

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
 December 7, 2012
MB# 12-055

MEDICAID BULLETIN

Phys
Dent
MC
Hosp
Med Clin
MHRC
HH
Pharm

TO: Providers Indicated

SUBJECTS: South Carolina Medicaid Preferred Drug List

The following revisions to the Preferred Drug List (PDL) are effective with dates of service on or after January 1, 2013.

ANTIDEPRESSANTS, OTHER	
Preferred	Non-Preferred
BUPROPION	VENLAFAXINE ER TABS <i>Changed to Non-Preferred</i>
BUPROPION SR	
BUPROPION XL	
MIRTAZAPINE	
NEFAZODONE	
PHENELZINE	
TRAZODONE	
VENLAFAXINE/VENLAFAXINE ER CAPS	

HEPATITIS C AGENTS	
Preferred	Non-Preferred
INCIVEK™	
PEGASYS® & CONV PACK	
PEG-INTRON® & REDIPEN	
RIBAVIRIN	
VICTRELIS™	

TOPICAL STEROIDS (VERY HIGH)	
Preferred	Non-Preferred
BETAMETHASONE DIPROPIONATE	CLOBETASOL PROP FOAM†
CLOBETASOL (Cream/Gel/Ointment/Solution)	CLOBETASOL (Shampoo/Lotion) †
CLOBETASOL EMOLLIENT	
HALOBETASOL PROPRIONATE	† <i>Changed to Non-Preferred</i>

TOPICAL STEROIDS (MEDIUM)	
Preferred	Non-Preferred
BETAMETHASONE VALERATE (Cream/Lotion)	HYDROCORTISONE VALERATE (Ointment)†
BETA-VAL (Cream/Lotion)	FLUTICASONE PROP (Cream/Lotion)†
HYDROCORTISONE BUTYRATE (Ointment/Solution)	HYDROCORT BUTYRATE (Cream)†
HYDROCORTISONE VALERATE (Cream/Solution)	CLODERM†
MOMETASONE FUROATE	FLUOCINOLONE ACET (Cream/Ointment/Solution)†
	† <i>Changed to Non-Preferred</i>

OPHTHALMICS for ALLERGIC CONJUNCTIVITIS	
ALAWAY® OTC	PATANOL® <i>Changed to Non-Preferred</i>
ELESTAT®	
KETOTIFEN OTC	
PATADAY®	
ZADITOR® OTC	

The list above only reflects changes to the Preferred Drug List (PDL). To view the complete Preferred Drug List (PDL), please refer to our website <http://southcarolina.fhsc.com>.

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 Magellan Medicaid Administration 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 Magellan Medicaid Administration Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. (Magellan Medicaid Administration's SC 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.

Questions regarding this bulletin should be directed to Magellan Medicaid Administration's Call Center at 866-254-1669.

/s/
Anthony E. Keck
Director

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)" for instructions.