

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	DATE
Roberts/Singleton/FOIA	7-14-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000022	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Coy Mullis Cleared 7/24/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-28-14 <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.			



SIDLEY AUSTIN LLP
ONE SOUTH DEARBORN STREET
CHICAGO, IL 60603
(312) 853 7000
(312) 853 7036 FAX

kvalcik@sidley.com
(312) 456 5436

BEIJING
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BRUSSELS
CHICAGO
DALLAS
FRANKFURT
GENEVA
HONG KONG
HOUSTON
LONDON
LOS ANGELES
NEW YORK
PALO ALTO
SAN FRANCISCO

SHANGHAI
SINGAPORE
SYDNEY
TOKYO
WASHINGTON, D.C.

FOUNDED 1866

RECEIVED

JUL 14 2014

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

July 9, 2014

Via Certified Mail

Attn: Freedom of Information Act Request
South Carolina Department of Health and Human
Services
P.O. Box 8206
Columbia, SC 29202

Re: South Carolina Freedom of Information Act Request

A. Requestor's name, address, and telephone number.

Kristen Valcik
Sidley Austin LLP
One South Dearborn Street
Chicago, IL 60603
Email: kvalcik@sidley.com
Phone: 1.312.456.5436
Fax: 1.312.853.7036

B. A description of the records being sought. The records should be identified as specifically as possible. A request for specific records that are releasable to the public can be processed much more quickly than a request for "all information" on a particular subject. Also fees for a more specific and limited request will generally be less.

I am requesting electronic or paper copies, as available, of the following records from **January 1, 2006 through December 31, 2011** under the South Carolina Freedom of Information Act, S.C. CODE ANN. § 30-4-10 ("FOIA"). Please provide the requested records and information on a rolling basis.

- (i) Prescription drug plan formularies or preferred drug lists for the South Carolina Medicaid program;
- (ii) Coverage determination forms, prior authorization forms, individualized exception forms, and pharmacy claims forms for the South Carolina Medicaid program published by or provided to the South Carolina Department of Health and Human Services;

July 9, 2014

Page 2

- (iii) Prior authorization criteria required by the South Carolina Medicaid program for coverage and reimbursement of Tarceva® (known under the generic name “erlotinib”);
- (iv) Retrospective reviews conducted by the South Carolina Department of Health and Human Services or other government entity(ies) with respect to South Carolina Medicaid coverage and reimbursement of Tarceva® or the utilization of Tarceva® in general patient populations or patients with non-small cell lung cancer (“NSCLC”); and
- (v) Records and information related to or documenting coverage determinations in response to individual patient requests or appeals for coverage of Tarceva® under the South Carolina Medicaid program.

C. Separate requests should be submitted for each firm or product involved.

This request is specific to coverage and reimbursement under the South Carolina Medicaid program for the kinase inhibitor, erlotinib hydrochloride (sold under the trade name Tarceva® and known under the generic name erlotinib) from January 1, 2006 through December 31, 2011.

D. A statement concerning willingness to pay fees, including any limitations.

We are aware of the fees relevant to requests under FOIA, and have funds available that can be used to pay for this specific request upon notice. If the fees will exceed \$500, please contact me to obtain my approval prior to proceeding.

Very truly yours,



Kristen Valcik
Paralegal

KV:it



Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:	_____	\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature_____
Date:

SIDLEY AUSTIN LLP
SIDLEY

SIDLEY AUSTIN LLP
ONE SOUTH DEARBORN
CHICAGO, IL 60603

CERTIFIED MAIL



7012 1010 0001 7914 8341

U.S. POSTAGE >> PITNEY BOWES



ZIP 60603 \$ 006.48⁰
02 1W
0001366083 JUL 09 2014



Attn: Freedom of Information Act
Request

South Carolina Department of
Health and Human Services
P.O. Box 8206
Columbia, SC 29202

JUL 12 2014

JUL 27 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

29202820606



RECEIVED

JUL 14 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. SOLIDLY ATTACHED.

Log #00022



Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

July 24, 2014

Kristen Valcik
Sidley Austin LLP
One South Dearborn Street
Chicago, IL 60603

Dear Ms. Valcik:

Your Freedom of Information Act request dated July 9, 2014 and received by the South Carolina Department of Health and Human Services (SCDHHS) on July 14, 2014 was referred to me for processing. You requested copies of the following records from January 1, 2006 through December 31, 2011:

- (i) Prescription drug plan formularies or preferred drug lists for the South Carolina Medicaid Program;
- (ii) Coverage determination forms, prior authorization forms, individualized exception forms, and pharmacy claims forms for the South Carolina Medicaid program published by or provided to the South Carolina Department of Health and Human Services;
- (iii) Prior authorization criteria required by the South Carolina Medicaid Program for coverage and reimbursement of Tarceva (known under the generic name "erlotinib")
- (iv) Records and information related to the documenting coverage determinations in response to individual patient requests or appeals for coverage of Tarceva under the South Carolina Medicaid program.

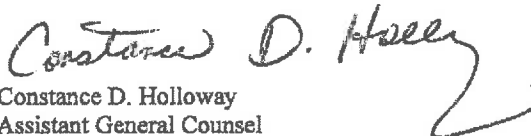
Please find enclosed the requested preferred drug lists for the South Carolina Medicaid Program from January 2006-January 2012. Also please find enclosed a general Prior Authorization form for Pharmacy. Please note that under South Carolina Medicaid the drug Tarceva does not require a prior authorization form and does not have any prior authorization criteria. In addition there have been no retrospective reviews conducted by SCDHHS with respect to South Carolina Medicaid coverage and reimbursement of Tarceva. A search of records reveals that from January 1, 2006 through December 31, 2011, South Carolina Medicaid has paid 541 claims for Tarceva.

Our expense for extracting this information is \$81.99. Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062).

Sincerely,


Constance D. Holloway
Assistant General Counsel

CC: Kim Cox, Lynette Wilson



July 24, 2014

TO: Robert Kerr

FROM: Constance D. Holloway
Assistant General Counsel

SUBJECT: Cost of Processing FOIA Request # 022

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	<u>7.5</u> Hours	<u>\$75.00</u>
Pages copied at \$.10 per page	<u> </u> Pages	<u>\$ </u>
Pages faxed at \$.20 per page	<u> </u> Pages	<u>\$ </u>
Shipping and Handling Costs		<u>\$6.99</u>
Other costs associated with the FOIA request:	<u> </u>	<u>\$ </u>
Total Amount Due SCDHHS:		<u>\$81.99</u>

Please remit the above amount to the following address:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Constance D. Holloway
Signature

7-24-14
Date

1.00 9.02
6.99

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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JUL 15 2014

SCDHHS
Office of General Counsel

TO	DATE
Roberts/Singleton/FOIA	7-14-14

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	<input checked="" type="checkbox"/> FOIA DATE DUE 7-28-14
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July 9, 2014

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Kristen Valcik
Paralegal

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South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date:

SIDLEY AUSTIN LLP
SIDLEY

SIDLEY AUSTIN LLP
ONE SOUTH DEARBORN
CHICAGO, IL 60603

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000 1246083 JUL 02 2014

Attn: Freedom of Information Act
Request
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Health and Human Services
P.O. Box 8206
Columbia, SC 29202

JUL 12 2014

JUL 2 2014

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RETURN RECEIPT REQUESTED

250022020505



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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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OF THE RETURN ADDRESS, ABOVE POSTAGE LINE