

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 July 2, 2010

MEDICAID BULLETIN

Phys
 Dent
 MC
 Hosp
 Med Clin
 MHRC
 HH
 Pharm

TO: Providers Indicated

SUBJECTS:

- I. **South Carolina Medicaid Preferred Drug List**
- II. **First Health Services Corporation Name Change**

I. 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 July, 21, 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 | |
| GROWTH HORMONE* | | | |
| GENOTROPIN | | HUMATROPE | |
| NORDITROPIN | | OMNITROPE | |
| NUTROPIN | Changed to Preferred | SAIZEN | Changed to Non-Preferred |
| | | TEV-TROPIN | |
| | | ZORBTIVE | |
| *Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. | | | |

| NASAL STEROIDS | |
|---|-----------------------------------|
| FLUTICASONE PROPIONATE | BECONASE AQ |
| NASONEX* Coverage Modified | FLONASE |
| | FLUNISOLIDE |
| | NASACORT AQ |
| | NASAREL |
| | OMNARIS |
| | RHINOCORT AQUA |
| | VERAMYST |
| *Step-therapy required for beneficiaries over age 12- must have failed fluticasone within the previous 6 months. Nasonex is available to beneficiaries age 12 and under without step therapy. | |
| PROTON PUMP INHIBITORS* | |
| NEXIUM | ACIPHEX |
| OMEPRAZOLE OTC | DEXILANT |
| PREVACID SOLUTABS** Coverage Modified | LANSOPRAZOLE |
| PRILOSEC OTC | NEXIUM SUSP |
| | OMEPRAZOLE RX |
| | PANTOPRAZOLE |
| | PREVACID Changed to Non-Preferred |
| | PRILOSEC RX |
| | PROTONIX |
| *Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. ** Prevacid Solutabs is a preferred product only for beneficiaries age 12 and under. | |

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 First Health 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 First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. (First Health'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.

II. First Health Services Corporation Name Change

Beginning on July 1, 2010, First Health Services Corporation, South Carolina Medicaid's pharmacy benefits administrator, will begin operating as Magellan Medicaid Administration. Telephone numbers for all call centers will remain unchanged.

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

/S/
Emma Forkner
Director

EF/mgwd

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)"
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