

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Post Office Box 8206**  
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[www.scdhhs.gov](http://www.scdhhs.gov)  
 March 9, 2012

Phys  
 Dent  
 MC  
 Hosp  
 Med Clin  
 MHRC  
 HH  
 Pharm

## MEDICAID BULLETIN

**TO: Providers Indicated**

**SUBJECT: South Carolina Medicaid Preferred Drug List**

The following revisions to the Preferred Drug List (PDL) are effective with dates of service on or after April 9, 2012

TETRACYCLINES	
Preferred	Non-Preferred
DOXYCYCLINE HYCLATE <i>Added as Preferred</i>	
DOXYCYCLINE MONOHYDRATE (50, 100MG) <i>Added as Preferred</i>	
MINOCYCLINE <i>Added as Preferred</i>	
TETRACYCLINE <i>Added as Preferred</i>	
VIBRAMYCIN SUSPENSION <i>Added as Preferred</i>	
VIBRAMYCIN SYRUP <i>Added as Preferred</i>	

TOPICAL ACNE AGENTS	
Preferred	Non-Preferred
AKNE-MYCIN	DIFFERIN <i>Changed to Non-Preferred</i>
AZELEX	EPIDUO <i>Changed to Non-Preferred</i>
BENZACLIN	
BENZOYL PEROXIDE	
CLINDAGEL	
CLINDAMYCIN PHOSPHATE	
ERYTHROMYCIN	

  

TOPICAL ACNE AGENTS (continued)	
Preferred	Non-Preferred
RETIN-A MICRO	
SULFACETAMIDE/SULFUR/UREA	

Prescribers are encouraged to write prescriptions for preferred products. However, if it is determined that a patient's condition requires therapy with a non-preferred drug, the prescriber (or his/her designated office personnel) is responsible for initiating the Prior Authorization (PA) request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

PA requests may be submitted online, via telephone, or fax to the Magellan Medicaid Administration Clinical Call Center. To access the WebPA tool for online PA submission, 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 Magellan Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan's Beneficiary Call Center telephone number for Pharmacy Services is **800-834-2680**.

Any questions or concerns regarding this bulletin should be directed to your Program Representative in the Office of Physician, Pharmacy, and Enhanced Care Services at (803) 898-2876.

/s/

Anthony E. Keck  
Director