

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000177</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Per. Dr. Burton, response letter done.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-7-08</i>		
<i>cleared 10/3/08, letter attached.</i>		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary Action	

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.				
2.				
3.				
4.				



CAROLINA HEALTH CARE

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DERMATOLOGY

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ENDOCRINOLOGY

JOHN L. CULLETON, M.D.
GERALD B. MIELE, M.D., F.A.C.E.
MEENAKSHI A. PANDE, M.D.

HEMATOLOGY / ONCOLOGY

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JAMES C. H. SMITH, M.D.

INFECTIOUS DISEASE

KEVIN W. SHEA, M.D., F.A.C.P.
RICARDO A. MALDONADO, M.D.

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CRITICAL CARE & SLEEP MEDICINE
VINOD K. JONA, M.D., F.C.C.P. DIPLOMATE SLEEP MEDICINE
ZIAD W. GHAMRA, M.D.
ZOI KHIANGTE, M.D.

PODIATRIC MEDICINE AND FOOT SURGERY

RICHARD D. WEBER, D.P.M., F.A.C.F.A.S.
JEFFREY P. MUHA, D.P.M., F.A.C.F.A.S.

RHEUMATOLOGY

ROBERT E. TURNER, III, M.D., F.A.C.P.
SUPEN R. PATEL, M.D.

August 28, 2008

RECEIVED

SEP 26 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
Department of Health and Human Services
P.O. Box 8206
Columbia SC 29202

Dear Dr. Burton,

I have recently been informed of the decision made by the Medicaid formulary review committee to delete Levofloxacin off the preferred list of quinolone antimicrobial agents and instead utilize both Ciprofloxacin and Moxifloxacin on the preferred tier. I think this is a mistake that will have significant consequences for Medicaid patients in the state of South Carolina.

As you know, Levofloxacin is the most widely prescribed quinolone on the market. In Florence, it is the only quinolone on formulary at both of our large hospital systems. It seems as though you may have forgotten to consider the huge importance of rapid transition to oral therapy in the hospital setting and subsequent discharge, as it relates to health care savings.

As a generic, Ciprofloxacin may be the cheapest agent available currently but it is also the weakest against gram positive organisms and should never be prescribed for upper and lower respiratory tract infections. Its use in this setting, combined with its tendency to be underdosed, are likely to have high rates of failure and lead to an ever increasing problem with quinolone resistant organisms. Moxifloxacin, on the other hand, is less active versus gram negative organisms and has anaerobic spectrum of activity that is not necessary for the treatment of respiratory tract infections.

I feel strongly that Levofloxacin is the most versatile agent available, having both good in vitro activity versus gram negative rods and gram positive cocci, especially pneumococcus. It has the best bioavailability, the best overall tolerance and safety profile, and utility in both respiratory tract and urinary tract infections. It is also the only agent with a five day indication for the treatment of community acquired pneumonia.

Letter
Dr. Marion Burton
Medical Director
Department of Health and Human Services
Pg. 2

I have had the privilege in the past to present these issues before the formulary committee, but it seems each year that changes are made strictly based on cost without consideration of all of the other issues involved. I have already seen marked increases in the inappropriate use of Ciprofloxacin for both respiratory tract and skin and soft tissue infections. I am very concerned that this formulary change will continue to have ill effects on a population that cannot afford drug failures. I would greatly appreciate your reconsideration in this matter.

Sincerely,



Kevin W. Shea, M.D., F.A.C.P., F.I.D.S.A.
Infectious Diseases, Carolina Health Care

KWS/amy
DT: 09/03/08
CC: Jim Assey, PhD, Pharmacy Director, Department of Health and Human Services,
P.O. Box 8206, Columbia SC 29202



State of South Carolina
Department of Health and Human Services

Log 01777

Mark Sanford
Governor

Emma Forkner
Director

October 3, 2008

Kevin Shea, MD, F.A.C.P., F.I.D.S.A.
Infectious Diseases, Carolina Health Care
506 East Cheves Street
PO Box 1905
Florence, SC 29503

RE: SC Medicaid's Preferred Drug List and Levofloxacin

Dear Dr. Shea,

Thank you for corresponding with us regarding this issue. At its August meeting, the South Carolina Department of Health and Human Services [DHHS] did recommend to the Agency that Levofloxacin not be one of the preferred drugs in this class. This does not prohibit the physician from prescribing this drug when clinically indicated and medically necessary. DHHS does not have a strict formulary in which drugs are unavailable. The non-preferred status of Levofloxacin does mean that physicians will need to get prior authorization before prescribing it.

There was considerable discussion regarding this class at the August P and T Committee session. There is an adult infectious disease physician on the committee who participated in the process and agreed with the current recommendation. Your position is certainly understandable and I will take this matter back to my staff colleagues at DHHS as well as to members of the Committee for their input.

Meanwhile, I would like for someone from the Agency to contact you regarding how to minimize your inconvenience in obtaining this drug for your patients who require it. If you have a convenient email address, please correspond with me at Marion.Burton@uscmed.sc.edu. Also include a phone number through which our team member can call you.

Thank you again for your advocacy regarding this issue and for caring for SC Medicaid beneficiaries. If you have any further difficulties please call me at 803-898-2500 or 803-255-3400.

Sincerely,

Handwritten signature of Marion Burton in blue ink.

O. Marion Burton, MD
Medical Director

OMB/fms

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