

South Carolina  
Department of Health and Human Services  
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www.scdhhs.gov

December 20, 2007

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HOS-OP 07-29  
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MC-FQHC 07-23  
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POD 07-19

# MEDICAID BULLETIN

**TO: Providers Indicated**

- SUBJECTS:**
- I. South Carolina Medicaid Preferred Drug List**
  - II. National Provider Identification (NPI) Requirement for Pharmacy Services Claims**
  - III. Third Party Liability (TPL) Claims Submission Requirement**

## **I. South Carolina Medicaid Preferred Drug List**

The Preferred Drug List (PDL) has been revised to include several additional 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** February 13, 2008, 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:

<b>Additional PDL DRUG CLASSES</b>
<b>1) Incretin Mimetics</b>
<b>2) Amylin Analogs</b>
<b>3) Direct Renin Inhibitors</b>
<b>4) DPP-4 Inhibitors and Combinations</b>

REVISED PDL DRUGS	
PREFERRED	NON-PREFERRED
<b>Increlin Mimetics</b>	
<b>BYETTA®</b>	<b>Added to PDL</b>
<i>Preferred with step edit to confirm the presence of Metformin, Sulfonylurea, or TZD in patient history</i>	
<b>Amylin Analogs</b>	
<b>SYMLIN®</b>	<b>Added to PDL</b>
<i>Preferred with step edit to confirm the presence of Insulin in patient history</i>	
<b>Direct Renin Inhibitors</b>	
<b>TEKTURNA®</b>	<b>Added to PDL</b>
<i>Preferred with step edit to confirm the presence of ARB in patient history</i>	
<b>DPP-4 Inhibitors and Combinations</b>	
<b>JANUVIA®</b>	<b>Added to PDL</b>
<b>JANUMET®</b>	<b>Added to PDL</b>
<i>Preferred with step edit to confirm the presence of Metformin, Sulfonylurea, or TZD in patient history</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*.] Providers are reminded that questions about Medicare eligibility issues and Part D drug plans 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.

## II. NPI Requirement for Pharmacy Services Claims

**Effective February 13, 2008, all pharmacy providers will be required to submit only the pharmacy's NPI (NOT the NABP/NCPDP number) in the Service Provider ID field (NCPDP field number 201-B1) on pharmacy claims.** When submitting claims using the NPI, Pharmacy Services providers are reminded to use the Service Provider ID qualifier of '01' in NCPDP field number 202-B2. Pharmacy claims with adjudication dates on or after February 13, 2008 will reject if the service provider's NPI is not submitted. No overrides will be allowed for claims that reject due to non-use of the NPI. Providers may apply online for their NPI, free of charge, at the following web site: <http://nppes.cms.hhs.gov/NPPES/Welcome.do>

## III. Third Party Liability (TPL) Claims Submission Requirement

Pharmacy Services providers are reminded that if a Medicaid beneficiary has a health insurance resource, in addition to Medicaid, it is deemed primary and must be billed prior to submitting a claim to Medicaid for additional payment consideration. If the NCPDP rejection code indicates the date of service is after the effective date of termination for coverage, pharmacists should code the claim to Medicaid with the date of rejection, the designated five-digit carrier code, and Other Coverage Code of 7. Providers are encouraged to fax a completed *Health Insurance Information Referral Form* (DHHS form 931) to Medicaid Insurance Verification Services, requesting an update to the insurance information. The form 931 may be found in the TPL supplement of the Medicaid provider manual and via the Internet at <http://southcarolina.fhsc.com>. (That web site contains various TPL-related material, including a detailed coordination of benefits PowerPoint® presentation.) The fax number and mailing address are indicated on the form. Additionally, providers may contact the DHHS Medicaid beneficiary call center (1-888-549-0820) to report lapsed insurance coverage. Services may not be refused or postponed pending an update to the beneficiary's insurance record.

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

/s/

Emma Forkner  
Director

EF/mgas

Attachments

**NOTE: To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto: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: December 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

#### **NSAIDs, RECEPTOR SELECTIVE**

Celebrex®  
Meloxicam

\* Clinical criteria are in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

#### **OPIOIDS, EXTENDED RELEASE**

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

### **ANTI-INFECTIVE**

#### **ANTIBACTERIALS**

##### **CEPHALOSPORINS, 2ND GENERATION**

Cefprozil (all dosage forms)  
Ceffin® Suspension  
Cefuroxime Tablets

##### **CEPHALOSPORINS, 3RD GENERATION**

Omnicef® Capsules  
Omnicef® Suspension  
Spectracef® Tablets

##### **MACROLIDES/KETOLIDES**

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

##### **QUINOLONES, 2ND AND 3RD GENERATION**

Avelox®  
Ciprofloxacin  
Factive®  
Levaquin®  
Ofloxacin

#### **ANTIFUNGALS, ORAL**

##### **ONYCHOMYCOSIS AGENTS**

Gris-Peg®  
Griseofulvin  
Terbinafine

### **ANTIVIRALS, ORAL**

#### **HERPES ANTIVIRALS**

Acyclovir  
Famvir®  
Valtrex®

### **CARDIOVASCULAR**

#### **ACE INHIBITORS (ACEI)**

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

#### **ACEI, CCB 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  
Carvedilol  
Labetolol  
Metoprolol Tartrate  
Nadolol  
Pindolol  
Propranolol  
Propranolol/HCTZ  
Sotalol  
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

#### **DIRECT RENIN INHIBITORS**

Tekturna®

**First Health Clinical Call Center**  
**Telephone: 866-247-1181 (toll-free)**  
**Fax: 888-603-7696 (toll-free)**



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### LIPOTROPICS

#### BILE ACID SEQUESTERING RESINS

Cholestyramine  
Cholestyramine Light  
Colestipol  
Welchol®

#### FIBRIC ACID DERIVATIVES

Gemfibrozil  
Lofibra®  
Tricor®

#### NIACIN DERIVATIVES

Niacor®  
Niaspan®

#### STATINS

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

#### CHOLESTEROL-ABSORPTION INHIBITORS

Zetia®

### CENTRAL NERVOUS SYSTEM

#### ALZHEIMER'S AGENTS

#### CHOLINESTERASE INHIBITORS

Aricept®  
Exelon® (Capsules and Solution)  
Razadyne®

#### ANTI-CONVULSANT AGENTS

#### CARBAMAZEPINE DERIVATIVES

Carbamazepine (all dosage forms)  
Carbatrol®  
Epilex®  
Tegretol XR®  
Trileptal® (tablets and suspension)

#### 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.thsc.com>  
for the quantity limits for this class. (Click on Providers, then Pharmacy Quantity Limits.)

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Amphetamine Salt Combination  
Dexmethylphenidate Immediate Release  
Dextroamphetamine  
Dextroamphetamine SR  
Metadate CD®  
Metadate ER®  
Methylin®  
Methylin ER®  
Methylphenidate  
Methylphenidate SR  
Ritalin LA®\*  
Adderall XR®\*  
Concerta®\*  
Focalin XR®\*  
\* Generic agents considered "first-line" when appropriate.

#### MULTIPLE SCLEROSIS AGENTS

Avonex®  
Avonex Administration Pack®  
Betaseron®  
Copaxone®  
Rebif®

#### PARKINSON'S AGENTS

#### NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Requip®  
Requip Dose Pack®

#### SEDATIVE/HYPNOTICS, NON-BARBITURATES

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

### ENDOCRINE AND METABOLIC

#### ANTI-DIABETICS

#### ALPHA-GLUCOSIDASE INHIBITORS

Glyset®  
Precose®

#### AMYLIN ANALOGS

Symlin®

#### BIGUANIDES

Metformin  
Metformin ER

#### BIGUANIDE COMBINATION AGENTS

ActoPlus Met®  
Avandamet®  
Glyburide/Metformin

#### DPP-4 INHIBITORS AND COMBINATIONS

Janumet®  
Januvia®

#### INCRELIN MIMETICS

Byetta®

#### INSULINS

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

#### MEGLITINIDES

Starlix®

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### 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 or sulfonylurea product has not been prescribed previously for the patient.

### BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

### GROWTH HORMONE

Genotropin®  
Norditropin®  
Saizen®

### GASTROINTESTINAL

#### ANTI-EMETICS (ORAL)

#### SEROTONIN RECEPTOR ANTAGONISTS

Kytril®  
Odansetron

#### HISTAMINE-2 RECEPTOR ANTAGONISTS

Famotidine  
Ranitidine

### PROTON PUMP INHIBITORS\*

Nexium® Capsules  
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

#### ALPHA BLOCKERS FOR BPH

Flomax®  
Uroxatral®

#### ANTISPASMODICS

Detrol LA®  
Enablex®  
Oxybutynin  
Oxytrol®  
Sanctura®  
VESicare®

#### ELECTROLYTE DEPLETERS

Fosrenol®  
Phoslo®  
Renagel®

### HEMATOLOGICAL AGENTS

#### ANTICOAGULANTS - LOW MOLECULAR WEIGHT HEPARINS

Arixtra®  
Fragmin®  
Lovenox®

#### HEMOPOIETIC AGENTS

Aranesp®  
Epogen®  
Procrit®

### IMMUNOLOGICS

#### IMMUNOMODULATORS, INJECTABLE

Enbrel®  
Humira®

#### 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.

#### IMMUNOMODULATORS, ORAL AND INJECTABLE

#### HEPATITIS C THERAPY, PEGYLATED INTERFERONS

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

#### HEPATITIS C THERAPY, RIBAVIRINS

Rebetol®  
Ribavirin 200mg tablets

### OPHTHALMICS

#### ANTI-HISTAMINES, OPHTHALMIC

Pataday®  
Patanol®  
Elastat®

### 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®

#### QUINOLONES, OPHTHALMIC

Ciprofloxacin HCl  
Vigamox®  
Zymar®

### OTICS

#### QUINOLONES, OTIC

Ciprodex®  
Ofloxacin Otic Drops

### RESPIRATORY

#### ANTI-CHOLINERGICS

Atrovent®  
Combivent®  
Spiriva®

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### ANTI-HISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS

Allegra® (all formulations)  
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  
Xopenex® HFA  
Ventolin® HFA

### BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent 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."

### 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 Diskus®  
Flovent HFA®  
Qvar®

#### INTRANASAL STEROIDS

Flonase®  
Nasacort AQ®  
Nasonex®

#### GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS

Advair® Diskus  
Advair® HFA

\* 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®

#### TOPICAL AGENTS FOR ACNE

#### COMBINATION BENZOYL PEROXIDE/CLINDAMYCIN PRODUCTS

Benzaclin®

#### TOPICAL RETINOIDS

Retin-A Micro®  
(excludes Pump)  
Tretinoin

#### TOPICAL AGENTS FOR PSORIASIS

#### TOPICAL AGENTS FOR PSORIASIS

Dovonex®  
Psoriatec®

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### A

ACCOLATE  
ACEBUTOLOL  
ACTOS  
ACTOPLUS MET  
ACYCLOVIR  
ADDERALL XR  
ADVAIR DISKUS  
ADVAIR HFA  
ADVICOR  
ALBUTEROL CFC  
ALBUTEROL NEBULIZER  
ALLEGRA (ALL FORMULATIONS)  
ALLEGRA-D  
ALPHAGAN P  
ALTOPREV  
AMERGE  
AMLODIPINE  
AMPHETAMINE SALT COMBINATION  
ARANESP  
ARICEPT  
ARIXTRA  
ASMANEX  
ATENOLOL  
ATENOLOL/CHLORTHALIDONE  
ATROVENT  
AVALIDE  
AVANDAMET  
AVANDARYL  
AVANDIA  
AVAPRO  
AVELOX  
AVINZA  
AVONEX  
AVONEX ADMINISTRATION PACK  
AXERT  
AZITHROMYCIN  
AZMACORT  
AZOPT

### B

BENAZEPRIL  
BENAZEPRIL/HCTZ  
BENICAR  
BENICAR HCT  
BENZACLIN  
BETASERON  
BETAXOLOL  
BETAXOLOL HCL OPHTHALMIC  
BIAXIN XL  
BISOPROLOL FUMARATE  
BISOPROLOL/HCTZ  
BRIMONIDINE TARTRATE OPHTH.  
BYETTA

### C

CAPTOPRIL  
CARBAMAZEPINE (ALL FORMULATIONS)  
CARBATROL  
CARTEOLOL HCL OPHTHALMIC  
CARTIA XT  
CARVEDILOL  
CEFPROZIL  
CEFTIN SUSPENSION  
CEFUROXIME TABLETS  
CELEBREX  
CHOLESTYRAMINE  
CHOLESTYRAMINE LIGHT  
CLARITHROMYCN  
CIPRODEX OTIC  
CIPROFLOXACIN  
CIPROFLOXACIN HCL OPHTHALMIC  
COLESTIPOL  
COMBIVENT  
CONCERTA  
COPAXONE  
COSOPT  
COZAAR  
CRESTOR

### D

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

### E

ELESTAT OPHTHALMIC  
ELIDEL  
ENABLEX  
ENALAPRIL  
ENALAPRIL/HCTZ  
ENBREL  
EPITOL  
EPOGEN  
ERYPED  
ERY-TAB  
ERYTHROCIN STEARATE  
ERYTHROMYCIN BASE  
ERYTHROMYCIN ESTOLATE  
ERYTHROMYCIN ETHYLSUCCINATE  
ERYTHROMYCIN STEARATE  
ERYTHROMYCIN WITH SULFISOXAZOLE  
ETODOLAC  
EXELON CAPSULES AND SOLUTION

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### F

FACTIVE  
FAMOTIDINE  
FAMVIR  
FELODIPINE  
FENOPROFEN  
FLOMAX  
FLONASE  
FLOVENT DISKUS  
FLOVENT HFA  
FLURBIPROFEN  
FOCALIN XR  
FOSAMAX  
FOSRENOL  
FRAGMIN

### G

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

### H

HUMALOG 50/50  
HUMIRA  
HUMULIN 50/50  
HYZAAR

### I

IBUPROFEN  
IMITREX INJECTION  
IMITREX NASAL SPRAY  
IMITREX TABLETS  
INDOMETHACIN  
INDOMETHACIN SR  
ISRADIPINE

### J

JANUMET  
JANUVIA

### K

KADIAN  
KETOPROFEN  
KETOPROFEN ER  
KETOROLAC  
KYTRIL

### L

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

### M

MAXALT  
MAXALT-MLT  
MECLOFENAMATE SODIUM  
MELOXICAM  
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 CAPSULES  
NIACOR  
NIASPAN  
NICARDIPINE  
NIFEDICAL XL  
NIFEDIPINE ER  
NIFEDIPINE SA  
NORDITROPIN  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30

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## 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: December 2007**

### O

ODANSETRON  
OFLOXACIN  
OFLOXACIN OTIC DROPS  
OMNICEF CAPSULES  
OMNICEF SUSPENSION  
OXAPROZIN  
OXYBUTININ  
OXYTROL

### P

PATADAY OPHTHALMIC  
PATANOL OPHTHALMIC  
PEGASYS  
PEGASYS CONVENIENCE PACK  
PEG-INTRON  
PEG-INTRON REDIPEN  
PHOSLO  
PINDOLOL  
PIROXICAM  
PRAVASTATIN  
PRECOSE  
PREVACID  
PRILOSEC OTC  
PROCRIT  
PROPRANOLOL  
PROPRANOLOL/HCTZ  
PROTOPIC  
PSORiatec

### Q

QVAR

### R

RANITIDINE  
RAZADYNE  
REBETOL  
REBIF  
RELPAx  
RENAGEL  
REQUIP  
REQUIP DOSE PACK  
RETIN-A MICRO  
RIBAVIRIN TABLETS  
RITALIN LA

### S

SAIZEN  
SANCTURA  
SEREVENT DISKUS  
SIMVASTATIN  
SINGULAIR  
SOTALOL  
SPECTRACEF TABLETS  
SPIRIVA  
STARLIX  
SULINDAC  
SYMLIN

### T

TARKA  
TAZIA XT  
TEGRETOL XR  
TEKTURNa  
TEMAZEPAM  
TERBINAFINE  
TEVETEN  
TEVETEN HCT  
TIMOLOL  
TIMOLOL MALEATE GEL-FORMING  
TIMOLOL MALEATE OPHTHALMIC  
TOLMETIN SODIUM  
TRAVATAN  
TRETINOIN  
TRILEPTAL  
TRICOR  
TRUSOPT

### U

UROXATRAL

### V

VALTrex  
VENTOLIN HFA  
VERAPAMIL  
VERAPAMIL ER  
VERAPAMIL SR  
VIGAMOX OPHTHALMIC  
VESICARE  
VYTORIN

### W

WELCHOL

### X

XALATAN  
XOPENEX  
XOPENEX HFA

### Y

### Z

ZETIA  
ZOLPIDEM  
ZOMIG  
ZOMIG NASAL SPRAY  
ZOMIG-ZMT  
ZYMAR OPHTHALMIC  
ZYRTEC (ALL FORMULATIONS)  
ZYRTEC D

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