

South Carolina
Department of Health and Human Services
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 June 29, 2010

MEDICAID BULLETIN

Phys
Dent
MC
Hosp
Med Clin
MHRC
HH
Pharm

TO: Providers Indicated

SUBJECTS: South Carolina Medicaid Preferred Drug List

The following revisions to the Preferred Drug List (PDL) are effective with dates of service on or after August 1, 2012.

ANTICONVULSANTS, RECTAL PREPARATIONS	
Preferred	Non-Preferred
DIASTAT <i>Added as Preferred</i>	DIAZEPAM RECTAL
ATYPICAL ANTIPSYCHOTICS, LONG ACTING INJECTABLES	
Preferred	Non-Preferred
INVEGA SUSTENNA <i>Added as Preferred</i>	ZYPREXA RELPREVV
RISPERDAL CONSTA <i>Added as Preferred</i>	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS	
Preferred	Non-Preferred
ADDERALL XR	AMPHETAMINE SALT COMBO ER
AMPHETAMINE SALT COMBO	DAYTRANA
CONCERTA	DESOXYN
DEXMETHYLPHENIDATE	DEXEDRINE SPANSULE
DEXTROAMPHETAMINE TABLET	FOCALIN
DEXTROAMPHETAMINE CAP ER	KAPVAY
FOCALIN XR	METHAMPHETAMINE

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS (continued)	
INTUNIV	METHYPHENIDATE ER (Generic Concerta)
METADATE CD	METHYPHENIDATE ER (Generic Ritalin LA)
METHYLPHENIDATE	METHYLIN <i>Changed to Non-Preferred</i>
METHYLPHENIDATE ER	NUVIGIL
RITALIN LA	PROCENTRA
STRATTERA	PROVIGIL
VYVANSE	RITALIN
	RITALIN SR
LIPOTROPICS, STATINS	
Preferred	Non-Preferred
ATORVASTATIN <i>Added as Preferred</i>	ADVICOR <i>Changed to Non-Preferred</i>
LESCOL	ALTOPREV <i>Changed to Non-Preferred</i>
LESCOL XL	AMLODIPINE-ATORVASTATIN
LOVASTATIN	CADUET <i>Changed to Non-Preferred</i>
PRAVASTATIN	CRESTOR† <i>Changed to Non-Preferred</i>
SIMCOR	LIPITOR <i>Changed to Non-Preferred</i>
SIMVASTATIN	LIVALO
	MEVACOR
	PRAVACOL
	VYTORIN
	ZOCOR
	†Those patients already on Crestor® will be grandfathered.
CHOLESTEROL ABSORPTION INHIBITORS	
Preferred	Non-Preferred
	ZETIA‡ <i>Changed to Non-Preferred</i>
	‡No PA required for Zetia® if statin or fenofibrate within 90 days in patient history
BILE ACID SEQUESTERING RESINS	
Preferred	Non-Preferred
CHOLESTYRAMINE	COLESTID
CHOLESTYRAMINE LIGHT	COLESTIPOL GRANULES <i>Changed to Non-Preferred</i>
COLESTIPOL TABLET	QUESTRAN
	QUESTRAN LIGHT
	WELCHOL‡ <i>Changed to Non-Preferred</i>
	‡No PA required for Welchol® if concurrent statin or intolerance to statin within 90 days in patient history.

FIBRIC ACID DERIVATIVES	
Preferred	Non-Preferred
GEMFIBROZIL TRICOR TRILIPIX	ANTARA FENOFIBRATE FENOFIBRIC ACIDE FIBRICOR LIPOFEN LOPID LOVAZA‡ <i>Changed to Non-Preferred</i> TRIGLIDE ‡No PA required for Lovaza® if intolerance of Fenofibrate, Gemfibrozil or Niacin within 90 days in patient history.
BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS	
Preferred	Non-Preferred
FORADIL <i>Added as Preferred</i> SEREVENT	ARCAPTA
PANCREATIC ENZYMES	
Preferred	Non-Preferred
CREON PANCRELIPASE ZENPEP <i>Added as Preferred</i>	PANCREAZE
PROTON PUMP INHIBITORS	
Preferred	Non-Preferred
PANTOPRAZOLE OMEPRAZOLE OTC OMEPRAZOLE RX	ACIPHEX DEXILANT LANSOPRAZOLE NEXIUM PREVACID PRILOSEC OTC PROTONIX ZEGERID OTC

GROWTH HORMONES	
Preferred	Non-Preferred
NORDITROPIN	GENOTROPIN† <i>Changed to Non-Preferred</i>
NUTROPIN	HUMATROPE
	OMNITROPE
	SAIZEN
	SEROSTIM
	TEV-TROPIN
	ZORBTIVE
	† <i>Those patients already on Genotropin® will be grandfathered</i>

The list above only reflects changes to the PDL. To view the complete PDL, please refer to our website at <http://southcarolina.fhsc.com>. Please note that the Topical Acne Agents therapeutic class has been combined for your convenience and Topical Steroids are a new therapeutic class.

Prescribers are encouraged to write prescriptions for preferred products. However, if it is determined that a patient's condition requires therapy with a non-preferred drug, the prescriber (or his/her designated office personnel) is responsible for initiating the Prior Authorization (PA) request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

PA requests may be submitted online, via telephone, or fax to the Magellan Medicaid Administration Clinical Call Center. To access the WebPA tool for online PA submission, visit <http://southcarolina.fhsc.com>, click on "Prescribers", then "WebPA". New users will need to click on "UAC" in the right hand corner to request a User ID and Password. The toll-free telephone and fax numbers for the Clinical Call Center are **866-247-1181** and **888-603-7696**, respectively. The Magellan Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan's Beneficiary Call Center telephone number for Pharmacy Services is **800-834-2680**.

Any questions regarding this bulletin should be directed to your Program Representative in the Division of Pharmacy Services at (803) 898-2876.

/s/
Anthony E. Keck
Director