

South Carolina
Department of Health and Human Services
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www.scdhhs.gov
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MEDICAID BULLETIN

Phys
 Dent
 MC
 Hosp
 Med Clin
 MHRC
 HH
 Pharm

TO: Providers Indicated

SUBJECT:

- I. Preferred Drug List Update
- II. Exceptions to Prescription Limit
- III. Update to Synagis[®] (palivizumab) Reimbursement
- IV. Preferred Brand Medications
- V. Certificate of Medical Necessity for Home Infusion Pharmacies

I. Preferred Drug List Update

The following revisions to the South Carolina Department of Health and Human Services (SCDHHS) Preferred Drug List (PDL) are effective with dates of service on or after January 1, 2014:

ANTIPARASITICS, TOPICAL	
Preferred	Non-Preferred
PERMETHRIN, OTC [†] ULESFIA ^{®†} PERMETHRIN 5% CREAM [†] SKLICE ^{®†}	EURAX [®] , CREAM/LOTION [‡] LINDANE [‡] MALATHION [‡] NATROBA ^{™‡} OVIDE ^{®‡} SPINOSAD [‡]
[†] Added as Preferred	[‡] Added as Non-Preferred

PANCREATIC ENZYMES	
Preferred	Non-Preferred
CREON® PANCRELIPASE ULTRESA®† ZENPEP † <i>Added as Preferred</i>	PANCREAZE® PERTZYE® VIOKACE®
SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS	
Preferred	Non-Preferred
INVOKANA™† † <i>PA required if no claim for metformin in history.</i>	
ANTIFUNGALS, TOPICAL	
Preferred	Non-Preferred
CICLOPIROX, CREAM/SOLUTION/SUSP† CLOTRIMAZOLE, CREAM/SOLUTION (RX)† CLOTRIMAZOLE/BETAMETHASONE, CREAM/LOTION† ECONAZOLE† KETOCONAZOLE, CREAM/SHAMPOO† NYSTATIN, CREAM/OINTMENT† NYSTATIN/TRIAMCINOLONE, CREAM/OINTMENT†	BENSAL HP‡ CNL 8 KIT‡ CICLODAN‡ CICLOPIROX, KIT/GEL/SHAMPOO‡ ERTACZO‡ EXELDERM‡ EXTINA‡ KETOCONAZOLE FOAM‡ KETODAN ‡ LOPROX ‡ LOTRISONE CREAM‡ MENTAX‡ NAFTIN ‡ NIZORAL SHAMPOO‡ NYSTATIN POWDER‡ OXISTAT ‡ PEDIPIROX-4‡ PEDIADERM AF‡ PENLAC‡ VUSION‡ XOLEGEL‡
† <i>Added as Preferred</i>	‡ <i>Added as Non-Preferred</i>

GLUCOCORTICOIDS, ORAL	
<p>Preferred</p> <p>BUDESONIDE EC† CORTEF®† CORTISONE† DEXAMETHASONE † HYDROCORTISONE† METHYLPREDNISOLONE † ORAPRED/ORAPRED ODT† <i>(Covered for ages 0-12 only)</i> PREDNISOLONE SOLN† PREDNISOLONE SODIUM PHOSPHATE† PREDNISONONE †</p> <p>† <i>Added as Preferred</i></p>	<p>Non-Preferred</p> <p>DEXAMETHASONE ELIXIR‡ DEXAMETHASONE INTENSOL‡ DEXPAK®‡ ENTOCORT® EC‡ FLO-PRED‡ MEDROL ‡ MILLIPRED ‡ RAYOS® TABLET DR‡ PREDNISONONE INTENSOL‡ VERIPRED™ 20‡ ZEMA-PAK‡</p> <p>‡ <i>Added as Non-Preferred</i></p>
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AGENTS	
<p>Preferred</p> <p>ADDERALL XR® AMPHETAMINE SALT COMBO DEXMETHYLPHENIDATE IR DEXTROAMPHETAMINE DEXTROAMPHETAMINE SR FOCALIN XR®* INTUNIV®** METADATE CD® METHYLPHENIDATE METHYLPHENIDATE ER/SR QUILLIVANT XR™†** RITALIN LA®* STRATTERA® VYVANSE®*</p> <p>† <i>Added as Preferred</i> *<i>Generic Agents considered first line when appropriate</i> **<i>Preferred for ages 6 years and older</i></p>	<p>Non-Preferred</p> <p>ADDERALL® AMPHETAMINE SALTS COMBO XR CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE DEXTROSTAT FOCALIN® METHAMPHETAMINE METHYLIN® CHEW/SOLUTION METHYLPHENIDATE LA PROCENTRA SOLN/DEXTROAMPHET ZENZEDI®</p>

BLADDER RELAXANTS, ANTISPASMODICS	
Preferred	Non-Preferred
OXYBUTYNIN	DETROL
OXYTROL® TRANSDERMAL	DETROL LA®‡
TOVIAZ®	DITROPAN XL®
VESICARE®	ENABLEX®
	FLAVOXATE‡
	GELNIQUE® TRANSDERMAL
	MYBETRIQ®
	SANCTURA®
	SANCTURA XR®
	TOLTERODINE
	TROSPIUM
	TROSPIUM ER
	<i>‡Changed to Non-Preferred</i>

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>. 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 the PDL should be directed to Magellan Medicaid Administration's Call Center at 866-254-1669.

II. Exceptions to Prescription Limit

In an effort to encourage adherence to high-value medications, SCDHHS will exempt the following classes of medications from the monthly prescription limit effective January 1, 2014. Claims submitted for medications in these classes after January 2, 2014 will not accumulate to the base prescription limit of four (4) claims or the override limit of three (3) claims. Pharmacies need not submit a "5" in the Prior Authorization Type Code field for these claims to pay. Drug classes exempted from the prescription limit include:

- Diabetic Therapies (Insulin, metformin, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, GLP-1 receptor antagonists).
- Cardiovascular Medications (Statins and other lipid lowering agents, antihypertensives, diuretics, antiarrhythmics, anticoagulants).
- Behavioral Health Medications (Antipsychotics, antidepressants).
- Anticonvulsants
- Systemic Antibiotics and Antivirals

A complete list of the specific medications included will be available at <http://southcarolina.fhsc.com>. SCDHHS will continue to evaluate additional medication classes, and other high value medication classes may be added in the future.

III. Update to Synagis® (palivizumab) Reimbursement

SCDHHS has updated the reimbursement rate for Synagis® (palivizumab) for the 2013-2014 respiratory syncytial virus (RSV) season to Average Wholesale Price (AWP) minus 16%. The new rate for the 100mg vial will be \$2,488.43 and \$1,317.82 for the 50mg vial. This rate will be applied to all claims submitted for dates of service on or after October 15, 2013. Future changes to the Synagis reimbursement rate will be communicated via the standard fee schedule update process and posted at www.scdhhs.gov.

SCDHHS will continue to cover Synagis only in accordance with the most recent edition of the American Academy of Pediatrics (AAP) guidelines for dates of service October 15 through March 31 every year.

IV. Preferred Brand Medications

Effective with dates of service on or after January 1, 2014, SCDHHS will no longer require that the brand medication be dispensed when a generic is available for the following medications:

Avapro & Avalide	Phoslo
Diovan HCT	Prograf
Kadian	Tricor
Lescol	Valtrex

V. Certificate of Medical Necessity for Home Infusion Pharmacies

Effective for dates of service on or after January 1, 2014, home infusion pharmacies are no longer required to obtain a Medicaid Certificate of Medical Necessity (MCMN) for the following services, so long as the pharmacy obtains a valid prescription that includes the diagnosis for which therapy is being provided.

- Supplies or per diems related to IV/parenteral drug administration
- Parenteral or enteral nutrition

The announcements in this Bulletin apply to services provided to beneficiaries who are enrolled in fee-for-service Medicaid or a Medical Home Network (MHN). Questions regarding specific authorization and coverage of this service by one of the Medicaid Managed Care Organizations (MCOs) should be directed to the managed care plan. Claims for participants enrolled in either a Medical Homes Network or the fee-for-service program should be billed directly to Medicaid.

If you have any questions regarding this policy, please contact the Provider Service Center at (888) 289-0709. Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program.

/s/
Anthony E. Keck
Director