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MEDICAID BULLETIN

Phys
 Dent
 MC
 Hosp
 Med Clin
 MHRC
 HH
 Pharm

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 August 1, 2014.

ANTIHISTAMINES, MINIMALLY SEDATING	
Preferred	Non-Preferred
Cetirizine	Allegra®
Fexofenadine*†	Clarinex®
Loratadine	Claritin®
	Desloratadine
	Levocetirizine
	Xyzal®
	Zyrtec®
* Liquids and orally disintegrating formulations limited to patients age 12 and under	
† Added as Preferred	
THIAZOLIDINEDIONES (TZDs)	
Preferred	Non-Preferred
Pioglitazone	Actos®‡
	ActosPlus® Met‡
	ActosPlus® Met XR
	Avandamet®
	Avandaryl®
	Avandia®



THIAZOLIDINEDIONES (TZDs) (continued)

Preferred	Non-Preferred
	Duetact®‡ ‡ Added as Non-Preferred

SULFONYLUREAS

Preferred	Non-Preferred
Glimepiride	Amaryl®
Glipizide	Diabeta®
Glyburide*	Glucotrol® / Glucotrol® XL
Glyburide/Metformin†	Glucovance®
	Glynase PresTab®
	Metformin/Glipizide (Metaglip)
* Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults	
† Added as Preferred	

BRONCHODILATORS BETA AGONIST, SHORT ACTING NEBULIZERS

Preferred	Non-Preferred
Albuterol Nebulizer Inhalation†	Xopenex®
† Added as Preferred	

ANTICOAGULANTS, ORAL

Preferred	Non-Preferred
Warfarin	Coumadin®
Pradaxa®	Jantoven®
Eliquis®†	
Xarelto®	
† Added as Preferred	

PROTON PUMP INHIBITORS (PPIs)

Preferred	Non-Preferred
Omeprazole	Aciphex®
Pantoprazole	Dexilant®
Nexium® Suspension†	Esomeprazole Strontium‡
	Lansoprazole
	Nexium®
	Prilosec®
	Prevacid®
	Protonix®

PROTON PUMP INHIBITORS (PPIs) <i>(continued)</i>	
Preferred	Non-Preferred
<p><i>*Disintegrating Lansoprazole will continue to be available without PA for patients age 12 and under</i></p> <p><i>† Added as Preferred</i></p>	<p>Zegerid®</p> <p><i>‡ Added as Non-Preferred</i></p>

SMOKING CESSATION	
Preferred	Non-Preferred
<p>Bupropion SR</p> <p>Chantix® / Dose Pack</p> <p>Nicotine Gum</p> <p>Nicotine Lozenge</p> <p>Nicotine Patch</p>	<p>NicoDerm® CQ Patch</p> <p>Nicorette®</p> <p>Nicorette® Lozenge</p> <p>Nicotrol® Inhalation</p> <p>Nicotrol® NS Nasal</p> <p>Zyban®</p>

ANTIBIOTICS, INHALED	
Preferred	Non-Preferred
<p>Bethkis®†</p> <p>TOBI Inhalation®†</p> <p><i>† Added as Preferred</i></p>	<p>Cayston®</p> <p>TOBI® Podhaler™</p> <p>Tobramycin Solution Inhalation</p>

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.