

Important Update- BANNER NOTIFICATION 10/30/06 OUTPATIENT FEE-FOR-SERVICE PHARMACY PROGRAM - IMPORTANT INFORMATION

Preferred Drug List changes for the State of Georgia MEDICAID and PeachCare for Kids programs

EFFECTIVE January 1, 2007: Phase V PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the therapeutic categories impacted by this revision of the preferred drug list.

Therapeutic Category	Preferred	Non-Preferred
Beta Blockers and Beta Blocker-Diuretic Combinations	Generic Beta Blockers, Generic Beta Blocker Diuretic Combos, Coreg, Levatol, Timolide and Corzide	Branded Beta Blockers, Branded Beta Blocker Diuretic Combos with generic equivalents available, Innopran XL and Toprol XL
Serotonin Receptor Agonists	Imitrex (tabs, injection, nasal spray), Amerge, Maxalt, Maxalt MLT, Axert, Relpax and Zomig (tabs, ZMT tabs, and spray)	Frova and Migranal NS

New Generation Antidepressants	Trazodone, Budeprion SR, Buproban, Bupropion SR, Bupropion HCL, Maprotiline, Mirtazapine, Mirtazapine Rapis, Wellbutrin XL, Effexor, Effexor XR and Nefazodone HCL	Branded products with generics available and Cymbalta
Thiazolidinediones (TZD's)	Actos and Avandia	None
Biguanide Combinations and Misc Antidiabetics	Glyburide-Metformin, Metaglip, Avandamet, Actoplus-Met, Avandaryl, and Glipizide-Metformin	Branded products with generics available and Duetact
Therapeutic Category	Preferred	Non-Preferred
Topical Immunomodulators	Protopic* and Elidel*	None
<i>* Requires prescription history of topical steroids prior to topical immunomodulators except for children 2-12 years of age for facial eczema.</i>		
Urinary Tract Antispasmodics	Oxybutynin, Enablex, Sanctura, Vesicare, Ditropan XL, Detrol LA, Flavoxate and Oxytrol	Branded products with generics available and Detrol
Immunomodulators	Remicade, Enbrel, Orenicia* and Humira	Kineret
* PA required		
Low Sedating Antihistamines and Combination Products**	Generic loratadine products, generic loratadine-D products, Clarinex***, Clarinex-D***, Clarinex Syrup*** and Zyrtec Syrup (preferred for children <2 years of age only)	Branded loratadine products, Allegra, Allegra-D, Fexofenadine, Zyrtec, Zyrtec-D, Zyrtec Syrup and Clarinex (rapidly dissolving tablets)

** Limit of 6 fills per rolling year for patients >21 years of age		
*** Requires prescription history of generic loratadine, loratadine-D, or loratadine Syrup prior to Clarinex, Clarinex-D, or Clarinex Syrup. Prescription history not required for children < 2.		
Leukotriene Modifiers****	Accolate, Singulair, and Zyflo	None
**** Patient's prescription claims history must indicate a diagnosis of asthma		
Ophthalmic Antihistamines	Elestat, Zaditor, Optivar, Patanol, and Emadine	None
Ophthalmic Mast Cell Stabilizers	Cromolyn Sodium Ophthalmic, Alocril, Crolom, Alamast, and Alomide	None
Ophthalmic Quinolones	Ocuflox Drops, Vigamox, Zymar, Ciloxan, Quixin, Ciprofloxacin HCL Drops, and Ofloxacin Drops	None
Prostaglandin Agonists-Ophthalmic	Xalatan, Travatan, and Lumigan	None
Sedative Hypnotics	Ambien, Ambien CR, Lunesta, Rozerem, and Sonata	None

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.