone number for Pharmacy Services is 800-834-2680. Providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only.*] Providers are reminded that questions about Medicare eligibility issues and Part D drug plans should be directed to 1-800-MEDICARE.

A pharmacy claim submitted for a PA-required product that has not been approved for Medicaid reimbursement will reject. If this occurs, the pharmacist should contact the prescriber so that a determination may be made regarding whether a drug *not* requiring a PA is clinically appropriate for the patient.

II. Hepatitis C Care Coordination Program

To improve patient compliance and clinical outcomes, South Carolina Medicaid will be implementing a specialty care management program for beneficiaries receiving certain specialty medications. The major focus of this program is to provide outreach to a smaller population of South Carolina Medicaid beneficiaries who will receive high intensity intervention services to improve their care and outcomes. This program, administered by First Health Services Corporation, assists beneficiaries in an attempt to avoid duplication of existing services and serves as a "safety net" to identify any problems that may have occurred during the first level of services.

With this initiative, beneficiaries are identified by the approval of a PA for a Hepatitis C treatment agent. Once enrolled in the program, beneficiaries will be contacted and educated on any medical or non-medical issues related to their disease or drug therapy, monitored for potential adverse reactions, reminded of refills to insure compliance with their drug therapy regime and assisted with transportation issues if necessary.

Prescribers will be contacted in order to assist in monitoring any laboratory results where dose adjustment of medication is warranted and to communicate any concerns revealed in the beneficiary outreach conversations (in compliance with HIPAA requirements). Pharmacy providers will also be contacted in order to coordinate refills and ensure medications are stored appropriately.

The first class of drugs to be included in this program will be the Hepatitis C agents. Effective February 1, 2009, these agents will require a PA. Once the PA has been approved, the First Health Services Call Center representative will ask for beneficiary contact information from the physician. Calls to the beneficiary will begin the day following the approval of the PA.

New medication classes will be added to this program in the near future. South Carolina Medicaid anticipates this additional layer of patient interaction will benefit all involved in the care of these beneficiaries.

III. Web Based Prior Authorization (WebPA)

South Carolina Medicaid is pleased to announce the availability of an additional method of requesting a PA for pharmacy services. In the near future, prescribers or their designated staff members will be able to request a PA via a web-enabled process. This option will be available twenty-four hours a day, seven days a week and three hundred sixty five days a year. More information regarding this process may be found at <http://southcarolina.fhsc.com>. WebPA should be available to South Carolina Medicaid prescribers by March 1, 2009.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

/s/

Emma Forkner
Director

EF/mga

Attachments

NOTE: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to: <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.



South Carolina Department of Health and Human Services Preferred Drug List
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)
Some therapeutic classes to have a PA requirement. These are noted within the posting.
 {Non-listed products belonging to therapeutic classes that comprise the PDL require PA}
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ANALGESIC	CEPHALOSPORINS, 3RD GENERATION	CARDIOVASCULAR	CALCIUM CHANNEL BLOCKERS (CCB), DIHYDROPYRIDINES
NSAIDs Diclofenac Potassium Diclofenac Sodium Diflunisal Etodolac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Indomethacin SR Ketoprofen Ketoprofen ER Ketorolac Meclofenamate Sod. Nabumetone Naproxen Naproxen Sodium Oxaprozin Piroxicam Sulindac Tolmetin Sodium NSAIDs, RECEPTOR SELECTIVE* Celebrex® Meloxicam * Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.	Cefdinir (all dosage forms) Spectracef® Tablets MACROLIDES/KETOLIDES Azithromycin Clarithromycin Clarithromycin XL EryPed® Ery-Tab® Erythromycin Base Erythromycin Estolate Erythromycin Ethylsuc. Erythromycin Stearate Erythrocin Stearate Erythromycin & Sulfisox. QUINOLONES, 2ND AND 3RD GENERATION Avelox® Ciprofloxacin Ofloxacin *Prescribers are encouraged to ensure compliance with FDA approved indications.	ACE INHIBITORS (ACEI) Benazepril Benazepril/HCTZ Captopril Enalapril Enalapril/HCTZ Lisinopril Lisinopril/HCTZ ACEI, CCB COMBINATIONS Lotrel® Tarka® ANGIOTENSIN RECEPTOR BLOCKERS (ARB) Avalide® Avapro® Benicar® Benicar HCT® Cozaar® Diovan® Diovan HCT® Hyzaar® Micardis® Micardis HCT® Teveten® Teveten HCT® BETA BLOCKERS Acebutolol Atenolol Atenolol/Chlorthalidone Betaxolol Bisoprolol Fumarate Bisoprolol/HCTZ Carvedilol Labetolol Metoprolol Tartrate Nadolol Pindolol Propranolol Propranolol/HCTZ Sotalol Timolol	CALCIUM CHANNEL BLOCKERS (CCB), NON-DIHYDROPYRIDINES Amlodipine Dynacirc CR® Felodipine Isradipine Nicardipine Nifedical XL® Nifedipine ER and SA CALCIUM CHANNEL BLOCKERS (CCB), NON-DIHYDROPYRIDINES Cartia XT® Diltia XT® Diltiazem Diltiazem ER and XR Taztia XT® Verapamil Verapamil ER Verapamil SR CCB/ARB COMBINATION PRODUCTS Exforge® DIRECT RENIN INHIBITORS Tekturna®* * Prior authorization is required if an ARB has not been prescribed previously for the patient.
OPIOIDS, EXTENDED RELEASE Duragesic® Patch Kadian® Morphine Sulfate ER*	ANTIFUNGALS, ORAL ONYCHOMYCOSIS AGENTS Gris-Peg® Griseofulvin Terbinafine		DIRECT RENIN INHIBITOR/DIURETICS Tekturna HCT®* * Prior authorization is required if an ARB has not been prescribed previously for the patient.
ANTI-INFECTIVE ANTIBACTERIALS CEPHALOSPORINS, 2ND GENERATION Cefprozil Cefuroxime	ANTIPROTOZOALS, ORAL NITROIMIDAZOLES Metronidazole ANTIVIRALS, ORAL HERPES ANTIVIRALS Acyclovir Famciclovir Valtrex®		ENDOTHELIN RECEPTOR ANTAGONISTS Tracleer®* *Patients currently established on non-preferred therapy will be grandfathered.



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LIPOTROPICS	ANTI-CONVULSANT AGENTS	ANTI-MIGRAINE AGENTS	PARKINSON'S AGENTS
BILE ACID SEQUESTERING RESINS Cholestyramine Cholestyramine Light Colestipol Welchol®	CARBAMAZEPINE DERIVATIVES Carbamazepine (all dosage forms) Carbatrol® Epilex® Tegretol XR® Trileptal® (tablets and suspension)	SELECTIVE SEROTONIN AGONISTS* Imitrex® Tablets Imitrex® Injection Imitrex® Nasal Spray Treximet® * See the listing at: http://southcarolina.fhsc.com for the quantity limits for this class. (Click on Providers, then Documents, then Pharmacy Quantity Limits.)	NON-ERGOT DOPAMINE RECEPTOR AGONISTS Ropinirole
FIBRIC ACID DERIVATIVES Gemfibrozil Lofibra® Tricor®	FIRST GENERATION ANTICONVULSANTS Celontin® Depakote ER® Depakote Sprinkles® Ethosuximide Felbatol® Mebaral® Phenytoin Phenytoin Sodium ER Primidone Valproic Acid * Prior authorization is not required for Dilantin® if "Brand Medically Necessary" criteria are met.	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS Amphetamine Salt Combination Dexmethylphenidate Immediate Release Dextroamphetamine Dextroamphetamine SR Metadate ER® Methylin® Methylin ER® Methylphenidate Methylphenidate SR Ritalin LA®* Adderall XR®* Concerta®* Focalin XR®* Vyvanse®*	SEDATIVE/HYPNOTICS, NON-BARBITURATES Temazepam Zolpidem
NIACIN DERIVATIVES Niaspan®	SECOND GENERATION ANTICONVULSANTS Gabapentin Keppra® Lamictal® Lyrica® Topamax® Zonisamide	MULTIPLE SCLEROSIS AGENTS Avonex® Avonex Administration Pack® Betaseron® Copaxone® Rebif®	ENDOCRINE AND METABOLIC
NIACIN/STATIN COMBINATIONS Advicor® Simcor®			ANTI-DIABETICS
STATINS Atoprev® Crestor® Lescol® Lescol XL® Lipitor® Lovastatin Pravastatin Simvastatin Vytorin®			ALPHA-GLUCOSIDASE INHIBITORS Glyset® Precose®
CHOLESTEROL-ABSORPTION INHIBITORS Zetia®			AMYLIN ANALOGS* Symlin® * Prior authorization is required if patient is not currently receiving insulin therapy.
CENTRAL NERVOUS SYSTEM			BIGUANIDES Metformin Metformin ER
ALZHEIMER'S AGENTS			BIGUANIDE COMBINATION AGENTS ActoPlus Met® Avandamet®
CHOLINESTERASE INHIBITORS Aricept® tablets Exelon® (Capsules and Solution) Galantamine			DPP-4 INHIBITORS AND COMBINATIONS* Janumet® Januvia® * Prior authorization is required if metformin, a thiazolidinedione or a sulfonylurea has not been prescribed previously for the patient.
NMDA RECEPTOR ANTAGONIST Namenda®			



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INCRELIN MIMETICS*

Byetta®

* Prior authorization is required if metformin, a thiazolidinedione or a sulfonylurea product has not been prescribed previously for the patient.

NSULINS

Lantus® Vial
Levemir® Vial
Novolin® N
Novolin® R
Novolin® 70/30
Novolog®
Novolog® Mix 70/30
Humalog® 50/50

MEGLITINIDES

Starlix®

**SULFONYLUREAS,
SECOND GENERATION**

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

THIAZOLIDINEDIONES

Actos®
Avandia®

**THIAZOLIDINEDIONE /
SULFONYLUREA
COMBINATIONS***

Avandaryl®
Duetact®

* Prior authorization is required if a single agent thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renagel®

**BIPHOSPHONATES -
OSTEOPOROSIS**

Alendronate

GROWTH HORMONE

Genotropin®
Norditropin®
Saizen®

* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

NK1 ANTAGONISTS

Emend®

**SEROTONIN RECEPTOR
ANTAGONISTS**

Granisetron
Ondansetron

* See the listing at: <http://southcarolina.fhsc.com> for the quantity limits for this class. (Click on Providers, then Documents, then Pharmacy Quantity Limits.)

**HISTAMINE-2 RECEPTOR
ANTAGONISTS**

Famotidine
Ranitidine

**PROTON PUMP
INHIBITORS***

Nexium® Capsules
Prevacid®
Omeprazole OTC

* Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

**ULCERATIVE COLITIS
THERAPY**

Asacol®
Balsalazide Disodium
Canasa® Rectal Supp.
Mesalamine Enema
Pentasa®
Sulfasalazine

GENITOURINARY

**ALPHA BLOCKERS FOR
BPH**

Flomax®
Uroxatral®

ANTISPASMODICS

Detrol LA®
Enablex®
Oxybutynin
Oxytrol®
Sanctura®
VESIcare®

**HEMATOLOGICAL
AGENTS**

**ANTICOAGULANTS -
LOW MOLECULAR
WEIGHT HEPARINS**

Arixtra®
Fragmin®
Lovenox®

**HEMATOPOIETIC
AGENTS**

Aranesp®
Procrit®

PLATELET INHIBITORS

Aggrenox®
Plavix®

**HORMONE
RELATED
THERAPY**

ANDROGENIC AGENTS

Androderm®
Adroge®
Testim®

**ANDROGEN HORMONE
INHIBITOR**

Avodart®
Finasteride

IMMUNOLOGICS

**IMMUNOMODULATORS,
INJECTABLE**

Enbrel®
Humira®

**IMMUNOMODULATORS,
TOPICAL**

Elidel® *
Protopic® *

* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.

**IMMUNOMODULATORS,
ORAL AND INJECTABLE**

HEPATITIS B THERAPY

Baraclude®
Epivir®
Hepsera®
Tyzeka®

*Vried® is unaffected by the PDL and is available without Prior Authorization.

**HEPATITIS C THERAPY,
PEGYLATED
INTERFERONS**

Pegasys® & Conv. Pack
Peg-Intron® & Redipen

**HEPATITIS C THERAPY,
RIBAVIRINS**

Rebetol®
Ribavirin 200mg tablets



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IMMUNOSUPPRESSANTS
Azasan®
Azathioprene
Cellcept®
Cyclosporine
Gengraf®
Imuran®
Myfortic®
Neoral®
Prograf®
Rapamune®
Sandimmune®

OPHTHALMICS

ANTI-HISTAMINES, OPTHALMIC
Pataday®
Patanol®
Elestat®

GLAUCOMA THERAPY

ALPHA-2 ADRENERGICS
Brimonidine Tartrate
Alphagan P®

BETA BLOCKERS
Betaxolol HCl
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate

CARBONIC ANHYDRASE INHIBITORS
Azopt®
Cosopt®
Trusopt®

PROSTAGLANDIN AGONISTS
Lumigan®
Travatan®
Travatan Z®
Xalatan®

QUINOLONES & MACROLIDES, OPTHALMIC
Ciprofloxacin HCl
Vigamox®
Zymar®

OTICS

QUINOLONES, OTIC
Ciprodex®
Ofloxacin Otic Drops

RESPIRATORY

ANTI-CHOLINERGICS
Atrovent® HFA
Combivent®
Spiriva®

ANTI-HISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS
Loratadine OTC)
Loratadine-D OTC
Zyrtec® OTC or RX
Zyrtec D® OTC or RX

BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS
Albuterol CFC
Ventolin® HFA
Xopenex® HFA

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS
Serevent Diskus®*

** Prescribers are reminded of the warnings associated with the use of long acting beta agonists.*

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

**Both agents in this class require Prior Authorization.*

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS
Albuterol
Metaproterenol
Xopenex®*

** Generic agents should be considered as "first-line" therapy when appropriate.*

GLUCOCORTICOIDS

INHALATION DEVICES
Asmanex®
Azmacort®
Flovent Diskus®
Flovent HFA®
Qvar®

INTRANASAL STEROIDS
Fluticasone propionate
Nasonex®

GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS
Advair® Diskus
Advair® HFA

** Prescribers are reminded of the warnings associated with the use of long acting beta agonists*

LEUKOTRIENE RECEPTOR ANTAGONISTS
Accolate®
Singulair®

TOPICAL AGENTS FOR ACNE

BENZOYL PEROXIDE/ CINDAMYCIN COMBOS
Benzacilin®
Duac® & CS

TOPICAL RETINOIDS
Retin-A Micro® (excludes Pump)
Tretinoin

TOPICAL AGENTS FOR PSORIASIS

TOPICAL AGENTS FOR PSORIASIS
Dovonex®
Psoriasisec®

TOPICAL ANTIBIOTICS

TOPICAL ANTIBIOTICS
Mupirocin Ointment
Altabax®*
Bactroban®* Cream

** Generic agents should be considered "first line" therapy when appropriate.*



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Listing Updated: December 2008

A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
ALBUTEROL CFC
ALBUTEROL NEBULIZER
ALPHAGAN P
ALTOPREV
ALTABAX
AMLODIPINE
AMPHETAMINE SALT COMBINATION
ARANESP
ARICEPT
ARIXTRA
ASACOL
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT HFA
AVALIDE
AVANDAMET
AVANDARYL
AVANDIA
AVAPRO
AVELOX
AVINZA
AZITHROMYCIN
AZMACORT
AZOPT

B

BACTROBAN CREAM
BALSALAZIDE DISODIUM
BENZAEPRI
BENZAEPRI/HCTZ
BENICAR
BENICAR HCT
BENZAACLIN
BETASERON
BETAXOLOL
BETAXOLOL HCL OPHTHALMIC
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPHTH.
BYETTA

C

CANASA RECTAL SUPPOSITORIES
CAPTOPRIL
CARBAMAZEPINE (ALL
FORMULATIONS)
CARBATROL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CARVEDILOL
CEFDINIR
CEFPROZIL
CEFUROXIME
CELEBREX
CELONTIN
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CLARITHROMYCIN XL
CIPRODEX OTIC
CIPROFLOXACIN
CIPROFLOXACIN HCL OPHTHALMIC
COLESTIPOL
COMBIVENT
CONCERTA
COPAXONE
COSOPT
COZAAR
CRESTOR

D

DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPINKLE
DETROL LA
DEXMETHYLPHENIDATE IR
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DOVONEX
DUETACT
DURAGESIC PATCH
DYNACIRC CR

E

ELESTAT OPHTHALMIC
ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ENBREL
EPITOL
EPOGEN
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETHOSUXIMIDE
ETODOLAC
EXELON CAPSULES AND SOLUTION
EXFORGE

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
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F

FACTIVE
FAMOTIDINE
FAMVIR
FELBATOL
FELODIPINE
FENOPROFEN
FLOMAX
FLOVENT DISKUS
FLOVENT HFA
FLURBIPROFEN
FLUTICASONE
FOCALIN XR
FOSAMAX
FOSRENOL
FRAGMIN

G

GABAPENTIN
GEMFIBROZIL
GENOTROPIN
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLYBURIDE
GLYBURIDE MICRONIZED
GLYSET
GRANISETRON
GRISEOFULVIN
GRIS-PEG

H

HUMALOG 50/50
HUMIRA
HYZAAR

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR
ISRADIPINE

J

JANUMET

JANUVIA

K

KADIAN
KEPPRA
KETOPROFEN
KETOPROFEN ER
KETOROLAC

L

LABETOLOL
LAMICTAL
LAMOTRIGINE
LANTUS VIAL
LESCOL
LESCOL XL
LEVAQUIN
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINAPRIL
LISINAPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LOVENOX
LUMIGAN
LUNESTA
LYRICA

M

MEBARAL
MECLOFENAMATE SODIUM
MELOXICAM

MESALAMINE ENEMA
MESYLAMINE
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER
MUPIROCIN OINTMENT

N

NABUMETONE
NADOLOL
NAPROXEN
NAPROXEN SODIUM
NASACORT AQ
NASONEX
NEXIUM CAPSULES
NIASPAN
NICARDIPINE
NIFEDICAL XL
NIFEDIPINE ER
NIFEDIPINE SA
NORDITROPIN
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30

O

ONDANSETRON
OFLOXACIN
OFLOXACIN OTIC DROPS
OMEPRAZOLE OTC
OXAPROZIN

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OXYBUTININ
OXYTROL

P

PATADAY OPHTHALMIC
PATANOL OPHTHALMIC
PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PENTASA
PHENYTOIN
PHENYTOIN SODIUM ER
PHOSLO
PINDOLOL
PIROXICAM
PRAVASTATIN
PRECOSE
PREVACID
PROCRIT
PRIMIDONE
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTOPIC
PSORiatec

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
REBIF
RENAGEL
REQUIP
REQUIP DOSE PACK

RETIN-A MICRO
RIBAVIRIN TABLETS
RITALIN LA

S

SAIZEN
SANCTURA
SEREVENT DISKUS
SIMCOR
SIMVASTATIN
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC
SULFASALAZINE
SYMLIN

T

TARKA
TAZTIA XT
TEGRETOL XR
TEKTURNA
TEKTURNA HCT
TEMAZEPAM
TERBINAFINE
TEVETEN
TEVETEN HCT

TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TOPAMAX
TRAVATAN
TRACLEER
TRETINOIN
TREXIMET
TRILEPTAL
TRICOR
TRUSOPT

U

UROXATRAL

V

VALPROIC ACID
VALTrex
VENTOLIN HFA
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VIGAMOX OPHTHALMIC
VESICARE
VYTORIN
VYVANSE

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

Z

ZETIA
ZOLPIDEM
ZONISAMIDE
ZYMAR OPHTHALMIC
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D

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