Rx-tra News: July 2025

Important Medicaid Information — Please Read

Healthy Blue
BlueChoice® HealthPlan of SC

Healthy Connections

SCDHHS Brand Name Preferred Drug List

Certain brand name medications on the preferred drug list implemented by the South Carolina Department of Health and Human Services (SCDHHS) are preferred over their generic formulations. The list of affected medications is noted below.

For the medication to pay, the pharmacy must process the covered brand name formulation.
The generic product is not covered unless otherwise noted below.

Please note, some medications may require further prior authorization for consideration of coverage.

This list is subject to change. For the most up-to-date list, please visit the SCDHHS website at: southcarolina.fhsc.com/providers/pdl.asp.

Brand Name Preferred over Generic List UPDATED 05/01/25								
Advair Diskus®	Celontin®	Exelon® Patch	Myrbetriq® Tablet	Pentasa®	~~Sandimmune® Capsule*~~	Tresiba®		
Advair HFA®	~~Chantix®*~~	Farxiga®	Narcan® Nasal	Pradaxa®	Saphris®	Trileptal® Suspension		
Alphagan P® 0.1%, 0.15%	~~Chantix® Pack*~~	~~Finacea®~~	Natroba®	Protonix® Suspension	Spiriva® Handihaler®	Ventolin® HFA		
Apriso®	Combigan®	~~Humalog Jr® Kwikpen®**~~	Nexium® Suspension	~~Rapamune® Tablet*~~	Suboxone® Film	Victoza®		
Azopt®	Copaxone® 20mg/ml dose	~~Humalog® Mix Kwikpen®**~~	~~Novolog® Cartridge**~~	Relpax®	Symbicort®	Vyvanse® Capsule		
Banzel® Susp	Daytrana®	~~Humalog® Kwikpen®**~~	~~Novolog® Mix Flexpen®**~~	Restasis®	Tegretol® XR	Vyvanse® Chewable		
Banzel® Tab	Dexilant®	~~Humalog® Vial**~~	~~Novolog® Mix Vial**~~	Retin-A® Cream	Tekturna®	**Xarelto®**		
Benicar HCT®	Elidel®	Lantus® Solostar®	~~Novolog® Flexpen®**~~	Retin-A® Gel	Testim® Gel 1% Packet	Xigduo® XR		
Butrans®	Epipen®*	Lantus® Vial	~~Novolog® Vial**~~	Sabril® Powder Pack	Transderm-Scop®			
Carbatrol®	Epipen Jr®*	Lumigan®	Oxycontin®	Sabril® Tablet	Travatan-Z®			

* = Brand and AUTHORIZED GENERIC (only) are BOTH Preferred These medications are noted since non-authorized generics are Non-Preferred. Please note that this posting does not include most medications that have equivalent generic products that are co-preferred.

This list is current as of 05/01/2025, is subject to change at any time, should not be considered all-inclusive, and cannot be used for claims payment. **FOR INFORMATIONAL PURPOSES ONLY**.