

South Carolina
Department of Health and Human Services
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
www.dhhs.state.sc.us

December 15, 2005

MEDICAID BULLETIN

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TO: Providers Indicated

SUBJECT: South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include additional therapeutic classes. Also, there are 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 [i.e., electronic messages received via point of sale] when pharmacy claims are submitted for products that will eventually require prior authorization (PA). This period of soft editing will occur for approximately four to six 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 February 15, 2006, "new" hard edits will be activated (i.e., pharmacy claims without PA approval will deny) for newly designated non-preferred products within the therapeutic classes listed below.

REVISED/NEW PDL DRUG CLASSES: Effective February 15, 2006	
1) Lipotropics: Bile Acid Sequestering Resins	5) Urinary Tract Antispasmodics
2) Lipotropics: Fibric Acid Derivatives	6) Angiotensin Converting Enzyme (ACE) Inhibitors
3) Lipotropics: Niacin Derivatives	7) ACE Inhibitor/Diuretic Combination Products
4) Oral Hypoglycemics: Biguanide Combination Products	

The **complete PDL** (attached to this bulletin) includes the following changes:

REVISED PDL DRUGS: Effective February 15, 2006		
PREFERRED		NON-PREFERRED
LIPOTROPICS: BILE ACID SEQUESTERING RESINS		
Cholestyramine	Added to PDL	<i>Prevalite®</i>
Cholestyramine Light	Added to PDL	<i>Questran®</i>
Colestid®	Added to PDL	<i>Questran Light®</i>
Welchol®	Added to PDL	
LIPOTROPICS: FIBRIC ACID DERIVATIVES		
Gemfibrozil	Added to PDL	<i>Antara®</i>
Tricor®	Added to PDL	<i>Lopid®</i>
		<i>Lofibra®</i>
		<i>Triglide®</i>
LIPOTROPICS: NIACIN DERIVATIVES		
Niacor®	Added to PDL	
Niaspan	Added to PDL	
ORAL HYPOGLYCEMICS: BIGUANIDE COMBINATION PRODUCTS		
ActoPlus Met®	Added to PDL	<i>Metaglip®</i>
Avandamet®	Remains on PDL	
Glucovance®	Remains on PDL	
Glyburide/Metformin	Remains on PDL	
URINARY TRACT ANTISPASMODICS		
Detrol LA®	Remains on PDL	<i>Detrol®</i>
Enablex®	Remains on PDL	<i>Ditropan®</i>
Oxybutynin	Remains on PDL	<i>Ditropan XL®</i>
Oxytrol®	Remains on PDL	
Sanctura®	Added to PDL	
Vesicare®	Added to PDL	
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS		
Benazepril	Added to PDL	<i>Accupril®</i>
Captopril	Remains on PDL	<i>Aceon®</i>
Enalapril	Remains on PDL	<i>Altace®</i>
Lisinopril	Remains on PDL	<i>Capoten®</i>
		<i>Fosinopril</i>
		<i>Lotensin®</i>
		<i>Mavik®</i>
		<i>Moexipril</i>
		<i>Monopril®</i>
		<i>Prinivil®</i>
		<i>Univasc®</i>
		<i>Vasotec®</i>
		<i>Zestril®</i>
ACE INHIBITOR/DIURETIC COMBINATION PRODUCTS		
Benazepril/HCTZ	Added to PDL	<i>Accuretic®</i>

REVISED PDL DRUGS: Effective February 15, 2006		
PREFERRED		NON-PREFERRED
Enalapril/HCTZ	Remains on PDL	<i>Capozide®</i>
Lisinopril/HCTZ	Remains on PDL	<i>Lotensin HCT®</i>
		<i>Monopril HCT®</i>
		<i>Prinzide®</i>
		<i>Uniretic®</i>
		<i>Vaseretic®</i>
		<i>Zestoretic®</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 South Carolina 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.*]

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/bga

Attachments

NOTE: 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/dhhsnew/QLbulletins.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: December 2005

ANALGESIC

NSAID's

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® (all forms)
Biaxin XL®
EryPed®
Ery-Tab®
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuc.
Erythromycin Stearate
Erythrocin Stearate
Erythromycin & Sulfisox.
Zithromax®

Quinolones, 2nd and 3rd Generation

Ciprofloxacin
Levaquin®
Ofloxacin
Tequin®

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*

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®*
* The use of Coreg® should be reserved for the treatment of hypertension in the presence of 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®

Cholesterol-Absorption Inhibitors

Vytorin®
Zetia®



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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®
Methylin®
Methylin ER®

Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®*

* Generic agents considered "first-line" when appropriate.

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Restoril® 7.5 mg*
Ambien®*

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

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

Alpha-Glucosidase Inhibitors

Glyset®
Precose®

Biguanides

Metformin
Metformin ER® 500 mg

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 will be 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

Copegus®
Rebetol®

IMMUNOMODULATORS, TOPICAL

Elidel® *
Protopic® *

* Prescribers are reminded to use these agents as advised by the respective manufacturers and reserve for only those patients who have failed traditional eczema therapy.

OPHTHALMICS

GLAUCOMA THERAPY

Alpha-2 Adrenergics

Brimonidine Tartrate



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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

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent®*

* For maintenance therapy only

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

Albuterol
Metaproterenol
Xopenex®*

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

GLUCOCORTICOIDS

Inhaled, Inhalation Devices

Azmacort®
Flovent HFA®
Qvar®

Intranasal Steroids

Flonase®
Nasacort AQ®
Nasonex®

Glucocorticoids and Long-Acting Beta-2 Adrenergics

Advair® Diskus

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 INHALATION
ALBUTEROL NEBULIZER
ALLEGRA
ALLEGRA-D
ALTOPREV
AMBIEN
AMERGE
AMPHETAMINE SALT COMBINATION
ARICEPT
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT
AVANDAMET
AVANDIA
AVINZA
AXERT
AZMACORT
AZOPT

B

BENAZEPRIL
BENAZEPRIL/HCTZ
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
CIPROFLOXACIN
COLESTID
COMBIVENT
CONCERTA
COPEGUS
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

FAMOTIDINE
FAMVIR
FENOPROFEN
FLONASE
FLOVENT HFA
FLURBIPROFEN
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

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR

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



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J

MORPHINE SULFATE ER

PRILOSEC OTC

PROPRANOLOL

K

KADIAN
KETOPROFEN
KETOPROFEN ER
KETOROLAC
KYTRIL

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

PROPRANOLOL/HCTZ
PROTONIX
PROTOPIC

L

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

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
RELPAK
RESTORIL (7.5 MG STRENGTH ONLY)
RITALIN LA

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

O

OFLOXACIN
OMNICEF CAPSULES
OMNICEF SUSPENSION
OXAPROZIN
OXYBUTININ
OXYTROL

S

SANCTURA
SEREVENT
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC

P

PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PINDOLOL
PIROXICAM
PLENDIL
PRAVACHOL
PRECOSE
PREVACID (< AGE 12)

T

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

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U

V

VALTRES
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VESICARE
VYTORIN

W

WELCHOL

X

XALATAN
XOPENEX

Y

Z

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



SOUTH CAROLINA MEDICAID PROGRAM

PRIOR AUTHORIZATION REQUEST

PRESCRIBER: NAME: _____ FIRST LAST DEA LICENSE # _____ PHONE # () _____ FAX # () _____ PRESCRIBER'S OFFICE STAFF MEMBER COMPLETING FORM: _____	BENEFICIARY: NAME: _____ FIRST LAST MEDICAID # / SSN: _____ DATE OF BIRTH: _____ SEX: _____ REQUEST DATE: _____
--	--

PHARMACY: _____ PHONE: () _____

PRIOR AUTHORIZATION REQUESTED FOR: (Please check appropriate prior authorization type)

<input type="checkbox"/> Anti-Ulcer Therapy <input type="checkbox"/> COX-2 Inhibitor Therapy <input type="checkbox"/> Orlistat (Include information regarding height, weight, diet plans, nutritional counseling, etc., with all orlistat requests.) <input type="checkbox"/> Panretin®/Targretin®	<input type="checkbox"/> Preferred Drug List <input type="checkbox"/> Quantity Limits <input type="checkbox"/> Sildenafil for Pulmonary Arterial Hypertension Other: _____	NOTE: "Brand Medically Necessary" PA requests require a <i>South Carolina Medicaid MedWatch form</i> . "Growth Hormone" PA requests require a <i>Growth Hormone request form</i> .
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DRUG NAME	DOSE	STRENGTH	LENGTH OF THERAPY

DIAGNOSIS: _____

DIAGNOSTIC PROCEDURES AND FINDINGS (please list dates): _____

MEDICAL JUSTIFICATION FOR PRODUCT USE: _____

PRESCRIBER'S SIGNATURE AND SPECIALTY: _____

FIRST HEALTH SERVICES USE ONLY:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
DATE: ____/____/____	COMMENTS: _____	
MAP RPh/TECH: _____	_____	
NDC: _____	_____	

SUBMIT REQUESTS TO: **FIRST HEALTH SERVICES** **FAX: (888) 603-7696**
 All Fax requests will be processed in one business day. To check on the status you may call: **TELEPHONE: (866) 247-1181**