

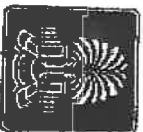
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|              |                |
|--------------|----------------|
| TO           | DATE           |
| <i>Myers</i> | <i>1-24-08</i> |

|   |   |
|---|---|
| DIRECTOR'S USE ONLY   | ACTION REQUESTED  |
| 1. LOG NUMBER<br><br>000387   | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____                 |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>Clemed 1/29/08, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>2/4/08</i> |
|   | <input type="checkbox"/> FOIA<br>DATE DUE _____   |
|   | <input type="checkbox"/> Necessary Action   |

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



UNIVERSITY OF SOUTH CAROLINA  
SCHOOL OF MEDICINE  
UNIVERSITY SPECIALTY CLINICS

## FACSIMILE COVER LETTER

DATE 1/23/08

**FAX NUMBER 255-8235**

DELIVER TO Brenda

FROM Tasha/O. Marion Burton

TOTAL NUMBER OF PAGES INCLUDING COVER PAGE 2

**CALL WHEN RECEIVED**

**HIGH PRIORITY**

X  
CONFIDENTIAL

OFFICIAL COPY TO FOLLOW BY US/CAMPUS MAIL

PLEASE RESPOND BY \_\_\_\_\_

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CONTACT:

Katasha  
AT PYLONE NO 003 JEF 3400

**FAX NUMBER (803) 255-3435**

## COMMENTS

### Original Letter from Dr. Charles White

**CONFIDENTIALITY NOTE:**

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify personnel in this department by telephone and return the original message to this department at the address below via the United States Postal Service. Thank you.

**15 Medical Park, Suite 300, Columbia, SC 29203  
803-255-3400, FAX 803-255-3435**

MD40:20 8002/22/10

Log: Myers  
Approved: 5/3

**Cardiovascular Disease**  
W. STRAT SPRAYBOLL, MD, FACC, FASA  
J. DALE CANNON, JR., MD, FACC, FRCAT  
C. WEST JACOBS, IV, MD, FACC  
MITCHELL W. JACOBS, MD



**Sunter  
Medical  
Consultants, P.A.**

**Gastrointestinal Disease**  
T.D. WILLIAMS, III, MD, FACC  
KENT N. CUNNINGHAM, MD  
SCOTT R. MCDUFFIE, MD  
FLOYD L. ANGUS, MD

**Pulmonary Disease**  
CHARLES H. WHITE, JR., MD, FCCP

December 18, 2007

**RECEIVED**

JAN 07 2008

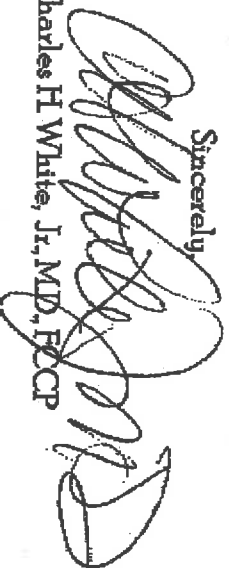
**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

**Medicaid**  
**Dr. Marion Butler,**  
**Medical Director**  
**Div. of Physician Services**  
**P.O. Box 8206**  
**Columbia, SC 29202-8206**

**Re: Michael Edgar Townsend**  
**DOB: 05/26/46**  
**Medicaid #: 1780131471**  
**Our File #: 37812**  
**Provider #: MPA 974**

Dear Sir:

Mr. Michael Townsend has significant COPD, which I have been following him for. He also has significant peripheral vascular disease and has had multiple Stent placements in his legs which I feel are at risk with his continued cigarette abuse. I ask that you consider authorizing the patient to receive Chantix to see if we can get him to stop smoking. This would have a two-fold benefit, both on his COPD and his significant peripheral vascular disease.

Sincerely,  
  
Charles H. White, Jr., MD, FCCP

CHW/ppm

cc: Michael Townsend/3200 Homestead Rd/Sunter, SC 29153

540 Physician's Lane • Sunter, South Carolina 29150 • Phone: 803/778-1941 • Fax: 803/938-9513

#387



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

January 29, 2008

Charles H. White, Jr., MD, FCCP  
3200 Homestead Road  
Sumter, South Carolina 29153

Re: Michael Edgar Townsend – DOB 05/26/1946

Dear Dr. White:

Thank you for corresponding regarding this patient. Chantix is available in the South Carolina Medicaid program for 12 weeks (180 doses) without prior authorization. It is available to this beneficiary on prescription by you. After 12 weeks, prior authorization for an additional period of time can be considered if the patient has stopped smoking. Please proceed with the therapy as you deem appropriate.

If you have any further difficulties, please do not hesitate to contact me. My office phone numbers are (803) 898-2500 or (803) 255-3400. Thank you for your advocacy regarding this patient and for caring SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marion Burton".

O. Marion Burton, MD  
Medical Director

OMB/bk

Charles H. White, Jr., MD, FCCP  
January 29, 2008  
Page 2

cc: Mike Blakely, RPH