SC Medicaid Managed Care Pharmacy Information Grid							
Company	**PBM**	**BIN**	**PCN**	**Group**	**Pharmacy Helpdesk**	**Eligibility Helpdesk**	**Override Process**
Absolute Total Care	US Script	008019	Leave Blank	Leave Blank	800-460-8988	866-433-6041	No code necessary - Call the Pharmacy Helpdesk for a 5 day supply
BlueChoice Health Plan	Express Scripts	610575	00890000	Leave Blank	866-915-0327	866-757-8286	No code necessary - Call the Pharmacy Helpdesk for a 5 day supply
First Choice by Select Health	PerformRX	600428	02180000	Leave Blank	866-610-2773	888-276-2020	Use code 218555 for a 5 day supply - enter in authorization field
UnitedCommunity HealthPlan	Prescription Solutions	610494	9999	ACUSC	800-310-6826	888-586-4766	For a 5 day supply of a new prescription: - Use code 8 in the Prior Authorization Type Code (Field 461-EU) - 00000000120 in Prior Authorization Number Submitted (Field 462-EV) or - Call the Pharmacy Helpdesk for a 15 day supply of an existing prescription

Check eligibility using a Medicaid ID number, or name and Social Security Number: 888-809-3040

General Medicaid fee-for-service pharmacy information or assistance: 803-898-2876

Report fraud and abuse: 803-898-4614

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