

South Carolina  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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January 10, 2012

Phys  
Dent  
MC  
Hosp  
Med Clin  
MHRC  
HH  
Pharm

## MEDICAID BULLETIN

**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 February 1, 2012.

FLUOROQUINOLONES			
Preferred		Non-Preferred	
LEVOFLOXACIN	<i>Added as Preferred</i>	AVELOX	<i>Changed to Non-Preferred</i>
		OFLOXACIN	<i>Changed to Non-Preferred</i>
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
Preferred		Non-Preferred	
VIMOVO	<i>Added as Preferred</i>	FENOPROFEN	<i>Changed to Non-Preferred</i>
		MECLOFENAMATE	<i>Changed to Non-Preferred</i>
		TOLMETIN	<i>Changed to Non-Preferred</i>
NON-STIMULANT ADHD AGENTS			
Preferred		Non-Preferred	
STRATTERA	<i>Added as Preferred</i>		
INTUNIV	<i>Added as Preferred</i>		
PROTEASE INHIBITOR FOR HEPATITIS			
Preferred		Non-Preferred	
INCIVEK*	<i>Added as Preferred</i>		
VICTRELIS*	<i>Added as Preferred</i>		
*Clinical edit applies.			

SMOKING CESSATION PRODUCTS			
Preferred		Non-Preferred	
CHANTIX	<i>Added as Preferred</i>	NICOTROL NS (NASAL)	<i>Added as Non-Preferred</i>
NICOTINE GUM	<i>Added as Preferred</i>	NICOTROL (INHALATION)	<i>Added as Non-Preferred</i>
NICOTINE PATCH	<i>Added as Preferred</i>		
BUPROPION SR	<i>Added as Preferred</i>		
NICOTINE LOZENGE	<i>Added as Preferred</i>		

TOPICAL ACNE AGENTS			
Preferred		Non-Preferred	
AZELEX	<i>Added as Preferred</i>	ADAPALENE	<i>Changed to Non-Preferred</i>
CLINDAGEL	<i>Added as Preferred</i>	CLINDAMYCIN/BENZOYL PEROXIDE	<i>Changed to Non-Preferred</i>
CLINDAMYCIN PHOSPHATE	<i>Added as Preferred</i>		
GENERIC ERYTHROMYCIN PREPS	<i>Added as Preferred</i>		
GENERIC SULFACETAMIDE-SULFUR PREPS	<i>Added as Preferred</i>		

TOPICAL STEROIDS			
Preferred		Non-Preferred	
ALCLOMETASONE DIPROPIONATE	<i>Added as Preferred</i>	DESONATE	<i>Added as Non-Preferred</i>
CAPEX SHAMPOO	<i>Added as Preferred</i>	DESONIL + PLUS	<i>Added as Non-Preferred</i>
DERMA-SMOOTH-FS	<i>Added as Preferred</i>	PEDIADERM HC / TA	<i>Added as Non-Preferred</i>
DESONIDE	<i>Added as Preferred</i>	VERDESO	<i>Added as Non-Preferred</i>
HYDROCORTISONE	<i>Added as Preferred</i>	CORDRAN TAPE	<i>Added as Non-Preferred</i>
CLODERM	<i>Added as Preferred</i>	CUTIVATE LOTION	<i>Added as Non-Preferred</i>
FLUOCINOLONE ACETONIDE	<i>Added as Preferred</i>	LOCOID LIPOCREAM	<i>Added as Non-Preferred</i>
FLUTICASONE PROPIONATE	<i>Added as Preferred</i>	LUXIQ	<i>Added as Non-Preferred</i>
HYDROCORTISONE BUTYRATE	<i>Added as Preferred</i>	MOMEXIN	<i>Added as Non-Preferred</i>
HYDROCORTISONE VALERATE	<i>Added as Preferred</i>	PANDEL	<i>Added as Non-Preferred</i>
MOMETASONE FUROATE	<i>Added as Preferred</i>	PREDNICARBATE	<i>Added as Non-Preferred</i>
BETAMETHASONE DIPROPIONATE	<i>Added as Preferred</i>	AMCINONIDE	<i>Added as Non-Preferred</i>
BETAMETHASONE VALERATE	<i>Added as Preferred</i>	DIFLORASONE DIACETATE	<i>Added as Non-Preferred</i>
DESOXIMETASONE	<i>Added as Preferred</i>	HALOG	<i>Added as Non-Preferred</i>
FLUOCINONIDE	<i>Added as Preferred</i>	KENALOG AEROSOL	<i>Added as Non-Preferred</i>
FLUOCINONIDE EMOLLIENT	<i>Added as Preferred</i>	VANOS	<i>Added as Non-Preferred</i>
FLUOCINONIDE-E	<i>Added as Preferred</i>	CLOBEX	<i>Added as Non-Preferred</i>
TRIAMCINOLONE ACETONIDE	<i>Added as Preferred</i>	HALAC	<i>Added as Non-Preferred</i>
CLOBETASOL EMOLLIENT	<i>Added as Preferred</i>	HALONATE	<i>Added as Non-Preferred</i>
CLOBETASOL PROPIONATE	<i>Added as Preferred</i>	OLUX-E	<i>Added as Non-Preferred</i>
HALOBETASOL PROPIONATE	<i>Added as 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