

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

January 9, 2007

MEDICAID BULLETIN

<i>DEN</i>	07-02	<i>PHY-ER</i>	07-01
<i>HH-HOSP</i>	07-01	<i>PHY-MSP-CBP</i>	07-01
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<i>MHRC-MHC</i>	07-01	<i>PHY-PS</i>	07-01
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<i>PHY-ANES</i>	07-01	<i>PHY-SPEC</i>	07-01
<i>PHY-CARD</i>	07-01	<i>PHY-SURG</i>	07-01
<i>PHY-DERM</i>	07-01	<i>POD</i>	07-01
<i>PHY-ENT</i>	07-01		

TO: Providers Indicated

SUBJECTS: I. Dose Optimization Program
II. S. C. GAPS Program and Medicare Part D Prescription Drug Plans
III. South Carolina Medicaid Preferred Drug List

I. Dose Optimization Program

Beginning with dates of service February 1, 2007, the South Carolina Department of Health and Human Services (DHHS) will implement a Dose Optimization program applicable for Medicaid Pharmacy Services claims. The focus of the Dose Optimization program is improved patient compliance with drug therapy regimens, reduced potential for exceeding the maximum recommended dose as determined by the Food and Drug Administration, and decreased adverse drug events.

Dose Optimization is an enhancement to the current Quantity Limits program (<http://southcarolina.fhsc.com/Downloads/provider/QuantityLimits-SCpharmacy.pdf>). Medications that may be indicated for once or twice daily dosing will be identified and where clinically applicable, Dose Optimization edits will limit the *number of times* the medication is dosed. This editing process will not interfere with the *total* daily dosage of the medication prescribed for the patient. Prescribers are asked to consider appropriate Dose Optimization guidelines when higher strengths of the drug are commercially available. For example, prescriptions authorized for *two* Aricept® 5 mg tablets daily should instead be authorized for the commercially available Aricept® 10 mg tablet with instructions of one tablet daily.

Pharmacy claims submitted for quantities that exceed the daily dosing limit will deny for NCPDP 76 - Plan Limitations Exceeded. Also, dependent upon the established dosing limitations, additional Dose Optimization messages may include:

- 1.000 Quantity Per Day Exceeded
- 2.000 Quantity Per Day Exceeded
- Quantity of 1.000 Per Week Exceeded

When clinically appropriate, DHHS encourages pharmacy providers to contact prescribers regarding those prescriptions where changes may be appropriate to conform

to daily dosing limitations. For those patients who require unique dosing regimens, pharmacy providers should ask the prescriber or the prescriber's designated office personnel to contact the First Health Services Clinical Call Center at 1-866-247-1181 (toll-free) to request prior authorization (PA). Those products subject to Dose Optimization may be found at <http://southcarolina.fhsc.com>. The Dose Optimization listing will be updated periodically; therefore, providers may find it beneficial to refer to the Web site for the most current information. Appropriate, cost-effective prescribing is encouraged, and the cooperative efforts of health care providers toward the achievement of this objective are greatly appreciated.

II. S. C. GAPS Program and Medicare Part D Prescription Drug Plans

The Gap Assistance Pharmacy Program for Seniors (GAPS) is a state pharmacy assistance program that was established by DHHS in 2006 to supplement Part D drug coverage for South Carolina Medicare beneficiaries who are enrolled in a Prescription Drug Plan (PDP), have an income below 200% of the federal poverty level and do not qualify for the Low Income Subsidy. These Medicare beneficiaries are subject to a lapse in prescription coverage (also known as the doughnut hole) when their drug expenses total a certain dollar amount. Without the GAPS program, the beneficiary is responsible for 100% of the prescription costs during the doughnut hole timeframe. The GAPS benefit, however, provides assistance during this coverage gap by reducing the beneficiary's out-of-pocket costs from 100% to 5%.

To take advantage of the GAPS benefit in calendar year 2007, Medicare beneficiaries who will experience the lapse in prescription coverage should be enrolled in a PDP that participates with DHHS' GAPS program. Following is a listing of the plans that have agreed to participate with GAPS in 2007:

GAPS-Participating Company	Name of Plan	Phone Number For Beneficiaries
Arcadian Health Plan (H5783)	Charleston – Plus (002)	1-800-573-8597
Arcadian Health Plan (H5783)	Charleston – Premier (003)	1-800-573-8597
Arcadian Health Plan (H5783)	Greenville – Plus (006)	1-800-573-8597
Arcadian Health Plan (H5783)	Greenville – Premier (007)	1-800-573-8597
BlueCross BlueShield of SC (S5953)	MedBlue Rx (001)	1-800-930-2836
BlueCross BlueShield of SC (S5953)	MedBlue Rx Plus (002)	1-800-930-2836
Carolina Medicare Prime (S8277)	Carolina Medicare Prime (001)	1-866-624-4790
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Basic (078)	1-888-868-5854
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Choice (146)	1-888-868-5854
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Gold (226)	1-888-868-5854
Coventry Health & Life Insurance Co. (S5670)	AdvantraRx Value (051)	1-800-882-3822
Coventry Health & Life Insurance Co. (S5670)	AdvantraRx Premier (052)	1-800-882-3822

GAPS-Participating Company	Name of Plan	Phone Number For Beneficiaries
First Health Part D (S5768)	First Health Premier (012)	1-800-588-3322
Humana Insurance Co. (S5884)	Humana PDP Standard (067)	1-800-706-0872
Humana Insurance Co. (S5884)	Humana PDP Enhanced (008)	1-800-706-0872
InStil Health Insurance Co. (S5946)	InStil Rx (001)	1-877-446-7845
InStil Health Insurance Co. (S5946)	InStil Rx Plus (003)	1-877-446-7845
WellCare (S5967)	WellCare Signature (043)	1-888-481-5252

III. South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additions/deletions of specific drugs within certain PDL 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. 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 January 30, 2007, hard edits will be activated (*i.e.*, pharmacy claims without prior authorization [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:

REVISED PDL DRUG CLASSES: Effective January 30, 2007
1) Second Generation Sulfonylureas
2) Cholesterol Lowering Agents-Fibric Acids
3) Glaucoma Therapy - Alpha ₂ Adrenergics
4) Proton Pump Inhibitors
5) Insulins

REVISED PDL DRUGS: Effective January 30, 2007		
PREFERRED		NON-PREFERRED
SECOND GENERATION SULFONYLUREAS		
Glimepiride	Added to PDL	<i>Amaryl®</i>
Glipizide	Remains on PDL	<i>Diabeta®</i>
Glipizide ER	Remains on PDL	<i>Glucotrol®</i>
Glyburide	Remains on PDL	<i>Glucotrol XL®</i>
Glyburide Micronized	Remains on PDL	<i>Glynase®</i>
		<i>Micronase®</i>
CHOLESTEROL LOWERING AGENTS - FIBRIC ACIDS		
Gemfibrozil	Remains on PDL	<i>Antara®</i>
Lofibra®	Added to PDL	<i>Lopid®</i>
Tricor®	Remains on PDL	<i>Triglide®</i>
GLAUCOMA THERAPY: ALPHA₂ ADRENERGICS		
Alphagan P®	Added to PDL	<i>lopidine®</i>
Brimonidine Tartrate	Remains on PDL	
PROTON PUMP INHIBITORS*		
Nexium®	Remains on PDL	<i>Aciphex®</i>
Prevacid®	Added to PDL	<i>Omeprazole</i>
Prilosec OTC®	Remains on PDL	<i>Prilosec®</i>
		<i>Protonix®</i>
		<i>Zegerid®</i>
<i>*Note: SC Medicaid has clinical criteria in effect for this class. Once criteria are met, the agents on the PDL will be preferred.</i>		
INSULINS		
Humalog 50/50	Added to PDL	<i>Apidra®</i>
Humulin 50/50	Remains on PDL	<i>Exubera®</i>
Lantus®	Remains on PDL	<i>Humalog 75/25®</i>
Levemir® Vial	Remains on PDL	<i>Humalog®</i>
Novolin N®	Remains on PDL	<i>Humulin N®</i>
Novolin R®	Remains on PDL	<i>Humulin R®</i>
Novolin 70/30®	Remains on PDL	<i>Humulin 70/30®</i>
Novolog®	Remains on PDL	<i>Levemir® Pen*</i>
Novolog Mix 70/30®	Remains on PDL	
<i>* Patients established on Levemir® pen therapy are grandfathered. Levemir® pen does not require Prior Authorization for patients on established therapy.</i>		

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 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 S. C. Medicaid *beneficiary call center* telephone number for questions regarding Pharmacy Services-related issues is 800-834-2680; providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.] Questions about Medicare eligibility issues and Part D 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 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/

Robert M. Kerr
Director

RMK/bgam

Attachments

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>



South Carolina Department of Health and Human Services Preferred Drug List

Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)

{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: January 2007

ANALGESIC

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

OPIOIDS, EXTENDED RELEASE

Avinza®
Duragesic® Patch
Kadian®
Morphine Sulfate ER*
*Generic MS Contin®

ANTI-INFECTIVE

ANTIBACTERIALS

Cephalosporins, 2nd Generation

Ceftin® Suspension
Cefuroxime Tablets
Cefzil® Tablets
Cefzil® Suspension

Cephalosporins, 3rd Generation

Omnicef® Capsules
Omnicef® Suspension
Spectracef® Tablets

Macrolides / Ketolides

Biaxin XL®
Clarithromycin
EryPed®
Ery-Tab®
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuc.
Erythromycin Stearate
Erythrocin Stearate
Erythromycin & Sulfox.
Zithromax®

Quinolones, 2nd and 3rd Generation

Avelox®
Ciprofloxacin
Factive®
Levaquin®
Ofloxacin

ANTIFUNGALS, ORAL

Onychomycosis Agents

Gris-Peg®
Griseofulvin
Lamisil®

ANTIVIRALS, ORAL

Herpes Antivirals

Acyclovir
Famvir®
Valtrex®

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

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

ACEI, CALCIUM CHANNEL BLOCKER COMBINATIONS

Lotrel®
Tarka®

ANGIOTENSIN RECEPTOR BLOCKERS

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
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol
Coreg®* regular release formulation
*Use of Coreg® reserved for treatment of hypertension accompanied by heart failure.

CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINE

Dynacirc®
Dynacirc CR®
Nicardipine
Nifedical XL®
Nifedipine ER and SA
Norvasc®
Plendil®

CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES

Cartia XT®
Diltia XT®
Diltiazem
Diltiazem ER and XR
Taztia XT®
Verapamil
Verapamil ER
Verapamil SR

LIPOTROPICS

Bile Acid Sequestering Resins

Cholestyramine
Cholestyramine Light
Colestid®
Welchol®

Fibric Acid Derivatives

Gemfibrozil
Lofibra®
Tricor®

Niacin Derivatives

Niacor®
Niaspan®

Statins

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

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Cholesterol-Absorption Inhibitors

Vytorin®
Zetia®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

Cholinesterase Inhibitors

Aricept®
Exelon®
Razadyne®

ANTI-MIGRAINE AGENTS

Selective Serotonin Agonists

Amerge®
Axert®
Imitrex® Tablets,
Imitrex® Injection
Imitrex® Nasal Spray
Maxalt®
Maxalt-MLT®
Relpax®
Zomig® Tablets
Zomig-ZMT®
Zomig® Nasal Spray

* See the listing at:
<http://southcarolina.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
Dextroamphetamine
Dextroamphetamine SR
Metadate CD®
Metadate ER®
Methylphenidate

Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®*
Focalin®*
Focalin XR®*
* Generic agents
considered "first-line"
when appropriate.

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Lunesta®*
* Generics should be
considered "first-line"
when appropriate.

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

Alpha-Glucosidase Inhibitors

Glyset®
Precose®

Biguanides

Metformin
Metformin ER

Biguanide Combination

ActoPlus Met®
Avandamet®
Glucovance®
Glyburide/Metformin

Insulins

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

Meglitinides

Starlix®

Sulfonylureas, 2nd Generation

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

Thiazolidinediones

Actos®
Avandia®

BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

Serotonin Receptor Antagonists

Kytril®
Zofran®
Zofran ODT®

Histamine-2 Receptor Antagonists

Famotidine
Ranitidine
Zantac® Syrup

Proton Pump Inhibitors*

Nexium®
Prevacid®
Prilosec OTC®

* Clinical criteria are in
effect for this class.
Once criteria are met,
the PPI's listed on the
PDL are preferred.

GENITOURINARY

ANTISPASMODICS

Detrol LA®
Enablex®
Oxybutynin
Oxytrol®
Sanctura®
Vesicare®

IMMUNOLOGICS

IMMUNOMODULATORS, ORAL

Hepatitis C Therapy, Pegylated Interferons

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

Hepatitis C Therapy, Ribavirins

Rebetol®
Ribavirin 200mg tablets

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.

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

GLAUCOMA THERAPY

Alpha-2 Adrenergics

Brimonidine Tartrate
Alphagan P®

Beta Blockers

Betaxolol HCl
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate gel-forming

Carbonic Anhydrase Inhibitors

Azopt®
Cosopt®
Trusopt®

Prostaglandin Agonists

Lumigan®
Travatan®
Xalatan®

RESPIRATORY

ANTI-CHOLINERGICS

Atrovent®
Combivent®
Spiriva®

ANTIHISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS

Allegra®
Allegra-D®
Loratadine OTC (*Tabs, Rapid Dissolve, Syrup*)
Loratadine-D OTC
Zyrtec® (*all formulations*)
Zyrtec D®

BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS, INHALATION

Albuterol (CFC & HFA)
Xopenex® HFA

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent®*

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

Albuterol
Metaproterenol
Xopenex®*

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

GLUCOCORTICOIDS

Inhaled, Inhalation Devices

Asmanex®
Azmacort®
Flovent HFA®
Qvar®

Intranasal Steroids

Flonase®
Nasacort AQ®
Nasonex®

Glucocorticoids and Long-Acting Beta-2 Adrenergics

Advair® Diskus

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

Leukotriene Receptor Antagonists

Accolate®
Singulair®*

* No PA is required if used in the treatment of asthma with inhaled steroid or beta agonist therapy or after trial of a second generation antihistamine or nasal steroid therapy.



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A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVICOR
ALBUTEROL (CFC & HFA)
ALBUTEROL NEBULIZER
ALLEGRA
ALLEGRA-D
ALPHAGAN P
ALTOPREV
AMERGE
AMPHETAMINE SALT COMBINATION
ARICEPT
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT
AVALIDE
AVANDAMET
AVANDIA
AVAPRO
AVELOX
AVINZA
AXERT
AZMACORT
AZOPT

B

BENAZEPRIL
BENAZEPRIL/HCTZ
BENICAR
BENICAR HCT
BETAXOLOL
BETAXOLOL HCL OPTHALMIC
BIAXIN XL
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPTH.

C

CAPTOPRIL
CARTEOLOL HCL OPTHALMIC
CARTIA XT
CEFTIN SUSPENSION
CEFUROXIME TABLETS
CEFZIL SUSPENSION
CEFZIL TABLETS
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CIPROFLOXACIN
COLESTID
COMBIVENT
CONCERTA
COREG
COSOPT
COZAAR
CRESTOR

D

DETROL LA
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DURAGESIC PATCH
DYNACIRC
DYNACIRC CR

E

ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETODOLAC
EXELON

F

FACTIVE
FAMOTIDINE
FAMVIR
FENOPROFEN
FLONASE
FLOVENT HFA
FLURBIPROFEN
FOCALIN
FOCALIN XR
FOSAMAX

G

GEMFIBROZIL
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLUCOVANCE
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE/METFORMIN
GLYSET
GRISEOFULVIN
GRIS-PEG

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H

HUMALOG 50/50
HUMULIN 50/50
HYZAAR

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR

J

K

KADIAN
KETOPROFEN
KETOPROFEN ER
KETOROLAC
KYTRIL

L

LABETOLOL
LAMISIL
LANTUS
LESCOL
LESCOL XL
LEVAQUIN
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINOPRIL
LISINOPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LUMIGAN
LUNESTA

M

MAXALT
MAXALT-MLT
MECLOFENAMATE SODIUM
METADATE CD
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER

N

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

O

OFLOXACIN
OMNICEF CAPSULES
OMNICEF SUSPENSION
OXAPROZIN
OXYBUTININ
OXYTROL

P

PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PINDOLOL
PIROXICAM
PLENDIL
PRAVASTATIN
PRECOSE
PREVACID
PRILOSEC OTC
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTOPIC

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
RELPAK
RIBAVIRIN TABLETS
RITALIN LA

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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)

{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: January 2007

S

SANCTURA
SEREVENT
SIMVASTATIN
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC

T

TARKA
TAZTIA XT
TEMAZEPAM
TEVETEN
TEVETEN HCT
TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TRAVATAN
TRICOR
TRUSOPT

U

V

VALTRES
VERAMIL
VERAPAMIL ER
VERAPAMIL SR
VESICARE
VYTORIN

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

Z

ZANTAC SYRUP
ZETIA
ZITHROMAX
ZOFRAN
ZOFRAN ODT
ZOMIG
ZOMIG NASAL SPRAY
ZOMIG-ZMT
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D