

South Carolina
Department of Health and Human Services
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
www.scdhhs.gov

September 17, 2008

MEDICAID BULLETIN

DEN	08-07	PHY-ER	08-08
HH-HOSP	08-05	PHY-MSP-CBP	08-08
HOS-IP-GEN	08-15	PHY-MSP-HBP	08-08
HOS-IP-IMD	08-14	PHY-OPHT	08-08
HOS-IP-RTF	08-14	PHY-PATH	08-08
HOS-OP	08-13	PHY-PC-FP/GP	08-11
MC-DHEC	08-09	PHY-PC-GER	08-11
MC-FQHC	08-10	PHY-PC-INT	08-11
MC-MCHC	08-08	PHY-PC-NEO	08-11
MC-RHC	08-10	PHY-PC-OG	08-12
MHRC-ADA	08-07	PHY-PC-PED	08-11
MHRC-MHC	08-07	PHY-PC-PED/SUB	08-11
PHARM	08-05	PHY-PS	08-09
PHY-ALG	08-08	PHY-RAD	08-08
PHY-ANES	08-08	PHY-S	08-08
PHY-CARD	08-08	PHY-SPEC	08-09
PHY-DERM	08-08	PHY-SURG	08-09
PHY-ENT	08-09	POD	08-06

TO: Providers Indicated

SUBJECT: South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include a new therapeutic class, Platelet Inhibitors. 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 for several weeks. 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 November 12, 2008, 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:

NEW PDL CLASSES	
PREFERRED	NON-PREFERRED
Platelet Inhibitors	
Aggrenox® Plavix®	Dipyridamole Ticlid® Ticlopidine

CHANGES TO EXISTING PDL CLASSES		
PREFERRED	NON-PREFERRED	
Oral Quinolones		
	Factive®	Removed from PDL
	Levaquin®	Removed from PDL
Long Acting Narcotics		
	Avinza®	Removed from PDL
Nasal Steroids		
	Nasacort AQ®	Removed from PDL
Sedative Hypnotics		
	Lunesta®	Removed from PDL
Ophthalmic Prostaglandins		
Travatan Z®	Added to PDL	
Hematopoietics		
	Epogen®	Removed from PDL
Benzoyl Peroxide/Clindamycin Combination Products		
Duac®	Added to PDL	
Duac CS®	Added to 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 prior authorization 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 1-866-247-1181 and 1-888-603-7696, 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 questions regarding Pharmacy Services-related issues is 1-800-834-2680; 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 (1-800-633-4227).

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 PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at 1-803-898-2876.

/s/

Emma Forkner
Director

EF/mgad

Attachments

Note: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/> .
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}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

ANALGESIC

NSAIDs

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etorolac
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.

OPIOIDS, EXTENDED RELEASE

Duragesic® Patch
Kadian®
Morphine Sulfate ER*

ANTI-INFECTIVE

ANTIBACTERIALS

CEPHALOSPORINS, 2ND GENERATION

Cefprozil
Cefuroxime

CEPHALOSPORINS, 3RD GENERATION

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.

ANTIFUNGALS, ORAL

ONYCHOMYCOSIS AGENTS

Gris-Peg®
Griseofulvin
Terbinafine

ANTIVIRALS, ORAL

HERPES ANTIVIRALS

Acyclovir
Famciclovir
Famvir® 125mg. 250mg
Valtrex®

CARDIOVASCULAR

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), 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.

DIRECT RENIN INHIBITOR/DIURETICS

Tekturna HCT®*

* Prior authorization is required if an ARB has not been prescribed previously for the patient.

ENDOTHELIN RECEPTOR ANTAGONISTS

Tracleer®*

*Patients currently established on non-preferred therapy will be grandfathered.

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

LIPOTROPICS

BILE ACID SEQUESTERING RESINS

Cholestyramine
Cholestyramine Light
Colestipol
Welchol®

FIBRIC ACID DERIVATIVES

Gemfibrozil
Lofibra®
Tricor®

NIACIN DERIVATIVES

Niaspan®

NIACIN/STATIN COMBINATIONS

Advicor®
Simcor®

STATINS

Altoprev®
Crestor®
Lescol®
Lescol XL®
Lipitor®
Lovastatin
Pravastatin
Simvastatin
Vytorin®

CHOLESTEROL-ABSORPTION INHIBITORS

Zetia®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

Aricept®
Exelon® (Capsules and Solution)

Razadyne®

ANTI-CONVULSANT AGENTS

CARBAMAZEPINE DERIVATIVES

Carbamazepine (all dosage forms)
Carbatrol®
Epilex®
Tegretol XR®
Trileptal® (tablets and suspension)

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.

SECOND GENERATION ANTICONVULSANTS

Gabapentin
Keppra®
Lamictal®
Lyrica®
Topamax®
Zonisamide

ANTI-MIGRAINE AGENTS

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.)

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®*

* Generic agents considered "first-line" when appropriate.

MULTIPLE SCLEROSIS AGENTS

Avonex®
Avonex Administration Pack®
Betaseron®
Copaxone®
Rebif®

PARKINSON'S AGENTS

NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Ropinirole

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Zolpidem

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

Glyset®
Precose®

AMYLIN ANALOGS*

Symlin®

* Prior authorization is required if patient is not currently receiving insulin therapy.

BIGUANIDES

Metformin
Metformin ER

BIGUANIDE COMBINATION AGENTS

ActoPlus Met®
Avandamet®

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.

INCRELIN MIMETICS*

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

Byetta®

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

INSULINS

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 sulfonyleurea product has not been prescribed previously for the patient.

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renalog®

**BIPHOSPHONATES -
OSTEOPOROSIS**

Alendronate

GROWTH HORMONE

Genotropin®
Norditropin®
Saizen®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

**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®

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 C THERAPY,
PEGYLATED
INTERFERONS**

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

**HEPATITIS C THERAPY,
RIBAVIRINS**

Rebetol®
Ribavirin 200mg tablets

OPHTHALMICS

**ANTI-HISTAMINES,
OPHTHALMIC**

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®

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

Cosopt®
Trusopt®

PROSTAGLANDIN AGONISTS

Lumigan®
Travatan®
Travatan Z®
Xalatan®

QUINOLONES, OPHTHALMIC

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, INHALATION

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

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

COMBINATION BENZOYL PEROXIDE/ CLINDAMYCIN PRODUCTS

Benzaclin®
Duac®
Duac CS®

TOPICAL RETINOIDS

Retin-A Micro®
(excludes Pump)
Tretinoin

TOPICAL AGENTS FOR PSORIASIS

TOPICAL AGENTS FOR PSORIASIS

Dovonex®
Psoriatec®

TOPICAL ANTIBIOTICS

TOPICAL ANTIBIOTICS

Mupirocin Ointment
Altabax®*
Bactroban®* Cream

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

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

A

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

B

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

C

CANASA RECTAL SUPPOSITORIES
CAPTOPRIL
CARBAMAZEPINE
CARBATROL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CARVEDILOL
CEFDINIR
CEFFPROZIL
CEFUROXIME
CELEBREX
CELONTIN
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CIPRODEX OTIC
CIPROFLOXACIN
CIPROFLOXACIN HCL OPHTHALMIC
CLARITHROMYCIN
CLARITHROMYCIN XL
COLESTIPOL
COMBIVENT
CONCERTA
COPAXONE
COSOPT

COZAAR

CRESTOR

D

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
DUAC
DUAC CS
DUETACT
DURAGESIC PATCH
DYNACIRC CR

E

ELESTAT OPHTHALMIC
ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ENBREL
EPITOL
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETHOSUXIMIDE
ETODOLAC
EXELON CAPSULES AND SOLUTION
EXFORGE

F

FAMCICLOVIR
FAMOTIDINE
FAMVIR
FELBATOL
FELODIPINE
FENOPROFEN
FLOMAX
FLOVENT DISKUS
FLOVENT HFA
FLURBIPROFEN
FLUTICASONE
FOCALIN XR
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
LANTUS VIAL
LESCOL
LESCOL XL
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINOPRIL
LISINOPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)

LORATADINE-D OTC
LOTREL
LOVASTATIN
LOVENOX
LUMIGAN
LYRICA

M

MEBARAL
MECLOFENAMATE SODIUM
MELOXICAM
MESALAMINE ENEMA
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER
MUPIROCIIN OINTMENT

N

NABUMETONE
NADOLOL
NAPROXEN
NAPROXEN SODIUM
NASONEX
NEXIUM CAPSULES
NIASPAN
NICARDIPINE
NIFEDICAL XL
NIFEDIPINE ER
NIFEDIPINE SA

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

NORDITROPIN
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30

O

ONDANSETRON
OFLOXACIN
OFLOXACIN OTIC DROPS
OMEPRAZOLE OTC
OXAPROZIN
OXYBUTININ
OXYTROL

P

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

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
REBIF
RENAGEL
RETIN-A MICRO
RIBAVIRIN TABLETS
RITALIN LA
ROPINIROLE

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 OPHTHALMIC
TOLMETIN SODIUM
TOPAMAX
TRACLEER
TRAVATAN
TRAVATAN Z
TRETINOIN
TREMIMET
TRILEPTAL
TRICOR
TRUSOPT

U

UROXATRAL

V

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

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September, 2008

Z

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