

**South Carolina**  
**Department of Health and Human Services**  
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[www.scdhhs.gov](http://www.scdhhs.gov)  
 June 14, 2013  
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## 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 July 22, 2013.

LAXATIVES & CATHARTICS	
Preferred	Non-Preferred
MILK OF MAGNESIA† MAGNESIUM CITRATE† LACTULOSE† PEG 3350/ELECTROLYTE† MiraLAX OTC†	COLYTE, GoLYTELY, NuLYTELY®‡ KRISTALOSE®‡ MOVIPREP®‡ OSMOPREP®‡ PEG 3350 OTC‡ PEG 3350 with FLAVOR PACKS‡
† <i>Added as Preferred</i>	‡ <i>Added as Non-Preferred</i>
ANTIHYPERTENSIVES, SYMPATHOLYTICS	
Preferred	Non-Preferred
CLONIDINE, ORAL† GUANFACINE, ORAL† METHYLDOPA, ORAL† CATAPRES-TTS®, TRANSDERMAL†	CATAPRES, ORAL‡ CLONIDINE, TRANSDERMAL‡ CLORPRES‡ METHYLDOPA/HCTZ‡ RESERPINE‡
† <i>Added as Preferred</i>	‡ <i>Added as Non-Preferred</i>

ANTIPARASITICS, TOPICAL	
<b>Preferred</b> PERMETHRIN, OTC† ULESFIA®† PERMETHRIN 5% CREAM†  † <i>Added as Preferred</i>	<b>Non-Preferred</b> EURAX®, CREAM/LOTION‡ LINDANE‡ MALATHION‡ NATROBA™‡ OVIDE®‡ SKLICE®‡ SPINOSAD‡  ‡ <i>Added as Non-Preferred</i>
BETA AGONIST AGENTS, SHORT ACTING ORAL AGENTS	
<b>Preferred</b> ALBUTEROL SYRUP† ALBUTEROL IR TABLET†  † <i>Added as Preferred</i>	<b>Non-Preferred</b> ALBUTEROL TABLET (ER)‡ METAPROTERENOL, TABLET/SYRUP‡ TERBUTALINE TABLET‡  ‡ <i>Added as Non-Preferred</i>
NEUROPATHIC PAIN	
<b>Preferred</b> GABAPENTIN† LYRICA®† SAVELLA®†  † <i>Added as Preferred</i>	<b>Non-Preferred</b> GRALISE®‡ HORIZANT®‡ LIDODERM® PATCH‡ NEURONTIN®‡ QUTENZA®‡  ‡ <i>Added as Non-Preferred</i>
ANTIPSYCHOTICS, ORAL	
<b>Preferred</b> CLOZAPINE ODT FANAPT® FAZACLO® OLANZAPINE <i>Added as Preferred</i> LATUDA® <i>Added as Preferred</i> RISPERIDONE QUETIAPINE SAPHRIS® SEROQUEL XR® ZIPRASIDONE CAP <i>Added as Preferred</i>	<b>Non-Preferred</b> GEODON® <i>Changed to Non-Preferred</i>
BRONCHODILATORS, BETA AGONIST SHORT ACTING INHALERS	
PROVENTIL® HFA PROAIR® HFA	VENTOLIN® HFA <i>Changed to Non-Preferred</i>

BROCHODILATORS, BETA AGONIST LONG ACTING INHALERS	
FORADIL®	SEREVENT® DISKUS <i>Changed to Non-Preferred</i>
SEDATIVE HYPNOTICS	
TEMAZEPAM ZOLPIDEM IR CHLORAL HYDRATE* <i>Added as Preferred</i> <i>* Covered for children 0 – 12 years of age ONLY</i>	
IMMUNOMODULATORS, ATOPIC DERMATITIS	
ELIDEL®	PROTOPIC® <i>Changed to Non-Preferred</i>

The list above only reflects changes to the PDL. To view the complete 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. This bulletin affects the policy for fee-for-service Medicaid and Medical Home Networks (MHN). please contact the appropriate Managed Care Organization (MCO) for their coverage policy. Thank you for your continued support of the South Carolina Medicaid program.

/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.