Molina Healthcare of South Carolina Provider Update





Important Information — Please Read

September 2020

PREFERRED DRUG LIST UPDATES

Dear Provider:

Effective October 1, 2020, the following changes will be made to the Molina Healthcare of South Carolina Medicaid Preferred Drug List (PDL).

PDL Additions	
Tiagabine 12mg and 16mg ¹	Voltaren Gel 1% OTC (over the counter) 1+
Fluoxetine 40 mg capsules ¹	Malathion ¹
Norethindrone/Ethinyl Estradiol Tab 1mg-5mcg ¹	Spinosad ¹
Humulin U-500 Pen ¹	Rybelsus ²
PDL Changes	
Descovy³ (new starts only)	

^{**}NOTE: Molina Healthcare is a mandatory generic plan unless preference for BRAND is noted.

If you have any questions, please contact Molina Healthcare of South Carolina:

Molina Healthcare of South Carolina	
Pharmacy Prior Authorizations:	Phone: (855) 237-6178
Hours of operation: 8:00 a.m. to 5:00 p.m.	Fax: (855) 571-3011
Monday – Friday (EST)	·

You may also refer to the Molina Healthcare website for the most up-to-date Preferred Drug List information at http://www.molinahealthcare.com/providers/sc/medicaid/PDF/preferred-drug-list.pdf.

Thank you for your partnership in providing quality care for Molina Healthcare of South Carolina members.

Sincerely,

Pharmacy Services Department Molina Healthcare of South Carolina





^{+ -} For OTC products to be processed by the pharmacy, a prescription must be sent to the pharmacy SPECIFYING the OVER THE COUNTER product.

^{1 -} Quantity Limit

² - PA Required

^{3 -} Step Therapy