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

October 18, 2010

Pharm

MEDICAID BULLETIN

TO: **Providers Indicated**

SUBJECTS: **South Carolina Medicaid Preferred Drug List**

The Preferred Drug List (PDL) has been revised. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL.

Effective with dates of service on or after November 10, 2010, pharmacy claims without Prior Authorization (PA) approval will deny for designated non-preferred products within the therapeutic classes listed below. The complete PDL (attached to this bulletin) includes the following changes:

PDL Revisions		
Preferred	**Non-Preferred**	
SEROTONIN RECEPTOR AGONISTS FOR MIGRAINE		
SUMATRIPTAN	AMERGE	
	AXERT	
	FROVA	
	IMITREX	
	MAXALT	
	MAXALT MLT	
	RELPAX	
	TREXIMET	Changed to Non-Preferred
	ZOMIG	
	ZOMIG ZMT	
Preferred	**Non-Preferred**	
STATINS		
ALTOPREV	MEVACOR	
CRESTOR	PRAVACHOL	
LESCOL	VYTORIN	Changed to Non-Preferred
LESCOL XL	ZOCOR	
LIPITOR		
LOVASTATIN		
PRAVASTATIN		
SIMVASTATIN		

PDL Revisions		
Preferred		**Non-Preferred**
STATIN/CCB COMBINATION PRODUCTS		
CADUET	Added as Preferred	
ULCERATIVE COLITIS AGENTS		
APRISO	Changed to Preferred	ASACOL HD
ASACOL		AZULFIDINE
BALSALAZIDE DISODIUM		COLAZAL
CANASA SUPP.RECT		DIPENTUM
MESALAMINE ENEMA		LIALDA
PENTASA		MESALAMINE KIT
SULFASALAZINE		ROWASA ENEMA
		SFROWASA

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that a patient's clinical status requires 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 submitted via WebPA, telephone, or fax to the Magellan Medicaid Administration Clinical Call Center by the prescriber or the prescriber's designated office personnel. To access the WebPA tool, 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 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*.)

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 can 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 (803) 898-2876.

/S/
Emma Forkner
Director

Attachment

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 & Human Services

South Carolina Department of Health and Human Services Preferred Drug List
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
November 10, 2010

ANALGESIC

NSAIDs*

Diclofenac Potassium	Ketoprofen ER
Diclofenac Sodium	Ketorolac
Diflunisal	Meclofenamate Sodium
Etodolac	Meloxicam
Fenoprofen	Nabumetone
Flurbiprofen	Naproxen
Ibuprofen	Oxaprozin
Indomethacin	Piroxicam
Indomethacin SR	Sulindac
Ketoprofen	Tolmetin Sodium

** COX-2 specific NSAIDs require PA.*

OPIOIDS, EXTENDED RELEASE

- Duragesic® Patch
- Kadian®
- Morphine Sulfate ER

TOPICAL NSAIDs AND ANESTHETICS

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

ANTI-INFECTIVE

MACROLIDES / KETOLIDES

Azithromycin	Erythromycin Estolate
Clarithromycin	Erythromycin Ethylsuc
Clarithromycin XL	Erythromycin Stearate
EryPed®	Erythrocin Stearate
Ery-Tab®	Erythromycin & Sulfisox
Erythromycin Base	

QUINOLONES, 2ND AND 3RD GENERATION

- Avelox®
- Ciprofloxacin
- Ofloxacin

ONYCHOMYCOSIS AGENTS

- Gris-Peg®
- Griseofulvin
- Terbinafine

CEPHALOSPORINS, 2ND GENERATION

- Cefprozil
- Cefuroxime

CEPHALOSPORINS, 3RD GENERATION

- Cefdinir (all dosage forms)
- Cefditoren

HERPES ANTIVIRALS

- Acyclovir
- Valtrex®

NITROIMIDAZOLES

- Metronidazole

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

Benazepril	Lisinopril/HCTZ
Benazepril/HCTZ	
Captopril	
Enalapril	
Enalapril/HCTZ	
Lisinopril	

ACEI, CCB COMBINATIONS

- Lotrel®
- Trandolapril/Verapamil

ANGIOTENSIN RECEPTOR BLOCKERS (ARB)

Avalide®	Losartan
Avapro®	Losartan/HCTZ
Benicar®	Micardis®
Benicar HCT®	Micardis HCT®
Diovan®	Teveten®
Diovan HCT®	Teveten HCT®

BETA BLOCKERS

Acebutolol	Metoprolol Tartrate
Atenolol	Nadolol
Atenolol/Chlorthalidone	Pindolol
Betaxolol	Propranolol
Bisoprolol Fumarate	Propranolol ER
Bisoprolol/HCTZ	Propranolol/HCTZ
Carvedilol	Sotalol
Labetolol	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®
- Exforge HCT®

DIRECT RENIN INHIBITORS

- Tekturna® *
- Tekturna HCT® *

**Prior Authorization is required if an ARB has not been prescribed previously*

ENDOTHELIN RECEPTOR ANTAGONISTS

- Letairis® *

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

Magellan Medicaid Administration Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)

CARDIOVASCULAR (Continued)

NON-NITRATE ANTIANGINALS
- Ranexa®

BILE ACID SEQUESTERING RESINS
- Cholestyramine
- Cholestyramine Light
- Colestipol
- Welchol®

FIBRIC ACID DERIVATIVES
- Gemfibrozil
- Tricor®
- Trilipix®
- Lovaza® *

**Requires step-therapy with another preferred agent.*

NIACIN DERIVATIVES
- Niaspan®

NIACIN/STATIN COMBINATIONS
- Advicor®
- Simcor®

STATINS
- Altoprev®
- Crestor®
- Lescol®
- Lescol XL®
- Lipitor®
- Lovastatin
- Pravastatin
- Simvastatin

CHOLESTEROL ABSORPTION INHIBITORS
- Zetia®

STATIN/CCB COMBINATION PRODUCTS
- Caduet®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS
- Aricept® tablets
- Exelon® (Oral & Patches)
- Galantamine

NMDA RECEPTOR ANTAGONIST
- Namenda®

ANTI-CONVULSANTS

CARBAMAZEPINE DERIVATIVES
- Carbamazepine (all dosage forms)
- Carbatrol®
- Epitol®
- Oxcarbazepine

FIRST GENERATION ANTICONVULSANTS
- Celontin®
- Divalproex Sodium
- Ethosuximide
- Felbatol®
- Mephobarbital
- Phenytoin
- Phenytoin Sodium ER
- Primidone
- Valproic Acid

SECOND GENERATION ANTICONVULSANTS
- Gabapentin
- Lamotrigine
- Lamictal® ODT
- Levetiracetam
- Lyrica®
- Topiramate
- Zonisamide

OTHER CNS AGENTS

ANTI-MIGRAINE SEROTONIN AGONISTS
- Sumatriptan Tablets
- Sumatriptan Injection
- Sumatriptan Nasal Spray

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS
- Adderall XR®
- Amphetamine Salt Combo
- Dexmethylphenidate IR
- Dextroamphetamine
- Dextroamphetamine SR
- Metadate ER®
- Methylin®
- Methylin ER®
- Methylphenidate
- Methylphenidate ER/SR
- Ritalin LA® *
- Concerta® *
- Focalin XR® *
- Vyvanse® *

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

MULTIPLE SCLEROSIS AGENTS
- Avonex®
- Avonex Administration Pack®
- Betaseron®
- Copaxone®
- Rebif®

NON-ERGOT DOPAMINE RECEPTOR
- Ropinirole

SKELETAL MUSCLE RELAXANTS
- Baclofen
- Carisoprodol
- Chlorzoxazone
- Cyclobenzaprine
- Dantrolene Sodium
- Methocarbamol
- Orphenadrine
- Tizanidine HCl

SEDATIVE/HYPNOTICS, NON-BARBITURATES
- Temazepam
- Zolpidem

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS
- Glyset®
- Acarbose

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®

**PA required if no claim for metformin in history.*

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ENDOCRINE AND METABOLIC (continued)

INCRELIN MIMETICS*

Byetta®

**PA required if no claim for metformin in history.*

INSULINS

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

MEGLITINIDES

Nateglinide

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 has not been prescribed previously.*

OTHER ENDOCRINE AND METABOLIC AGENTS

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renagel®
Renvela®

BIPHOSPHONATES-OSTEOPOROSIS

Alendronate

CALCITONINS

Calcitonin Nasal Spray
Fortical® Nasal Spray

GROWTH HORMONE*

Genotropin®
Norditropin®
Nutropin®

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

GASTROINTESTINAL

NK1 ANTAGONISTS

Emend®

SEROTONIN RECEPTOR ANTAGONISTS

Granisetron
Ondansetron

**See the listing at: http://southcarolina.fhsc.com for the quantity limits.*

HISTAMINE-2 RECEPTOR ANTAGONISTS

Famotidine
Ranitidine

PROTON PUMP INHIBITORS*

Nexium®
Omeprazole OTC
Prevacid Solutabs**
Prilosec OTC

** Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.*
***Prevacid Solutabs are preferred only for beneficiaries age 12 and under.*

ULCERATIVE COLITIS THERAPY

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

PROGESTINS FOR CACHEXIA

Megesterol Oral Susp.

GENITOURINARY

ALPHA BLOCKERS FOR BPH

Flomax®
Uroxatral®

ANTISPASMODICS

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

HEMATOLOGICAL & ONCOLOGICAL AGENTS

ANTICOAGULANTS-LOW MOLECULAR WEIGHT HEPARINS

Arixtra®
Fragmin®
Lovenox®

HEMATOPOIETIC AGENTS

Aranesp®
Procrit®

PLATELET INHIBITORS

Aggrenox®
Plavix®

PROTEIN TYROSINE KINASE INHIBITORS

Gleevec®

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HORMONE RELATED THERAPY

ANDROGENIC AGENTS		ANDROGEN HORMONE INHIBITOR		
Androderm®	Testim®	Avodart®		
Androgel®		Finasteride		

IMMUNOLOGICS

IMMUNOMODULATORS, INJECTABLE	IMMUNOMODULATORS, TOPICAL	IMMUNOSUPPRESSANTS	
Enbrel®	Elidel® *	Azasan®	Myfortic®
Humira®	Protopic® *	Azathioprine	Neoral®
		Cyclosporine	Prograf®
	** Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.*	Gengraf®	Rapamune®
		Imuran®	Sandimmune®
		Mycophenolate Mofetil	

HEPATITIS B THERAPY*		HEPATITIS C THERAPY PEGYLATED INTERFERONS*	HEPATITIS C THERAPY RIBAVIRINS*
Baraclude®	Hepsera®	Pegasys® & Conv. Pack	Ribavirin
Epivir HBV®	Tyzeka®	Peg-Intron® & Redipen	
**Viread® is unaffected by the PDL and is available without Prior Authorization.*			**Class level PA is in effect for all Hepatitis B & C medications. Once criteria are met, the agents listed on the PDL are preferred.*

OPHTHALMICS

ANTIHISTAMINES, OPHTHALMIC		MAST CELL STABILIZERS, OPHTHALMIC		NSAIDs, OPHTHALMIC	
Alaway® OTC	Pataday®	Alamast®	Cromolyn Sodium	Diclofenac Sodium	Nevanac®
Elestat®	Patanol®	Alocril®		Flurbiprofen Sodium	
Ketotifen OTC	Zaditor® OTC	Alomide®		Ketorolac Tromethamine	

QUINOLONES & MACROLIDES, OPHTHALMIC
Ciprofloxacin HCl
Vigamox®
Zymar®

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	
Lumigan®	Xalantan®
Travatan®	
Travatan Z®	

OTICS

QUINOLONES, OTIC
Ciprodex®
Ofloxacin Otic Drops

RESPIRATORY

ANTI-CHOLINERGICS		ANTIHISTAMINES, 2ND GENERATION AND DECONGESTANT COMBINATIONS		NASAL ANTIHISTAMINES
Atrovent® HFA	Spiriva®	Cetirizine	Loratadine OTC	Astepro®
Combivent®		Cetirizine D	Loratadine-D OTC	Azelastine

BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS		BETA ADRENERGIC DEVICES, LONG ACTING METERED DOSE INHALERS	BETA ADRENERGIC AGENTS, LONG-ACTING NEBULIZERS
ProAir® HFA	Ventolin® HFA	Serevent Diskus® *	
Proventil® HFA			
		** Prescribers are reminded of the warnings associated with use of long acting beta agonists.*	** Both agents in this class require Prior Authorization.*

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RESPIRATORY (continued)

BETA ADRENERGIC AGENTS, SHORT ACTING NEBULIZERS	INHALATION DEVICES	
Albuterol 0.083%, 0.5%	Asmanex® Azmacort® Flovent Diskus® Flovent HFA® Qvar®	

INTRANASAL STEROIDS		GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS	LEUKOTRIENE RECEPTOR ANTAGONISTS
Fluticasone propionate	Nasonex®*	Advair® Diskus Advair® HFA Symbicort®	Accolate® Singulair®

**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.*

TOPICAL AGENTS FOR ACNE

BENZOYL PEROXIDE/CLINDAMYCIN COMBOS	TOPICAL RETINOIDS	
Benzaclin® Duac CS®	Adapalene Differin® Epiduo® Retin-A Micro® Tretinoin	

TOPICAL AGENTS FOR PSORIASIS

TOPICAL AGENTS FOR PSORIASIS			
Calcipotriene	Dovonex®		

TOPICAL ANTIINFECTIVES

TOPICAL ANTIBIOTICS		TOPICAL ANTIVIRALS	
Mupirocin Ointment Altabax® *	Bactroban® * Cream	Abreva® Zovirax® Ointment	

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

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