

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

April 19, 2007

# MEDICAID BULLETIN

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**TO: Providers Indicated**

**SUBJECTS: I. Medicare Part B Drugs and Secondary Billing Through the Pharmacy Point-Of-Sale System**  
**II. South Carolina Medicaid Preferred Drug List**

**I. Medicare Part B Drugs and Secondary Billing Through the Pharmacy Point-of-Sale System**

Pharmacy Services providers are reminded that Medicare Part B remains the primary payer for certain products prescribed for dually eligible beneficiaries. Prescriptions for such drugs should be submitted to Medicare Part B for payment consideration, using the pharmacy's supplier billing number. Covered products under Medicare Part B include drugs used in immunosuppressive therapy following a Medicare-sponsored organ transplant and specific pharmaceuticals used in cancer treatment (e.g., oral chemotherapy agents, oral anti-emetics, etc.).

Useful information regarding those drugs that are covered by Part B (rather than Part D) may be found by clicking on *Parts B & D Information* at <http://www.cms.hhs.gov/pharmacy>. Pharmacy Services providers should refer to the *Medicare Parts B and D Coverage Issues Table* at this website link, to be aware of those circumstances when these drugs may be deemed non-covered by Medicare Part B and, therefore, billable to Part D. **If Medicare Part B denies payment because the drug is considered non-covered for the diagnosis indicated, the pharmacy claim should then be submitted to the beneficiary's Medicare Part D prescription drug plan (PDP).** To facilitate claims submission, it may be necessary to contact the prescriber for additional diagnostic or patient-specific information in order to determine which payer (Part B or Part D) should be billed as primary.

Regarding those instances when Medicare Part B reimburses for any portion of the provider's submitted charge (or the claim paid amount is applied to the Medicare Part B annual deductible), the Pharmacy Services provider may request prior

authorization (PA) to bill *Medicaid* secondarily using the pharmacy point-of-sale system. Prior authorization may be requested by contacting the First Health Clinical Call Center at 866-247-1181 (toll-free).

When billing a prior authorized claim secondarily to Medicaid, the coordination of benefits (COB) data elements are applicable and must be appropriately populated. Medicaid will reimburse providers *up to the Medicaid allowed amount, less the payment received from Medicare Part B*. This reimbursement is considered payment in full. The carrier code used to designate Medicare Part B is 90798. (Pharmacy providers are reminded that only rebated drugs may be considered for reimbursement by the Medicaid program.) For further instructions pertaining to COB claims filing, providers may contact the First Health Technical Call Center at 866-254-1669 (toll-free). To avoid recoupment of Medicaid monies, care should be taken **prior** to billing to ensure that appropriate claims filing procedures have been followed.

**II. South Carolina Medicaid Preferred Drug List**

The Preferred Drug List (PDL) has been revised to include several additional therapeutic classes. DHHS has removed the pre-requisite requirement for the use of Singulair®. As a result, no PDL prior authorization (PA) is needed for Singulair®. 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 PA. 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 April 30, 2007**, hard edits will be activated (*i.e.*, pharmacy claims without prior 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:

Additional PDL DRUG CLASSES: Effective April 30, 2007
1) Electrolyte Depleters
2) Hematopoietic Agents
3) Immunomodulators, Injectable
4) Ophthalmic Antihistamines
5) Ophthalmic Quinolones
6) Otic Quinolones
7) Thiazolidinedione/Sulfonylurea Combinations

REVISED PDL DRUGS: Effective April 30, 2007	
PREFERRED	NON-PREFERRED

<b>REVISED PDL DRUGS: Effective April 30, 2007</b>		
<b>PREFERRED</b>		<b>NON-PREFERRED</b>
<b>ELECTROLYTE DEPLETERS</b>		
<b>Fosrenol®</b>	Added to PDL	
<b>PhosLo®</b>	Added to PDL	
<b>Renagel®</b>	Added to PDL	
<b>HEMOPOIETIC AGENTS</b>		
<b>Aranesp®</b>	Added to PDL	
<b>Epogen®</b>	Added to PDL	
<b>Procrit®</b>	Added to PDL	
<b>IMMUNOMODULATORS</b>		
<b>Enbrel®</b>	Added to PDL	<i>Kineret®</i>
<b>Humira®</b>	Added to PDL	
<b>OPHTHALMIC ANTIHISTAMINES</b>		
<b>Patanol®</b>	Added to PDL	<i>Emadine®</i>
<b>Pataday™</b>	Added to PDL	<i>Ketotifen Fumarate</i>
<b>Elestat®</b>	Added to PDL	<i>Optivar™</i>
		<i>Zaditor™ OTC</i>
<b>OPHTHALMIC QUINOLONES</b>		
<b>Ciprofloxin HCl</b>	Added to PDL	<i>Ciloxan® Ointment</i>
<b>Vigamox®</b>	Added to PDL	<i>Ocuflox® Drops</i>
<b>Zymar®</b>	Added to PDL	<i>Ofloxacin Drops</i>
		<i>Quixin®</i>
<b>OTIC QUINOLONES</b>		
<b>Ciprodex®</b>	Added to PDL	<i>Cipro® HC Otic</i>
<b>Floxin® Otic</b>	Added to PDL	
<b>THIAZOLIDINEDIONE/SULFONYLUREA COMBINATIONS*</b>		
<b>Avandaryl®</b>		
<b>Duetact™</b>		
<i>*Prior authorization is required if a single agent thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.</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 this 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.

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

/s/

Robert M. Kerr  
Director

RMK/bgar

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: April 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**

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  
Lamisil®

#### **ANTIVIRALS, ORAL**

##### **Herpes Antivirals**

Acyclovir  
Famvir®  
Valtrex®

#### **BLOOD PRODUCTS-MODIFIERS-VOLUME EXPANDERS**

#### **HEMOPOIETIC AGENTS**

Aranesp®  
Epogen®  
Procrit®

### **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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## 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: April 2007

### **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®

#### **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®

### **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 SYSTEM**

#### **ANTISPASMODICS**

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

#### **ELECTROLYTE DEPLETERS**

Fosrenol®  
PhosLo®  
Renelac®

### **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.

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### **Immunomodulators, Oral**

### **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®  
Elestat®

### **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**

Ciprofloxin HCl  
Vigamox®  
Zymar®

### **OTICS**

### **QUINOLONES, OTIC**

Ciprodex®  
Floxin® Otic

### **RESPIRATORY**

### **ANTI-CHOLINERGICS**

Atrovent®  
Combivent®  
Spiriva®

### **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 & 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  
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®



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### A

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

### B

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

### C

CAPTOPRIL  
CARTEOLOL HCL OPHTHALMIC  
CARTIA XT  
CEFTIN SUSPENSION  
CEFUROXIME TABLETS  
CEFZIL SUSPENSION  
CEFZIL TABLETS  
CHOLESTYRAMINE  
CHOLESTYRAMINE LIGHT  
CLARITHROMYCN  
CIPRODEX OTIC  
CIPROFLOXACIN  
CIPROFLOXIN HCL OPHTHALMIC  
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  
DUETACT  
DURAGESIC PATCH  
DYNACIRC  
DYNACIRC CR

### E

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

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## South Carolina Department of Health and Human Services Preferred Drug List

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{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: April 2007**

### F

FACTIVE  
FAMOTIDINE  
FAMVIR  
FENOPROFEN  
FLOVENT HFA  
FLOXIN OTIC  
FLURBIPROFEN  
FLUTICASONE PROPIONATE  
FOCALIN  
FOCALIN XR  
FOSAMAX  
FOSRENOL

### G

GEMFIBROZIL  
GLIMEPIRIDE  
GLIPIZIDE  
GLIPIZIDE ER  
GLUCOVANCE  
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

### J

### K

KADIAN  
KETOPROFEN  
KETOPROFEN ER  
KETOROLAC  
KYTRIL

### L

LABETOLOL  
LAMISIL  
LANTUS  
LESCOL  
LESCOL XL  
LEVAQUIN  
LEVEMIR VIAL  
LEVOBUNOLOL HCL OPHTHALMIC  
LIPITOR  
LISINAPRIL  
LISINAPRIL/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 CAPSULES  
NIACOR  
NIASPAN  
NICARDIPINE  
NIFEDICAL XL  
NIFEDIPINE ER  
NIFEDIPINE SA  
NORVASC  
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: April 2007**

### O

OFLOXACIN  
OMNICEF CAPSULES  
OMNICEF SUSPENSION  
OXAPROZIN  
OXYBUTININ  
OXYTROL

### P

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

### Q

QVAR

### R

RANITIDINE  
RAZADYNE  
REBETOL  
RELPAK  
RENAGEL  
RIBAVIRIN TABLETS  
RITALIN LA

### 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

VALTREX  
VERAPAMIL  
VERAPAMIL ER  
VERAPAMIL SR  
VIGAMOX OPHTHALMIC  
VESICARE  
VYTORIN

### W

WELCHOL

### X

XALATAN  
XOPENEX  
XOPENEX HFA

### Y

### Z

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

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