

June 16, 2016

# MEDICAID ALERT

**TO: Pharmacy Providers and Other Medical Professionals**

**SUBJECT: Changes to the SCDHHS Preferred Drug List Effective July 1, 2016**

Beginning with dates of service on or after July 1, 2016, the following changes will become effective for the South Carolina Department of Health and Human Services (SCDHHS) Preferred Drug List (PDL).

OTIC ANTIBIOTICS	
Preferred	Non-Preferred
	Ofloxacin†
	† <i>Moved to Non-Preferred</i>
ANTIBIOTICS, TOPICAL	
Preferred	Non-Preferred
	Altabax®†
	Mupirocin Cream†
	† <i>Moved to Non-Preferred</i>
ANTIVIRALS, TOPICAL	
Preferred	Non-Preferred
Zovirax Cream‡	Acyclovir Ointment†
‡ <i>Added to Preferred</i>	† <i>Moved to Non-Preferred</i>
HYPOGLYCEMICS, METFORMIN	
Preferred	Non-Preferred
	Fortamet®/ <b>Metformin ER</b>
	Glumetza®/ <b>Metformin ER</b>
ACNE AGENTS, TOPICAL (RETINOIDS)	
Preferred	Non-Preferred
Retin A gel/cream‡	Retin-A Micro® - pump†

	Tretinoin†
‡ Added to Preferred	† Moved to Non-Preferred
<b>ACNE AGENTS, TOPICAL (SODIUM SULFACETAMIDE/SULFUR)</b>	
Preferred	Non-Preferred
Sulfacetamide Sodium 10% cleanser	Klaron
	Ovace/Ovace Plus
	Avar
	Clarifoam
	Claris
	Plexion
	Rosanil
	Rosula
	Sumadan
	Sumaxin
	Zencia
	Generic Sodium Sulfacetamide/Sulfur Preparations
<b>EPINEPHRINE (INJECTABLES)</b>	
Preferred	Non-Preferred
Adrenaclick/generic (autoinjector)‡	
‡ Moved to Preferred	
<b>EMERGENCY TREATMENT: OPIOID OVERDOSE</b>	
Preferred	Non-Preferred
Narcan Nasal Spray	Evzio
Naloxone Vial/Syringe	
<b>ANTIPSYCHOTICS, INJECTABLES</b>	
Preferred	Non-Preferred
Abilify Maintena®‡	
‡ Added to Preferred	
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS, ORAL</b>	
Preferred	Non-Preferred
Tracleer®‡	

<i>‡ Added to Preferred</i>	
<b>NSAIDs, ORAL</b>	
Preferred	Non-Preferred
	Diclofenac Potassium†
	Diflunisal†
	Etodolac†
	Flurbiprofen†
	Indomethacin Cap SR†
	Ketoprofen†
	Naproxen Sodium†
	Oxaprozin†
	<i>† Moved to Non-Preferred</i>
<b>ANTICOAGULANTS, SUBCUTANEOUS</b>	
Preferred	Non-Preferred
Fondaparinux‡	Arixtra®†
<i>‡ Added as Preferred</i>	<i>† Moved to Non-Preferred</i>
<b>INSULINS</b>	
Preferred	Non-Preferred
	Novolin N, R, 70/30†
	<i>† Moved to Non-Preferred</i>

This alert applies to pharmacy providers, other medical professionals and members of the public. To view the complete PDL, please visit the Magellan website at <http://southcarolina.fhsc.com/providers/pdl.asp>.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.