

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

August 25, 2004

MEDICAID BULLETIN

DEN	04-07	PHY-MSP-CBP	04-09
HH-HOSP	04-04	PHY-MSP-HBP	04-09
HOS-IP-GEN	04-08	PHY-OPHT	04-09
HOS-OP	04-08	PHY-PATH	04-09
MC-DHEC	04-04	PHY-PC-FP/GP	04-09
MC-FQHC	04-05	PHY-PC-GER	04-09
MC-MCHC	04-05	PHY-PC-INT	04-09
MC-RHC	04-05	PHY-PC-neo	04-09
MHRC-ADA	04-05	PHY-PC-OG	04-09
MHRC-MHC	04-08	PHY-PC-PED	04-09
PHARM	04-03	PHY-PC-PED/SUB	04-09
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PHY-CARD	04-07	PHY-S	04-09
PHY-DERM	04-07	PHY-SPEC	04-07
PHY-ENT	04-09	PHY-SURG	04-07
PHY-ER	04-07	POD	04-05

TO: Providers Indicated

SUBJECT: South Carolina Medicaid Preferred Drug List – Additional Therapeutic Classes

During August 2004, implementation of South Carolina Medicaid's Preferred Drug List (PDL) will continue with the addition of another group of therapeutic classes. Listed below (in the August 2004 column) are the additional therapeutic classes that will be implemented with soft edits in August 2004. Those therapeutic classes that were implemented during May 2004 are also listed below. Attached to this bulletin is a comprehensive listing of the specific products comprising South Carolina Medicaid's PDL.

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>	
August 2004	May 2004
Angiotensin Convertin Enzyme Inhibitors (ACEI's), Calcium Channel Blocker Combinations	ACEI's
Antihyperkinesia Agents	Angiotensin Receptor Blockers (ARB's)
Beta Blockers	Biphosphonates for osteoporosis
Calcium Channel Blockers	Cephalosporins (second and third generations)
Non-Steroidal Anti-Inflammatory Drugs (NSAID's)	Histamine-2 Receptor Antagonists (H2RA's)
	Proton Pump Inhibitors (PPI's)

Drugs that are currently available to Medicaid and SILVERxCARD beneficiaries will continue to be available. Unless otherwise indicated, **products included on the PDL will be available without prior authorization (PA)**. The current process for requesting PA will remain in effect for those non-PDL products within the therapeutic classes included on the PDL.

Prescribers may request prior authorization by telephone or fax:

- Telephone the First Health Clinical Call Center at 866-247-1181 (toll free) or
- Fax a completed Prior Authorization Request Form to the First Health Clinical Call Center's fax number: 888-603-7696 (toll free). [The fax form is attached to this Medicaid bulletin and may also be found at <http://southcarolina.fhsc.com> by clicking on Providers, then Documents, and then Pharmacy General Prior Authorization Form.]

Pharmacists should note that for approximately four to six weeks during the initial implementation period for each group of PDL therapeutic classes, 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 beneficiary **and** prescriber of the eventual PA requirement. 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 more therapeutic classes are added to the PDL, this online information will be revised; therefore, refer to this website often for updates.]

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 immediately initiate a PA request. A prospective PA request by the prescriber will help to avert the rejection of prescription claims at the pharmacy due to the PA requirement. First Health's Clinical Call Center is prepared to accept PA requests for products that will require PA as a result of the implementation of the PDL.

Effective with dates of service October 13, 2004, hard edits will be activated (i.e., pharmacy claims without PA approval will deny) for "**non-preferred**" products within the following therapeutic classes (in addition to those PDL therapeutic classes that were implemented beginning in May 2004): ACE Inhibitors/Calcium Channel Block Combinations, Calcium Channel Blockers, Beta Blockers, Non-Steroidal Anti-Inflammatory Drugs, and Antihyperkinesis Agents.

If the pharmacist submits a claim for a PA-required product that has not been granted approval for Medicaid reimbursement, the claim will reject. If this occurs, the pharmacist (or patient) should contact the prescriber so that a determination may be made regarding whether a drug *not* requiring PA may be clinically appropriate. If alternative therapy (a drug *not* requiring PA) is deemed inappropriate, it will be necessary for the *prescriber or the prescriber's designated office personnel* to request prior authorization for that product through First Health's Clinical Call Center. *Please note that beneficiaries should NOT be instructed to contact Pharmacy Services' staff within the Department of Health and Human Services (DHHS) or First Health's Clinical Call Center to request clinical prior authorization.*

Providers are advised that those PA requirements that were in place *prior* to PDL implementation (e.g., orlistat, most brand name products, etc.) continue to be in effect. The proton pump inhibitor drug class was added to the PDL in May 2004; providers should note that

a change has been made regarding proton pump inhibitors *for children*. Patients who are 12 years of age or younger may receive Prevacid® without PA. Antihyperkinesis agents are added to the PDL effective August 2004. Strattera® is not indicated as a preferred agent; however, an electronic step edit will allow for the adjudication of claims for Strattera® if the patient's recent Medicaid prescription history indicates failure on one of the stimulant antihyperkinesis agents.

Notifications will continue to be sent to many prescribers regarding their patients who are currently 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. As a result of patient profiles sent to prescribers when the PDL was initially implemented, it has come to the attention of DHHS staff that numerous claims have been submitted using incorrect physician identification (ID) numbers. Pharmacists are reminded that each claim must be submitted *in the required 10-byte claims submission format*, using the actual Medicaid prescriber ID number of the prescriber who initiated the prescription. ***Pharmacists' submissions of prescriber ID numbers, identifying the prescribers of pharmacy claims, are subject to Medicaid audit.*** Pharmacy providers are required to use the correct prescriber ID number to identify the actual prescriber of the product. Prescriber ID numbers may be found at <http://southcarolina.fhsc.com> by clicking on Providers and then Documents. Scroll through Prescriber ID Information for the specific information.

The overall success of the PDL is dependent on the cooperation of our Medicaid prescribers and pharmacists. Your efforts to assist the Medicaid program are needed and appreciated.

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

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

Updated August 2004

**Angiotensin Converting
Enzyme Inhibitors (ACEI's)**

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®

Antihyperkinesia

Amphetamine Salt Combination
Dextroamphetamine
Dextroamphetamine SR
Metadate CD®
Metadate ER®
Methylin®
Methylin ER®
Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®*

**generic agents should be considered
first-line when appropriate*

Beta Blockers

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol/HCTZ
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol
Coreg® **agent should be reserved for
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**

Cefin® Suspension
Cefuroxime Tablets
Cefzil® Tablets and Suspension

**Cephalosporins: Third
Generation**

Omnicef® Capsules and Suspension
Spectracef® Tablets

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

Famotidine
Ranitidine
Zantac® Syrup

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

*Note: SC Medicaid has clinical
criteria in effect for this class. Once
criteria are met, the agents below will
be preferred; however, patients age
12 and younger may receive the
proton pump inhibitor, Prevacid®,
without PA.*
Nexium®
Protonix®
Prilosec OTC®

**Non-steroidal Anti-inflammatory
Agents (NSAID's)**

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

Implementation of the Preferred Drug List is being done gradually with groups of therapeutic classes. For those products not listed in the above classes, prior authorization will be required using the process currently in place. Please note that all previous prior authorization 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