

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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Phys    Med Clin  
Dent    MHRC  
MC      HH  
Hosp    Pharm

September 28, 2011

## MEDICAID BULLETIN

**TO:                    Providers Indicated**

**SUBJECT:           Preferred Drug List (PDL) Revisions**

The following revisions to the preferred drug list (PDL) are effective with dates of service on or after November 1, 2011.

<u>PREFERRED</u>		<u>NON-PREFERRED</u>	
<b><u>ANTIDEPRESSANTS, OTHER*</u></b>			
BUPROPION	<i>Added as Preferred</i>	APLENZIN	<i>Added as Non-Preferred</i>
BUPROPION SR	<i>Added as Preferred</i>	EFFEXOR XR	<i>Added as Non-Preferred</i>
BUPROPION XL	<i>Added as Preferred</i>	EMSAM	<i>Added as Non-Preferred</i>
MIRTAZAPINE	<i>Added as Preferred</i>	OLEPTRO ER	<i>Added as Non-Preferred</i>
NEFAZODONE	<i>Added as Preferred</i>	PRISTIQ	<i>Added as Non-Preferred</i>
PHENELZINE	<i>Added as Preferred</i>	VENLAFAXINE ER TAB	<i>Added as Non-Preferred</i>
TRAZODONE	<i>Added as Preferred</i>	VIIIBRYD	<i>Added as Non-Preferred</i>
VENLAFAXINE	<i>Added as Preferred</i>		
VENLAFAXINE ER CAP	<i>Added as Preferred</i>		
*Patients currently receiving a non-preferred agent will be able to continue without a PA.			
<b><u>ANTIEMETIC AGENTS</u></b>			
METOCLOPRAMIDE	<i>Added as Preferred</i>	ANZEMET	
ONDANSETRON		GRANISETRON	<i>Changed to Non-Preferred</i>
PROMETHAZINE		METOZOLV ODT	<i>Added as Non-Preferred</i>
PROCHLORPERAZINE		SANCUSO	
EMEND		ZUPLENZ	

<b><u>ANTIHISTAMINES, MINIMALLY SEDATING*</u></b>			
CETIRIZINE LORATADINE		ALLEGRA CLARINEX CLARITIN FEXOFENADINE LEVOCETIRIZINE XYZAL	
<b><u>INSULINS</u></b>			
HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG	<i>Changed to Preferred</i> <i>Changed to Preferred</i>	APIDRA	
<b><u>PAH- PDE5 Inhibitors**</u></b>			
ADCIRCA REVATIO	<i>Added as Preferred</i> <i>Added as Preferred</i>		
<i>**All agents in this class will require verification of PAH diagnosis.</i>			
<b><u>PANCREATIC ENZYMES</u></b>			
PANCRELIPASE CREON	<i>Added as Preferred</i> <i>Added as Preferred</i>	ZENPEP PANCREAZE	<i>Added as Non-Preferred</i> <i>Added as Non-Preferred</i>

Prescribers are encouraged to write prescriptions for preferred products. However, if it is determined that a patient's condition requires therapy with a non-preferred drug, the prescriber (or his/her designated office personnel) is responsible for initiating the Prior Authorization (PA) request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

PA requests may be submitted online, via telephone, or fax to the Magellan Medicaid Administration Clinical Call Center. To access the WebPA tool for online PA submission, 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 Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan's Beneficiary Call Center telephone number for Pharmacy Services is **800-834-2680**.

Any questions regarding this bulletin should be directed to your Program Representative in the Division of Pharmacy Services at (803) 898-2876.

/s/  
Anthony E. Keck  
Director