



January 25, 2010

Medical Provider
Medical Provider Address
Medical Provider State/Zip code

Regarding patient(s):

Dear Dr. (*Name of Physician*):

To better assist the Georgia Medicaid Provider Community with requests for prior authorization, SXC Health Solutions, on behalf of the Georgia Department of Community Health (DCH), is notifying providers of the following status change on the following drug and NDC: Effective 4/1/2010, **ALBUTEROL SULFATE 0.63 MG/3ML NEBULIZER SOLUTION (NDC 00591-3467-53)** will be non-preferred requiring prior authorization (PA) for all patients regardless of age or prior claims history.

Our records indicate that the above patient(s) may be subject to the prior authorization edit based upon their recent prescription history. Please consult the Georgia Medicaid PDL (<http://dch.georgia.gov/pharmacy>) to obtain a listing of drugs that may be used in lieu of this medication that do not require prior authorization. Providers may request a PA from the SXC Clinical Call Center at 1-866-525-5827. For informational purposes, the Georgia Medicaid Pharmacy Program prior authorization criteria are available on-line at the DCH website (<http://dch.georgia.gov/pharmacy>). We appreciate your continued participation in the Georgia Medicaid program.

Sincerely,

SXC Health Solutions, Inc.
Prior Authorization Department
P.O. Box 3214
Lisle, IL 60532-8214

Phone: 866-525-5827
Fax: 888-491-9742