

South Carolina
Department of Health and Human Services
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www.dhhs.state.sc.us

June 21, 2006

MEDICAID BULLETIN

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TO: Providers Indicated

- SUBJECTS: I. Synagis® Added to Listing of Physician-Injectable Products Billable By Pharmacy Providers
- II. Coding Changes for Coordination of Benefits (COB) Claims Submitted by Pharmacy Providers
- III. South Carolina Medicaid Preferred Drug List

I. **Synagis® Added to Listing of Physician-Injectable Products Billable By Pharmacy Providers**

The Medicaid bulletin dated November 29, 2005, communicated the new option that allows pharmacy providers to bill South Carolina Medicaid for certain physician-injectable products [Xolair®, leuprolide acetate, Rh₀(D) immune globulin]. Effective with dates of service beginning September 1, 2006, this group of physician-injectable products will be expanded to include Synagis® (palivizumab). Therefore, Synagis® (or any of the previously listed products) may be billed to South Carolina Medicaid by either physician or pharmacy providers, regardless of whether the drug was administered in a physician's office or other clinical setting. However, providers should be aware that **Medicaid coverage through either Physician Services or Pharmacy Services is available only when prescribed in compliance with S. C. Medicaid's Synagis® coverage guidelines.** (Coverage guidelines are listed on the following page.) *This new billing option is applicable for services provided to non-dually eligible, Medicaid fee-for-service beneficiaries only and does not apply*

to Medicaid beneficiaries enrolled in managed care organizations. Please note that physician providers may continue to 'buy and bill' if that is the preferred method of obtaining these products.

COVERAGE GUIDELINES FOR SYNAGIS®	
<u>DURING</u> RESPIRATORY SYNCYTIAL VIRUS (RSV) SEASON: OCTOBER 1 THROUGH MARCH 31*	
<i>At start of therapy, age of patient is:</i>	<i>Then one of the following criteria must be met:</i>
< 24 months	<ul style="list-style-type: none"> • Chronic lung disease and requirement of medication or oxygen within the previous six months • Hemodynamically significant cyanotic and acyanotic congenital heart disease
< 12 months	<ul style="list-style-type: none"> • Congenital heart disease and one of the following: <ol style="list-style-type: none"> 1. Medications prescribed to control congestive heart failure 2. Moderate to severe pulmonary hypertension 3. Cyanotic heart disease • Gestational age of 28 weeks or less
< 6 months	<ul style="list-style-type: none"> • Gestational age of 28 weeks and 1 day through 32 weeks (specifically, 32 weeks and 0 days) • Gestational age of 32 through 35 weeks with <u>two or more</u> of the following risk factors: <ol style="list-style-type: none"> 1. Child care center attendance 2. School-aged siblings 3. Exposure to environmental air pollutants (excluding tobacco smoke since that pollutant can be controlled by the family) 4. Congenital abnormalities of the airways 5. Severe neuromuscular disease
> 24 months	Non-covered
<p>* Doses after March 31 are non-covered since doses administered during the RSV season, including the March dose, will provide protection into the month of April.</p>	

Additional information:

- Medicaid reimbursement for Synagis® is limited to six doses per season.
- Doses should be at least 30 days apart.
- Administer Synagis® within six hours of opening the vial (no preservatives).
- Caution: Synagis® prophylaxis has not been evaluated for immunocompromised children.

PHYSICIAN PROVIDERS: INSTRUCTIONS FOR OBTAINING SYNAGIS®

Physicians' offices/clinics may either 'buy and bill' in compliance with existing Medicaid policies and Synagis® coverage guidelines, or follow the requirements described below to use the option of pharmacy billing:

If the Synagis® is being used within Medicaid coverage guidelines, then:

- 1) The physician should authorize a patient-specific prescription. All pharmacies do not stock Synagis®, therefore, make certain that the prescription is filled at a pharmacy that stocks Synagis®. The pharmacy will dispense and deliver the patient-specific Synagis® prescription to the physician's office/clinic and the pharmacy will submit a pharmacy claim to Medicaid. **NOTE: This is NOT a 'buy and bill' situation; therefore, the Pharmacy Services provider (and NOT the physician's office) will submit the prescription claim for the drug to Medicaid for reimbursement to the pharmacy.**
- 2) The prescribing physician will administer the Synagis® to the patient and **bill Medicaid for only the administration of the injectable**. *Physicians' offices/clinics must NOT bill Medicaid for any physician-injectable product that was dispensed by a pharmacy pursuant to a patient-specific prescription.* The physician provider may bill Medicaid for the associated administration fee and any allowable office visit charge.

Audits will be performed to ensure adherence to this policy since such billing of the physician-injectable product by *both* the physician's office/clinic and the pharmacy will result in duplicate Medicaid payments for the same product/beneficiary/date of service.

The pharmacy must ensure that the pharmaceutical is delivered *directly* to the physician's office/clinic in compliance with the storage requirements of the product.

PHARMACIES: INSTRUCTIONS FOR BILLING MEDICAID

Under this new option, pharmacists may submit claims for Medicaid fee-for-service beneficiaries for Synagis® even though these injectables will be administered in the physician's office. Upon receipt of a prescription for Synagis® the pharmacist should:

- ◆ Enter PATC = 1 and Patient Location = 10 to bill Medicaid.
- ◆ Dispense the product and ensure that the injectable will be delivered *directly* to the physician's office/clinic in compliance with the storage requirements of the product.

II. Coding Changes for Coordination of Benefits (COB) Claims Submitted by Pharmacy Providers

Pharmacy providers are advised that a system change concerning Coordination of Benefits (COB) for pharmacy claims will be implemented on July 1, 2006. This change will provide an additional tool for South Carolina Medicaid to verify primary insurance status of beneficiaries. When pharmacy providers submit an Other Coverage Code value other than '0,' completion of all COB fields will be required for successful pharmacy claim adjudication. **Other Coverage Code value of '1' will no longer be allowed as a default.** Fields required for COB claims include: Other Coverage Code (field # 308-C8), Other Payer Amount Paid (field # 431-DV), Other Payer Date (field # 443-E8), Other Payer ID (field # 340-7C), and Other Payer ID Qualifier (field # 339-6C). For full details regarding COB pharmacy claims submission, refer to the pharmacy provider manual located at:
<http://southcarolina.fhsc.com/providers/rx/documents.asp>.

III. South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additions/deletions of specific drugs within certain PDL therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL. Upon initial implementation of the specified PDL changes, pharmacists will observe soft edits when pharmacy claims are submitted for products that will eventually require prior authorization (PA). This period of soft editing will occur for several weeks. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber and beneficiary of the eventual PA requirement.

Effective with dates of service August 1, 2006, hard edits will be activated (*i.e.*, pharmacy claims without prior authorization [PA] approval will deny) for newly designated non-preferred products within the therapeutic classes listed below. The **complete PDL** (attached to this bulletin) includes the following changes:

REVISED PDL DRUG CLASSES: Effective July 1, 2006	
1) Angiotensin Receptor Blockers	4) Inhaled Corticosteroids-Oral Inhalation Devices
2) Angiotensin Receptor Blockers/Diuretic Combinations	5) Sedative Hypnotics
3) Antihyperkinesia	6) Short-Acting Beta Adrenergic Inhalation Devices

REVISED PDL DRUGS: Effective July 1, 2006		
PREFERRED	NON-PREFERRED	
ANGIOTENSIN RECEPTOR BLOCKERS		
Avapro®	Added to PDL	Atacand®
Benicar®	Added to PDL	
Cozaar®	Remains on PDL	
Diovan®	Remains on PDL	
Micardis®	Remains on PDL	
Teveten®	Remains on PDL	
ANGIOTENSIN RECEPTOR BLOCKERS/DIURETIC COMBINATIONS		
Avalide®	Added to PDL	Atacand HCT®
Benicar HCT®	Added to PDL	
Diovan HCT®	Remains on PDL	

REVISED PDL DRUGS: Effective July 1, 2006		
PREFERRED		NON-PREFERRED
Hyzaar®	Remains on PDL	
Micardis HCT®	Remains on PDL	
Teveten HCT®	Remains on PDL	
ANTIHYPERKINESIS		
Adderall XR®	Remains on PDL	<i>Adderall®</i>
Amphetamine Salt Combinations	Remains on PDL	<i>Dexosyn®</i>
Concerta®	Remains on PDL	<i>Dexedrine®</i>
Dextroamphetamine	Remains on PDL	<i>Dextrostat®</i>
Dextroamphetamine SR	Remains on PDL	<i>Pemoline (all brands)</i>
Focalin®, Focalin XR®	Added to PDL	<i>Provigil®</i>
Metadate CD®, Metadate ER	Remains on PDL	<i>Ritalin®</i>
Methylin®, Methylin ER®	Remains on PDL	<i>Strattera®</i>
Methylin® Swallow Tabs/Liquid	Remains on PDL	
Methylphenidate	Remains on PDL	
Methylphenidate SR	Remains on PDL	
Ritalin LA®	Remains on PDL	
INHALED CORTICOSTEROIDS-ORAL INHALATION DEVICES		
Asmanex®	Added to PDL	<i>Aerobid®</i>
Azmacort®	Remains on PDL	<i>Aerobid M®</i>
Flovent HFA®	Remains on PDL	<i>Pulmicort Turbuhaler®</i>
Qvar®	Remains on PDL	
SEDATIVE HYPNOTICS		
Temazepam	Remains on PDL	<i>Ambien®, Ambien CR®</i>
Lunesta®*	Added to PDL	<i>Doral®</i>
		<i>Estazolam (all brands, formulations)</i>
		<i>Flurazepam (all brands, formulations)</i>
		<i>Halcion®</i>
		<i>Prosom®</i>
		<i>Restoril®</i>
		<i>Rozerem®</i>
		<i>Somnote®</i>
		<i>Sonata®</i>
		<i>Triazolam</i>
* Generic agents should be considered first-line when appropriate.		
SHORT-ACTING BETA ADRENERGIC INHALATION DEVICES		
Albuterol (CFC & HFA)		<i>Alupent® MDI</i>
Xopenex® HFA		<i>Brethaire® MDI</i>
		<i>Maxair® MDI and Autohaler</i>
		<i>Proventil and HFA</i>
		<i>Ventolin and HFA</i>

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the prior authorization 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 telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The

First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be furnished directly to beneficiaries. [First Health's S. C. Medicaid *beneficiary call center* telephone number for questions regarding Pharmacy Services-related issues is 800-834-2680; providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.] Questions about Medicare eligibility issues and Part D should be directed to 1-800-MEDICARE.

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 may be made regarding whether a drug *not* requiring PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

/s/

Robert M. Kerr
Director

RMK/bgam

Attachments

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.scdhhs.gov/dhhsnew/QLEbulletins.asp>



South Carolina Department of Health and Human Services Preferred Drug List
Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)
{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}
{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: June 2006

ANALGESIC

NSAIDs

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen ER
Ketorolac
Meclofenamate Sod.
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

OPIOIDS, EXTENDED RELEASE

Avinza®
Duragesic® Patch
Kadian®
Morphine Sulfate ER*

* Generic MS Contin®

ANTI-INFECTIVE

ANTIBACTERIALS

Cephalosporins, 2nd Generation

Ceftin® Suspension
Cefuroxime Tablets
Cefzil® Tablets
Cefzil® Suspension

Cephalosporins, 3rd Generation

Omnicef® Capsules
Omnicef® Suspension
Spectracef® Tablets

Macrolides / Ketolides

Biaxin XL®
Clarithromycin
EryPed®
Ery-Tab®
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuc.
Erythromycin Stearate
Erythrocin Stearate
Erythromycin & Sulfisox.
Zithromax®

Quinolones, 2nd and 3rd Generation

Avelox®
Ciprofloxacin
Factive®
Levaquin®
Ofloxacin

ANTIFUNGALS, ORAL

Onychomycosis Agents

Gris-Peg®
Grifulvin V®
Lamisil®

ANTIVIRALS, ORAL

Herpes Antivirals

Acyclovir
Famvir®
Valtrex®

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

Benazepril
Benazepril/HCTZ
Captopril
Enalapril
Enalapril/HCTZ
Lisinopril
Lisinopril/HCTZ

ACEI, CALCIUM CHANNEL BLOCKER COMBINATIONS

Lotrel®
Tarka®

ANGIOTENSIN RECEPTOR BLOCKERS*

Avalide®
Avapro®
Benicar®
Benicar HCT®
Cozaar®
Diovan®
Diovan HCT®

Hyzaar®
Micardis®
Micardis HCT®
Teveten
Teveten HCT®
* Patients maintained on non-preferred ARBs are "grandfathered" (i.e., current therapy may be continued without PA).

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol/HCTZ
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol
Coreg®*
* Use of Coreg® reserved for treatment of hypertension accompanied by heart failure.

CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINE

Dynacirc®
Dynacirc CR®
Nicardipine
Nifedical XL®
Nifedipine ER and SA
Norvasc®
Plendil®

CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES

Cartia XT®
Diltia XT®
Diltiazem
Diltiazem ER and XR
Taztia XT®
Verapamil
Verapamil ER
Verapamil SR

LIPOTROPICS

Bile Acid Sequestering Resins

Cholestyramine
Cholestyramine Light
Colestid®
Welchol®

Fibric Acid Derivatives

Gemfibrozil
Tricor®

Niacin Derivatives

Niacor®
Niaspan®

Statins

Advicor®
Altoprev®
Crestor®
Lescol®
Lescol XL®
Lipitor®
Lovastatin
Pravachol®
Zocor®



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Cholesterol-Absorption Inhibitors

Vytorin®
Zetia®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

Cholinesterase Inhibitors

Aricept®
Exelon®
Razadyne®

ANTI-MIGRAINE AGENTS

Selective Serotonin Agonists

Amerge®
Axert®
Imitrex® Tablets,
Imitrex® Injection
Imitrex® Nasal Spray
Maxalt®
Maxalt-MLT®
Relpax®
Zomig® Tablets
Zomig-ZMT®
Zomig® Nasal Spray

* See the listing at:
<http://southcarolina.com>
for the quantity limits for
this class. (Click on
Providers, then
Documents, then
Pharmacy Quantity
Limits.)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Amphetamine Salt
Combination
Dextroamphetamine
Dextroamphetamine SR
Metadate CD®
Metadate ER®
Methylphenidate

Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®*
Focalin®*
Focalin XR®*
* Generic agents
considered "first-line"
when appropriate.

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Lunesta®*
* Generics should be
considered "first-line"
when appropriate.

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

Alpha-Glucosidase Inhibitors

Glyset®
Precose®

Biguanides

Metformin
Metformin ER

Biguanide Combination

ActoPlus Met®
Avandamet®
Glucovance®
Glyburide/Metformin

Insulins

Novolin® N
Novolin® R
Novolin® 70/30
Novolog®
Novolog® 70/30
Humalog® 75/25
Humulin® 50/50
Lantus®

Meglitinides

Starlix®

Sulfonylureas, 2nd Generation

Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

Thiazolidinediones

Actos®
Avandia®

BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

Serotonin Receptor Antagonists

Kytril®
Zofran®
Zofran ODT®

Histamine-2 Receptor Antagonists

Famotidine
Ranitidine
Zantac® Syrup

Proton Pump Inhibitors*

Nexium®
Protonix®
Prilosec OTC®

* Clinical criteria are in
effect for this class.
Once criteria are met,
the PPI's listed on the
PDL are preferred.
Patients **age 12 and
younger** may receive
the PPI, Prevacid®,
without PA.

GENITOURINARY

ANTISPASMODICS

Detrol LA®
Enablex®
Oxybutynin
Oxytrol®
Sanctura®
Vesicare®

IMMUNOLOGICS

IMMUNOMODULATORS, ORAL

Hepatitis C Therapy, Pegylated Interferons

Pegasys®
Pegasys® Conv. Pack
Peg-Intron®
Peg-Intron® Redipen™

Hepatitis C Therapy, Ribavirins

Rebetol®
Ribavirin 200mg tablets

IMMUNOMODULATORS, TOPICAL

Elidel® *
Protopic® *

* Prescribers: Please
use these agents as
advised by the
respective manuf. &
reserve for only those
patients who have
failed traditional
eczema therapy.

First Health Clinical Call Center
Telephone: 866-247-1181 (toll-free)
Fax: 888-603-7696 (toll-free)



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OPHTHALMICS

GLAUCOMA THERAPY

Alpha-2 Adrenergics

Brimonidine Tartrate

Beta Blockers

Betaxolol HCl
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate gel-forming

Carbonic Anhydrase Inhibitors

Azopt®
Cosopt®
Trusopt®

Prostaglandin Agonists

Lumigan®
Travatan®
Xalatan®

RESPIRATORY

ANTI-CHOLINERGICS

Atrovent®
Combivent®
Spiriva®

ANTIHISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS

Allegra®
Allegra-D®
Loratadine *OTC (Tabs, Rapid Dissolve, Syrup)*
Loratadine-D *OTC*
Zyrtec® (*all formulations*)
Zyrtec D®

BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS, INHALATION

Albuterol (CFC & HFA)
Xopenex® HFA

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent®*

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

Albuterol
Metaproterenol
Xopenex®*

* *Generic agents should be considered as "first-line" therapy when appropriate.*

GLUCOCORTICOIDS

Inhaled, Inhalation Devices

Asmanex®
Azmacort®
Flovent HFA®
Qvar®

Intranasal Steroids

Flonase®
Nasacort AQ®
Nasonex®

Glucocorticoids and Long-Acting Beta-2 Adrenergics

Advair® Diskus

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

Leukotriene Receptor Antagonists

Accolate®
Singulair®*

* *No PA is required if used in the treatment of asthma with inhaled steroid or beta agonist therapy or after trial of a second generation antihistamine or nasal steroid therapy.*



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A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVICOR
ALBUTEROL (CFC & HFA)
ALBUTEROL NEBULIZER
ALLEGRA
ALLEGRA-D
ALTOPREV
AMERGE
AMPHETAMINE SALT COMBINATION
ARICEPT
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT
AVALIDE
AVANDAMET
AVANDIA
AVAPRO
AVELOX
AVINZA
AXERT
AZMACORT
AZOPT

B

BENAZEPRIL
BENAZEPRIL/HCTZ
BENICAR
BENICAR HCT
BETAXOLOL
BETAXOLOL HCL OPHTHALMIC
BIAXIN (ALL FORMULATIONS)
BIAXIN XL
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPHTH.

C

CAPTOPRIL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CEFTIN SUSPENSION
CEFUROXIME TABLETS
CEFZIL SUSPENSION
CEFZIL TABLETS
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CIPROFLOXACIN
COLESTID
COMBIVENT
CONCERTA
COREG
COSOPT
COZAAR
CRESTOR

D

DETROL LA
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DURAGESIC PATCH
DYNACIRC
DYNACIRC CR

E

ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETODOLAC
EXELON

F

FACTIVE
FAMOTIDINE
FAMVIR
FENOPROFEN
FLONASE
FLOVENT HFA
FLURBIPROFEN
FOCALIN
FOCALIN XR
FOSAMAX

G

GEMFIBROZIL
GLIPIZIDE
GLIPIZIDE ER
GLUCOVANCE
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE/METFORMIN
GLYSET
GRIFULVIN V
GRIS-PEG

H

HUMALOG 75/25
HUMULIN 50/50
HYZAAR



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I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR

J

K

KADIAN
KETOPROFEN
KETOPROFEN ER
KETOROLAC
KYTRIL

L

LABETOLOL
LAMISIL
LANTUS
LESCOL
LESCOL XL
LEVAQUIN
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINOPRIL
LISINOPRIL/HCTZ
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LUMIGAN
LUNESTA

M

MAXALT
MAXALT-MLT
MECLOFENAMATE SODIUM
METADATE CD
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER

N

NABUMETONE
NADOLOL
NAPROXEN
NAPROXEN SODIUM
NASACORT AQ
NASONEX
NEXIUM
NIACOR
NIASPAN
NICARDIPINE
NIFEDICAL XL
NIFEDIPINE ER
NIFEDIPINE SA
NORVASC
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG 70/30

O

OFLOXACIN
OMNICEF CAPSULES
OMNICEF SUSPENSION
OXAPROZIN
OXYBUTININ
OXYTROL

P

PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PINDOLOL
PIROXICAM
PLENDIL
PRAVACHOL
PRECOSE
PREVACID (< AGE 12)
PRILOSEC OTC
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTONIX
PROTOPIC

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
RELPAK
RIBAVIRIN TABLETS
RITALIN LA

S

SANCTURA
SEREVENT
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC

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South Carolina Department of Health and Human Services Preferred Drug List

Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)

{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: June 2006

T

TARKA
TAZTIA XT
TEMAZEPAM
TEVETEN
TEVETEN HCT
TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TRAVATAN
TRICOR
TRUSOPT

U

V

VALTREX
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VESICARE
VYTORIN

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

Z

ZANTAC SYRUP
ZETIA
ZITHROMAX
ZOCOR
ZOFRAN
ZOFRAN ODT
ZOMIG
ZOMIG NASAL SPRAY
ZOMIG-ZMT
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D