

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.dhhs.state.sc.us

July 20, 2005

MEDICAID BULLETIN

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TO: Providers Indicated

SUBJECT: South Carolina Medicaid Voluntary Preferred Drug List for Mental Health Drugs

For the past several years, the South Carolina Department of Health and Human Services' (DHHS) budget has been greatly impacted by the escalating costs of mental health drugs. Prescription reimbursements to pharmacies for these drugs account for South Carolina Medicaid Pharmacy Services' single largest expenditure on a per therapeutic class basis.

Since mental health drugs represent a significant cost to DHHS, a tool has been devised to assist physicians in making cost-effective decisions when prescribing these pharmaceuticals. That tool is a *voluntary* Preferred Drug List (PDL) for mental health drugs. The PDL (see attachment) is a listing of products that have been determined by clinicians to be cost-effective alternatives when prescribing these types of drugs. By adhering to this PDL, physicians will help to maximize the prescription drug benefit for all Medicaid beneficiaries. It should be noted that this action complies with proviso restrictions. This PDL should not be considered a formulary, but rather a guide for prescribing those drugs that result in optimal health care outcomes at a reasonable cost.

DHHS encourages physicians to *voluntarily* comply with this PDL when prescribing mental health pharmaceuticals. Since this is a *voluntary* PDL, prescription claims will not reject if the mental health product is not a preferred agent. Please note, however, that South Carolina Medicaid's PDL for *non-mental health drugs* continues to be in effect. Therefore, pharmacy claims for non-preferred drugs belonging to therapeutic classes that comprise the PDL of non-mental health drugs are subject to hard edits (i.e., pharmacy claims will reject).

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

RMK/btav

Attachment

NOTE: The most current version of the provider manual is maintained on the DHHS website at www.dhhs.state.sc.us. [On the DHHS home page, click on the Provider Manuals link listed under the heading "Providers."]

Should you wish to order a printed replacement section for your provider manual, or a replacement compact disc containing a copy of the manual in Portable Document Format (PDF), call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>.



**South Carolina Department of Health and Human Services
Voluntary Preferred Drug List
For Mental Health Pharmaceuticals**

Due to the increasing costs associated with these products, this tool has been designed to assist prescribers with treatment options that are the most cost effective for the Medicaid program. Determination of efficacy should not be made as the result of a pharmaceutical appearing on this list. Prescribers are encouraged to prescribe preferred drugs when clinically appropriate; however, no prior authorization is required for non-preferred drugs (i.e., pharmaceuticals that are not listed) in the mental health drug classes listed below (except as noted for "ADHD Pharmaceuticals and Sedative/Hypnotics, Non-Barbiturates"). Compliance with the Preferred Drug List for mental health drugs is voluntary.

Relative costs, represented by the dollar sign (\$), are indicative of the net cost of the product to the South Carolina Medicaid program. Each drug class is reviewed independently when determining relative costs.

ANTI-ANXIETY PHARMACEUTICALS

Chlordiazepoxide	\$
Alprazolam	\$
Diazepam	\$
Lorazepam	\$\$
Clonazepam	\$\$
Buspirone	\$\$\$
Oxazepam	\$\$\$
Clorazepate Dipotassium	\$\$\$

ANTI-CONVULSANTS

Anti-convulsants such as Depakote® are available and should be utilized if clinically appropriate.

ANTI-DEPRESSANTS – NEW GENERATION

Trazodone	\$
Bupropion	\$\$
Mirtazapine	\$\$
Effexor®	\$\$\$
Bupropion SA	\$\$\$
Mirtazapine, rapid dissolve	\$\$\$

ANTI-DEPRESSANTS – SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Fluoxetine	\$
Paroxetine	\$\$\$
Lexapro®	\$\$\$
Citalopram	\$\$\$
Fluvoxamine	\$\$\$

ANTI-DEPRESSANTS – TRICYCLICS

Amitriptyline	\$
Nortriptyline	\$
Imipramine	\$\$
Desipramine	\$\$\$
Clomipramine	\$\$\$

ANTI-MANIA PHARMACEUTICALS

Lithium*	\$
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**Only one drug in this therapeutic class.*

ANTI-PSYCHOTICS - TYPICALS

Prescribers are advised to review potential adverse effects associated with the use of these medications and to assess risk versus benefit prior to prescribing.

Thiothixene	\$
Fluphenazine	\$
Haloperidol	\$
Thioridazine	\$
Chlorpromazine	\$\$
Trifluoperazine	\$\$
Perphenazine	\$\$
Loxapine	\$\$\$

ANTI-PSYCHOTICS - ATYPICALS

Clozapine	\$
Risperdal®	\$\$
Seroquel®	\$\$\$
Geodon®	\$\$\$
Risperdal® Rapid Dissolve	\$\$\$

ANTI-PSYCHOTICS – SSRI COMBINATIONS

None*

**Pharmaceuticals are available as individual products and should be utilized in this form, if clinically appropriate.*

ATTENTION DEFICIT HYPERACTIVITY DISORDER PHARMACEUTICALS AND SEDATIVE/HYPNOTICS, NON BARBITURATES

These pharmaceuticals are included on the Preferred Drug List (PDL) for non-mental health drugs. For preferred pharmaceuticals, see the PDL listing at <http://southcarolina.fhsc.com> or the most current Medicaid bulletin that includes the PDL.