

## Important Update DCH Decision Document

**Listed below are Preferred Drug List changes for the State of Georgia Fee-For-Service Medicaid and PeachCare for Kids Programs**

**EFFECTIVE July 1, 2011 (see chart below)**

DCH rebate vendor Goold Health Systems (GHS) has completed the supplemental rebate bid process and DCH has now concluded its analysis of all supplemental rebate offers for the most recent round of bidding. The PDL decisions for those categories involved in the bidding process are outlined below as well as new drugs reviewed at the recent drug utilization review board.

**Those drugs highlighted in red indicate a change from current PDL status. Please note, this is not a full PDL listing and is not intended to include all covered drugs within a therapeutic category or provide a comprehensive list of therapeutic categories.** For a full listing of our PDL, go to [www.dch.georgia.gov/pharmacy](http://www.dch.georgia.gov/pharmacy) and select the “preferred product list” option.

<b>ADRENERGIC COMBINATIONS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ADVAIR -DISKUS/HFA	
	<b>DULERA</b>	
	SYMBICORT	
<b>ALZHEIMER-CHOLINOMIMETICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ARICEPT, -ODT	
	EXELON, -SOLN	
<b>ANALGESICS - MISC</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	BUTALBITAL/APAP 50mg/325mg	ORBIVAN
	<b>CEPHADYN</b>	SAVELLA
<b>ANDROGENS / ANABOLICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ANDROGEL, - PUMP	TESTIM

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<b>ANGIOTENSIN II RECEPTOR ANTAGONIST &amp; COMBO</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AVALIDE	AZOR
	AVAPRO	EDARBI
	BENICAR	TRIBENZOR
	BENICAR HCT	
	DIOVAN	
	DIOVAN HCT	
	EXFORGE**	
	EXFORGE HCT**	
	LOSARTAN	
	LOSARTAN HCTZ	
	MICARDIS	
	MICARDIS HCT	
Class requires the step of an ACE Inhibitor and generic losartan before approval of any product. **Step therapy requirement does not include Exforge and Exforge HCT		
<b>ANTIBIOTICS - MISC</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AZITHROMYCIN	ZMAX
<b>ANTICHOLINERGICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	SPIRIVA	ALBUTEROL/IPRATROPIUM NEB
<b>ANTICOAGULANTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	FRAGMIN	ENOXAPARIN
	LOVENOX	PRADAXA
	WARFARIN SODIUM	



<b>ANTICONVULSANTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	BANZEL TAB	BANZEL SUSP
	CARBAMAZEPINE, - ER/SR	DILANTIN
	DEPAKOTE DR,SPRKLS	DIVALPROEX DR/ SPRINKLES
	DIASTAT	GABAPENTIN SOLN
	DILANTIN INFATABS	GABITRIL
	DIVALPROEX ER	KEPPRA,-XR
	GABAPENTIN TAB,CAP	LAMICTAL,ODT,XR,KITS
	LAMOTRIGINE	LAMOTRIGINE IR KITS
	LEVETIRACETAM	TEGRETOL
	LYRICA	TEGRETOL XR 200mg,400mg
	PHENYTOIN	STAVZOR
	TEGRETOL XR 100mg	VALPROIC ACID CAPS
	TOPIRAMATE -TABS, -SPRKL	
	TRILEPTAL SUSP	
	VALPROIC ACID SYR	
	VIMPAT	
<b>ANTIDEPRESSANTS – MISC</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	TRAZODONE	OLEPTRO
<b>ANTIDEPRESSANTS – Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	EFFEXOR	CYMBALTA
	VENLAFAXINE	EFFEXOR XR
	VENLAFAXINE ER TABS (branded generic)	PRISTIQ
		VENLAFAXINE ER TAB,CAP (generic)
<b>ANTIDEPRESSANTS – Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LEXAPRO	PAXIL , -CR
<b>ANTIEMETIC DRUGS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ONDANSETRON	EMEND
		SANCUSO
<b>ANTIHEMOPHILIC DRUGS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	WILATE	

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<b>ANTIHISTAMINES – NASAL</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ASTELIN	ASTEPRO 0.15%
		ASTEPRO 0.1%
		PATANASE
<b>ANTIHISTAMINES - NON-SEDATING</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	CETIRIZINE SYRUP RX/OTC	XYZAL
	CETIRIZINE TABS OTC	XYZAL soln.
	LORATADINE, -D OTC	
	SEMPREX-D	
<b>ANTIHYPERKINESIS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AMPHETAMINE SALT COMBO	ADDERALL, -XR
	CONCERTA	AMPHETAMINE SALT COMBO ER
	DEXTROAMPHETAMINE SA	DAYTRANA
	FOCALIN, -XR	DEXMETHYLPHENIDATE
	METADATE, -CD/ER	INTUNIV
	METHYLIN, -ER/CHEW/SOLN	METHYLPHENIDATE SOLN
	METHYLPHENIDATE HCL, -ER/SR	PROCENTRA, SOLN
	VYVANSE	PROVIGIL
		RITALIN, -LA/SR
		STRATTERA
<b>ANTINEOPLASTICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	FARESTON	
<b>ANTIPSORIATICS TOPICAL &amp; SYSTEMIC</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	DOVONEX	TAZORAC
		STELARA
<b>ANTISPASMODICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	OXYBUTYNIN	ENABLEX
	SANCTURA	OXYBUTYNIN ER
	TOVIAZ	SANCTURA XR
	VESICARE	

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<b>ATYPICAL ANTIPSYCHOTIC DRUGS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	EQUETRO	ABILIFY
	GEODON	CLOZAPINE
	RISPERIDONE TAB/ODT	CLOZARIL
	SEROQUEL IR	FANAPT
		INVEGA, -SUSTENNA
		LATUDA
		RISPERDAL, CONSTA/M-TAB
		SAPHRIS
		SEROQUEL XR
		ZYPREXA
<b>BETA ADRENERGICS SHORT ACTING INHALERS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PROAIR HFA	XOPENEX HFA
	PROVENTIL HFA	
	VENTOLIN HFA	
<b>BETA BLOCKERS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Generic products except those listed as non-preferred	Branded products with generics available except those listed as preferred
	CORZIDE	BYSTOLIC
	LOPRESSOR HCT	COREG CR
		METOPROLOL HCTZ
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	FINASTERIDE	AVODART
	TAMSULOSIN	RAPAFLO
		UROXATRAL
<b>CARDIAC OTHER</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
		BIDIL
		MULTAQ
		RANEXA
<b>CCB/LIPID</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
		CADUET

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<b>CEPHALOSPORINS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	CEFACTOR ER	CEDAX
	CEFDINIR	SUPRAX TABS
	CEFUROXIME	
	SUPRAX SUSP	
<b>CHOLESTEROL BILE ACID SEQUESTRANTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	COLESTID	COLESTIPOL
	CHOLESTYRAMINE, -LITE	WELCHOL
	PREVALITE	
<b>CONTRACEPTIVES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LOSEASONIQUE	NATAZIA
	SEASONIQUE	SAFYRAL
<b>COUGH &amp; COLD</b>		
<i>Please see the separate Cough and Cold PDL posted on the DCH website for a full listing of covered products</i>		
<b>DIABETIC – DIPEPTIDYL PEPTIDASE (DPP) IV INHIBITORS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	KOMBIGLYZE	JANUMET
	ONGLYZA	JANUVIA
<b>DIABETIC - MEGLITINIDES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PRANDIN	PRANDIMET
		STARLIX
<b>DIABETIC - NON-INSULIN INJECTABLES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	BYETTA	
	SYMLIN INJ	
	SYMLINPEN INJ	
<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AMTURNIDE	
	TEKAMLO	
	TEKTRUNA HCT	
	VALTRUNA	

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<b>DIRECT RENIN INHIBITOR</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	TEKTURNA	
<b>DRUGS AFFECTING THE EAR</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	NEO/POLY/HC otic	CETRAXAL
	OFLOXACIN otic	CIPRO HC
		CIPRODEX
<b>ENDOTHELIN RECEPTOR AGONISTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LETAIRIS	
	TRACLEER	
<b>ERYTHROPOEISIS STIMULATING AGENTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PROCRIT	ARANESP
		EPOGEN
<b>FLUOROQUINOLONES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AVELOX, -ABC	CIPRO
	CIPROFLOXACIN	
<b>GI - DIGESTIVE ENZYMES</b>		
	<b>Preferred</b>	<b>Not Preferred</b>
	CREON	
	PANCREAZE	
	ZENPEP	
<b>GI - INFLAMMATORY BOWEL AGENTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	APRISO	ASACOL HD 800MG
	ASACOL 400MG DR	LIALDA
	CANASA	PENTASA 500MG CR
	PENTASA 250MG CR	
	SFROWASA	
<b>GI – ULCER ANTI-INFECTIVE</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
		PREVPAC
		PYLERA

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<b>GI - PROTON PUMP INHIBITOR</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	OMEPRAZOLE	ACIPHEX
	<b>PANTOPRAZOLE</b>	<b>DEXILANT</b>
		NEXIUM
		PREVACID, SOLUTAB
		PRILOSEC
		PROTONIX
<b>GLUCOCORTICOIDS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	VERIPRED	
<b>GROWTH HORMONE</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	GENOTROPIN	HUMATROPE
	NORDITROPIN, FLEXPRO	HUMATROPE COMBO PACK
	NUTROPIN	OMNITROPE
	NUTROPIN AQ, PEN	TEV-TROPIN
<b>HEMOSTATICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
		LYSTEDA
<b>HEPATITIS C AGENTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PEGASYS	PEG-INTRON
<b>HIV DRUGS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	NORVIR CAPS, SOLN	NORVIR TABS
<b>HYPERPARATHYROID - VITAMIN D ANALOGS AND CALCIMIMETICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ZEMPLAR	SENSIPAR
		HECTOROL
<b>INSULIN</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	HUMALOG 50/50	APIDRA
	HUMULIN R U-500	HUMALOG MIX 75/25
	LANTUS	HUMALOG
	NOVOLIN INJ 70/30	HUMULIN 70/30
	NOVOLIN N INJ U-100	HUMULIN N
	NOVOLIN R INJ U-100	HUMULIN R
	NOVOLOG INJ 100/ML	<b>LEVEMIR</b>
	NOVOLOG MIX INJ 70/30	

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INSULIN PENFILLS		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LANTUS INJ SOLOSTAR	APIDRA SOLOSTAR
	NOVOLOG INJ PENFILL	HUMALOG PENS & CARTRIDGES
	NOVOLOG MIX INJ FLEXPEN	HUMULIN PENS & CARTRIDGES
	NOVOLOG INJ FLEXPEN	LEVEMIR INJ FLEXPEN
LEUKOTRIENE MODIFIERS		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ACCOLATE	ZAFIRLUKAST
	SINGULAIR	ZYFLO CR

LIPID - NIACIN		
	<b>Preferred</b>	<b>Non-Preferred</b>
	NIASPAN	NIACOR
	SIMCOR	
LIPID OTHER		
	<b>Preferred</b>	<b>Non-Preferred</b>
		ZETIA
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)		
	<b>Preferred</b>	<b>Non-Preferred</b>
	IMITREX INJ/NS	AMERGE TAB
	NARATRIPTAN	AXERT TAB
	SUMATRIPTAN TAB	FROVA TAB
		IMITREX TAB
		MAXALT TAB, -MLT
		RELPAX TAB
		SUMATRIPTAN INJ/NS
		TREXIMET TAB
		ZOMIG TAB, -ZMT
MISCELLANEOUS		
	<b>Preferred</b>	<b>Non-Covered</b>
		LICEFREEE SPR
		STAPHASEPTIC GEL
		TECNU EXTREM GEL
MULTIPLE SCLEROSIS AGENTS		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AVONEX	EXTAVIA
	BETASERON	
	COPAXONE	
	REBIF	

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<b>NARCOTICS - MISC.</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	IBUDONE TAB 5-200MG	PRIMALEV
	TREZIX	REPREXAIN
	XOLOX	ZAMICET
	ZOLVIT	
<b>NARCOTICS-LONG ACTING</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	FENTANYL PATCH	AVINZA
	KADIAN 10MG CR	EMBEDA
	KADIAN 20MG CR	EXALGO
	KADIAN 50MG CR	KADIAN 200MG CR
	KADIAN 100MG CR	KADIAN 80MG CR
	KADIAN 30MG CR	OPANA ER
	KADIAN 60MG CR	ORAMORPH SR
	MORPHINE SULFATE SA	OXYCODONE HCL ER
		OXYCONTIN
<b>NASAL STEROIDS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	FLUTICASONE	BECONASE AQ
	NASONEX	FLONASE
		NASACORT AQ
		OMNARIS
		RHINOCORT AQUA
<b>NON-STEROIDAL ANTIINFLAMMATORY COX-2 SELECTIVE</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	KETOROLAC	CELEBREX
	MELOXICAM	MELOXICAM SUSP
<b>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	generic NSAIDs	CAMBIA
		FLECTOR PAD, -DIS
		PENNSAID
<b>OP. ANTIHISTAMINES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PATADAY	LASTACAFT
	PATANOL	<b>OPTIVAR</b>

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<b>OP. BETA - BLOCKERS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	COMBIGAN 5ml	BETIMOL
	BETOPTIC-S	COMBIGAN 10ml
	LEVOBUNOLOL HCL	
	TIMOLOL MALEATE	
<b>OP. -MISC</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	NEOMYCIN/POLYMXIN/HC	TOBRAMYCIN/DEXAMETHASONE
	TOBRADEX	ZYLET
<b>OP. NSAIDS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ACULAR	ACULAR LS
	FLURBIPROFEN	ACUVAIL
	NEVANAC	VOLTAREN
		XIBROM
<b>OP. PROSTAGLANDINS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LATANOPROST	LUMIGAN
	TRAVATAN-Z	TRAVATAN
		XALATAN
<b>OP. QUINOLONES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	BESIVANCE	CIPROFLOXACIN DROPS
	CILOXAN OINTMENT/SOLN	MOXEZA
	OFLOXACIN	QUIXIN
	VIGAMOX	ZYMAR
		ZYMAXID
<b>OP. SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ALPHAGAN P	IOPIDINE
<b>OPIOID PARTIAL AGONISTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	SUBOXONE	BUPRENORPHINE
	SUBUTEX	
<b>PHOSPHATE BINDERS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	PHOSLO	ELIPHOS
	RENAGEL	FOSRENOL
	RENVELA TAB	RENVELA PAK

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<b>PLATELET AGGR. INHIBITORS / COMBOS - MISC.</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	AGGRENOX	EFFIENT
<b>PROGESTINS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
		MAKENA
<b>PULMONARY ANTIHYPERTENSIVES</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ADCIRCA	REVATIO
<b>STATIN - HIGH POTENCY</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	CRESTOR*	LIPITOR
	SIMVASTATIN	LIVALO
	*for patients not at goal on simvastatin	VYTORIN
<b>STATIN - LOW POTENCY</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LESCOL, -XL	
	LOVASTATIN	
	PRAVASTATIN	
<b>STEROID INHALANTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ASMANEX TWISTHALER	AEROBID, -M
	FLOVENT - DISKUS/ HFA	ALVESCO
	PULMICORT RESPULES	BUDESONIDE INH SUSP
	QVAR	PULMICORT FLEXHALER
<b>TUMOR NECROSIS FACTOR (TNF) BLOCKERS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ENBREL	CIMZIA
	HUMIRA	KINERET
		REMICADE
		SIMPONI
<b>TOPICAL - ACNE PREPARATIONS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	BENZACLIN	ATRALIN
	BENZACLIN KIT	BENZOYL PEROXIDE PADS
	METROGEL	DIFFERIN
		NUOX

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<b>TOPICAL - ANTIVIRALS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	DENAVIR	XERESE
	ZOVIRAX	
<b>TOPICAL – CORTICOSTEROIDS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ALL GENERICS	ALCLOMETASONE
	CLOBETASOL FOAM	
	DERMA-SMOOTHIE OIL/FS	
<b>TOPICAL - IMMUNOMODULATORS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	ELIDEL	PROTOPIC
<b>TOPICAL - LOCAL ANESTHETICS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LIDOCAINE CREAM, GEL, LOTION, OINTMENT	LIDODERM
<b>TRIGLYCERIDE LOWERING AGENTS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	GEMFIBROZIL	ANTARA
	TRICOR	FENOFIBRATE
	TRILIPIX	FENOGLIDE
		LOFIBRA
		LOVAZA
<b>VITAMINS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	LUDENT CHW - 0.25mg,0.5mg,1mg	OB COMPLETE CAP ONE*
	MAXARON FORT CAP CAPS	OB COMPLETE CHW*
	MULTIVIT/FL CHW – 0.25mg,0.5mg, 1mg	OB COMPLETE TAB PREMIER*
	MVC-FLUORIDE CHW - 0.25mg,0.5mg, 1mg	PREQUE 10 TAB*
	PREFERA OB TAB	PAIRE OB MIS*
	SOD FLUORIDE DRO 0.5MG/ML	PREFERA OB MIS + DHA
		PREFERA OB CAP ONE*
* These products are non-covered per DCH policy		

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<b>New Drug Review</b>		
<b>SEDATIVE HYPNOTIC DRUGS</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	DOXEPIN	SILENOR
	ZALEPLON	
	ZOLPIDEM	

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