

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
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December 21, 2004

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POD	04-09

MEDICAID BULLETIN

TO: Providers Indicated

- SUBJECTS: I. Clinical Call Center for Prior Authorization Requests
II. South Carolina Medicaid Preferred Drug List – Additional Therapeutic Classes
III. Prior Authorization of Growth Hormone Products

I. Clinical Call Center for Prior Authorization Requests

Prescribers are reminded that pharmaceuticals requiring prior authorization (PA) for Medicaid or SILVERxCARD beneficiaries should be submitted to South Carolina Medicaid by telephoning the **First Health Clinical Call Center at 866-247-1181** or by faxing PA requests to the Clinical Call Center at fax number 888-603-7696. *[Please note that a fax form is attached to this bulletin. Also, note that both the telephone and fax numbers are toll-free.]* To facilitate the PA submission process, PA requests may be telephoned or submitted by either the prescriber or prescribers' designated office personnel. The First Health Clinical Call Center is available 24 hours per day, 7 days per week.

The Clinical Call Center is fully staffed to respond to prescribers' PA requests. In order to ensure that the PA request is resolved as quickly as possible, prescribers or designated office personnel should have the patient's records available, *including the beneficiary's Medicaid (or SILVERxCARD) identification number*, so that specific information may be referenced while the PA request is being discussed with Clinical Call Center staff. The immediate availability of these records should allow for more efficient use of the time dedicated towards the PA request.

The South Carolina Department of Health and Human Services (DHHS) is pleased to announce that an enhancement has been made to the telephone system of the First Health Clinical Call Center. This recent improvement will minimize the amount of

time that prescribers or prescribers' designated office personnel allot towards PA requests submitted by telephone. Although Call Center staff members are generally available to respond immediately to most telephone inquiries, *during periods of increased call volume*, an option has been added whereby prescribers or prescribers' designated office personnel will have the choice to leave a telephone callback number for First Health staff. If a callback number along with pertinent information regarding the PA request are placed in the Call Center's voice mailbox, then First Health personnel will return the call to the prescriber's office within one business day. This enhancement (activated during periods of increased call volume) will facilitate less time being spent "on hold" and better utilize prescribers' resources, thereby promoting more efficient use of time devoted to the PA process.

II. South Carolina Medicaid Preferred Drug List – Additional Therapeutic Classes

During December 2004, implementation of South Carolina Medicaid's Preferred Drug List (PDL) will continue with an additional group of therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that currently comprise the South Carolina Medicaid PDL.

Prescribers are encouraged to write prescriptions for the "preferred" products rather than prescribing those drugs that require PA. However, if a prescriber is concerned that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber should initiate a PA request. A prospective PA request by the prescriber will prevent rejection of prescription claims due to the PA requirement. **PA requests must be telephoned or submitted to First Health's Clinical Call Center by the prescriber or prescribers' designated office personnel.** The toll-free telephone number for the Clinical Call Center is 866-247-1181 and the fax number is 888-603-7696 (toll-free). [Please note that the fax form is attached to this bulletin.]

As with the previously implemented PDL therapeutic classes, pharmacists should note that for approximately four to six weeks during the initial implementation period, soft edits [i.e., electronic messages that are received via point of sale] will be transmitted when pharmacy claims are submitted for products that will require PA when that group of drugs is fully implemented. The soft edit serves as notification to the pharmacist that PA will be necessary in the future. 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. *[PDL-related prior authorization requirements are applicable to all S.C. Medicaid beneficiaries, including those participating in the SILVERxCARD program.]*

Effective with dates of service **January 26, 2005**, hard edits will be activated (i.e., pharmacy claims without PA approval will be denied) for "non-preferred" products within the three therapeutic classes listed below.

- | | |
|------------------|--|
| 1) Insulins | 3) Oral Hypoglycemics: |
| 2) Lipotropics: | ♦ <i>Alpha-Glycosidase Inhibitors</i> |
| ♦ <i>Statins</i> | ♦ <i>Biguanides, Biguanides Combination Products</i> |
| | ♦ <i>Meglitinides</i> |
| | ♦ <i>Thiazolidinediones</i> |
| | ♦ <i>Sulfonylureas, Second Generation</i> |

Listed in the following table (in the column labeled "December 2004") are the therapeutic classes that will be implemented with soft edits in December 2004. Previously implemented therapeutic classes (May, August, and September 2004) are also listed in the following table.

PDL Therapeutic Classes			
<i>[The following therapeutic classes currently comprise the PDL. Therapeutic classes will continue to be added and providers will be notified accordingly.]</i>			
FIRST HEALTH CLINICAL CALL CENTER: 866-247-1181 (toll-free)			
December 2004	September 2004	August 2004	May 2004
<u>Hypoglycemics, Oral:</u> ♦ Alpha-Glucosidase Inhibitors ♦ Biguanides and Biguanides Combination Products ♦ Meglitinides ♦ Thiazolidinediones ♦ Sulfonylureas, 2nd Generation	Antihistamines: Second Generation and Decongestant Combinations	ACE Inhibitor, Calcium Channel Blocker Combinations	Angiotensin Converting Enzyme Inhibitors
Insulins	<u>Anti-Migraine Medications:</u> ♦ Serotonin 5HT1 receptor agonists	Anti-Hyperkinesia Drugs	Angiotensin Receptor Blockers (ARB's)
<u>Lipotropics:</u> ♦ Statins	<u>Beta Adrenergic Agents:</u> ♦ Short-Acting Inhalers/Inhalation Devices ♦ Long-Acting Metered Dose Inhalers ♦ Short-Acting Nebulizers	Beta Blockers	Biphosphonates for Osteoporosis
	<u>Inhaled and Nasal Steroids:</u> <u>Glucocorticoids</u> ♦ Inhaled and Inhaled Devices ♦ Glucocorticoids and Long-Acting Beta-2 Adrenergics ♦ Intranasal Steroids	Calcium Channel Blockers	Cephalosporins (second and third generations)
	Leukotriene Receptor Antagonists	Non-Steroidal Anti-Inflammatory Drugs (NSAID's)	<u>Gastrointestinals:</u> ♦ Histamine-2 Receptor Antagonists ♦ Proton Pump Inhibitors
	<u>Sedative Hypnotics:</u> ♦ Non-Barbiturates		

If a pharmacy claim is submitted for a PA-required product that has not been approved for Medicaid reimbursement, the claim 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 may be clinically appropriate for the patient. (Additionally, it may be beneficial for the pharmacist to advise the patient of the prior authorization requirement.) If alternative therapy (a drug *not* requiring PA) is deemed inappropriate by the prescriber, it will be necessary for the *prescriber or prescribers' designated office personnel* to request prior authorization for that product by contacting the First Health Clinical Call Center.

When contacting prescribers, pharmacists are asked to remind prescribers of alternative products within the therapeutic class that *do not require PA* for Medicaid coverage. [Refer to the attached listing or the PDL posting at <http://southcarolina.fhsc.com>. As additional therapeutic classes are added to the PDL, this online information will be revised. It is advisable to refer to this website often in order to obtain updates.]

Notifications will continue to be sent to those prescribers having numerous patients on medications that will require PA as a result of the PDL. Alternative drug choices will be suggested to prescribers of drugs requiring prior authorization. The overall success of the PDL is dependent on the cooperation of South Carolina Medicaid prescribers and pharmacists. Providers' efforts to assist the Medicaid program are both needed and appreciated.

III. Prior Authorization of Growth Hormone Products

Effective with dates of service January 19, 2005, prescriptions *and* refills for growth hormone products are subject to prior authorization (PA) requirements. The therapeutic class of growth hormone products includes specific pharmaceuticals such as: Genotropin®, Humatrope®, Norditropin®, and Nutropin®. (Note that this listing is not to be considered inclusive of *all* growth hormone products.)

These new PA requirements for growth hormone products are applicable for:

- Children, adults AND
- New prescriptions and refills of existing prescriptions for any growth hormone product.

The prior authorization of products such as growth hormones is necessary in order to ensure that these pharmaceuticals are prescribed within well-defined treatment guidelines and for approved indications. Prescribers should contact the **First Health Clinical Call Center** at **1-866-247-1181** (toll-free) to request prior authorization or use the fax form attached to this bulletin. Prescribers are reminded that this fax form may be used in lieu of telephoning the PA request. The submission of PA requests by fax may be a more efficient option for prescribers who have multiple requests to submit to the Clinical Call Center.

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

/s/

Robert M. Kerr
Director

RMK/bgav

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/ResourceLibrary/E-Bulletins.htm>



South Carolina Department of Health and Human Services
Preferred Drug List – May 2004 Through Present

(This is a 2-page listing.)
(List updated December 2004.)

**Products Within The Following Therapeutic Classes
Are Available WITHOUT Prior Authorization**

ACEI's (Angiotensin Converting Enzyme Inhibitors)

Captopril
Enalapril
Enalapril/HCTZ
Lisinopril
Lisinopril/HCTZ
Aceon®* (* Generic agents should be considered first-line when appropriate)

ACEI, Calcium Channel Blocker Combinations

Lotrel®
Tarka®

Angiotensin Receptor Blockers (ARB's)

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

Antihistamines: Second Generation and Decongestant Combinations

Loratadine OTC
Loratadine-D OTC
Zyrtec® Syrup*
* For patients less than 2 years of age

Antihyperkinesia Drugs

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

Antihyperkinesia Drugs (cont'd)

Methylin®
Methylin ER®
Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®* (* Generic agents considered first-line when appropriate)

Anti-Migraine Medications: Serotonin 5HT1 Receptor Agonists *

Amerge®
Axert®
Imitrex® Tablets, Injection, Nasal Spray
Maxalt®, Maxalt-MLT®
Relpax®
Zomig®, Zomig-ZMT®, and Zomig® Spray
* See <http://southcarolina.fhsc.com> for monthly quantity limits for this class.
(Click on Providers, then Documents, then Pharmacy Quantity Limits.)

Beta Adrenergic Agents: Short-Acting Inhalers/Inhalation Devices

Albuterol

Beta Adrenergic Agents: Long-Acting Metered Dose Inhalers

Serevent Diskus®*
* For maintenance therapy only

Beta Adrenergic Agents: Short-Acting Nebulizers

Albuterol
Metaproterenol
Xopenex®*
* Generic agents should be considered as first-line therapy when appropriate

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

Biphosphonates Used for Osteoporosis

Actonel®
Fosamax®

Calcium Channel Blockers Dihydropyridines

Dynacirc®
Dynacirc CR®
Nicardipine
Nefedical XL®
Nifedipine ER
Nifedipine SA
Norvasc®
Plendil®

Calcium Channel Blockers Non-Dihydropyridines

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

Cephalosporins: Second Generation

Ceftin® Suspension
Cefuroxime Tablets
Cefzil® Tablets and Suspension

Cephalosporins: Third Generation

Omnicef® Capsules and Suspension
Spectracef® Tablets

Implementation of the Preferred Drug List is being done gradually with groups of therapeutic classes. Prior authorization (PA) is required for any non-listed products that belong to those therapeutic classes listed on the PDL. Please note that all previous PA criteria remain in effect.

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



South Carolina Department of Health and Human Services
Preferred Drug List – May 2004 Through Present

(This is a 2-page listing.)
(List updated December 2004.)

**Products Within The Following Therapeutic Classes
Are Available WITHOUT Prior Authorization**

**Gastrointestinals: Histamine-2
Receptor Antagonists (H2RA's)**

Famotidine
Ranitidine
Zantac® Syrup

**Gastrointestinals: Proton
Pump Inhibitors (PPI's)**

Nexium®
Protonix®
Prilosec OTC®

Note: 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.

**Hypoglycemics, Oral: Alpha-
Glucosidase Inhibitors**

Glyset®
Precose®

**Hypoglycemics, Oral:
Biguanides**

GlucophageXR® 750mg
Metformin
Metformin ER® 500 mg

**Hypoglycemics, Oral:
Biguanides Comb. Pdts.**

Avandamet®
Glucovance®
Glyburide/Metformin

**Hypoglycemics, Oral:
Meglitinides**

Starlix®

**Hypoglycemics, Oral:
Thiazolidinediones**

Actos®
Avandia®

**Hypoglycemics, Oral:
Sulfonylureas: 2nd Generation**

Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

**Inhaled and Nasal Steroids:
Glucocorticoids–Inhaled/
Inhaled Devices**

Azmacort®
Flovent®
Qvar®

**Inhaled and Nasal Steroids:
Glucocorticoids–Intranasal
Steroids**

Flonase®
Nasarel®
Nasonex®
Rhinocort AQ®

**Inhaled and Nasal Steroids:
Glucocorticoids and Long-
Acting Beta-2 Adrenergics**

Advair Diskus®

Insulins

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

**Leukotriene Receptor
Antagonists**

Accolate®
Singulair®*
* No PA required if used to treat asthma with inhaled steroid or inhaled beta agonist therapy. Or, if used to treat allergic rhinitis after a trial of a second generation antihistamine or nasal steroid

Lipotropics: Statins

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

**Non-Steroidal Anti-
Inflammatory Agents (NSAID's)**

Diclofenac Potassium

NSAID's (cont'd.)

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

**Sedative/Hypnotics: Non-
Barbiturate**

Temazepam
Triazolam
Sonata®*
Restoril® 7.5 mg*
* Generics should be considered first-line when appropriate

Implementation of the Preferred Drug List is being done gradually with groups of therapeutic classes. Prior authorization (PA) is required for any non-listed products that belong to those therapeutic classes listed on the PDL. Please note that all previous PA criteria remain in effect.

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



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: _____
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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"/> Brand Name NSAID Therapy <input type="checkbox"/> Erectile Dysfunction Therapy <input type="checkbox"/> Growth Hormone	<input type="checkbox"/> Orlistat (please include information regarding height, weight, diet plans, nutritional counseling, etc., with all orlistat requests) <input type="checkbox"/> OxyContin® <input type="checkbox"/> Panretin®/Targretin®	<input type="checkbox"/> Preferred Drug List <input type="checkbox"/> Quantity Limits Other: _____ <small>**"Brand Medically Necessary" requests require MedWatch form – please submit those requests on appropriate form</small>
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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