

June 14, 2010

## **Alert of Coverage Changes in Georgia Medicaid Fee-For-Service Preferred Drug List**

Dear Member:

Starting July 1, 2010, there will be changes to some of the drugs on the preferred drug list (PDL) in the Georgia Medicaid Fee-for-Service (FFS) program. To help you, please find in the table below the drugs that will switch to non-preferred requiring prior authorization (PA) starting July 1, 2010. Also below are preferred drug options that may work for you. The drugs highlighted in red indicate a change from current PDL status.

Please be aware that the table below does not include all the changes occurring on July 1, 2010 and is not a full PDL listing. For the full Georgia Medicaid FFS PDL, please go to the Department of Community Health Website at <http://dch.georgia.gov> and click on Providers then Pharmacy then Preferred Drug Lists or go directly to the following link: [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_32050640,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_32050640,00.html). You may also view the full list of PDL changes occurring on July 1, 2010 at [http://dch.georgia.gov/vgn/images/portal/cit\\_1210/10/1/160183191DCHDecisionFY2011.pdf](http://dch.georgia.gov/vgn/images/portal/cit_1210/10/1/160183191DCHDecisionFY2011.pdf).

Please call your doctor to discuss this letter if you are on one of the medications that will become non-preferred requiring a prior authorization and possible switching to preferred medications that may work for you. If your doctor determines that you should remain on the non-preferred drug, then he or she can call SXC at **1-866-525-5827** before July 1, 2010 to request that you be able to continue your current medication.

We encourage you to discuss this letter with your doctor prior to July 1, 2010. This letter is not meant to replace the care you receive from your doctor.

Sincerely,

Georgia Department of Community Health  
Medicaid Fee-For-Service

**Preferred Drug List  
7.1.10 Changes**

<b>Preferred</b>	<b>Non-Preferred</b>
<b>Antidepressant Agents – Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	
CITALOPRAM GENERIC	PAROXETINE ER*
FLUOXETINE GENERIC	PAXIL
LEXAPRO	PAXIL CR*
PAROXETINE IR GENERIC	
SERTRALINE GENERIC	
<b>Antispasmodic Agents – Urinary Tract</b>	
ENABLEX	DETROL*
OXYBUTYNIN GENERIC	DETROL LA*
SANCTURA	DITROPAN XL*
VESICARE	OXYBUTYNIN ER GENERIC*
	SANCTURA XR*
	TOVIAZ*
<b>Benign Prostatic Hyperplasia (BPH) Agents</b>	
FINASTERIDE GENERIC	AVODART*
TAMSULOSIN GENERIC	FLOMAX
	PROSCAR
	RAPAFLO*
	UROXATRAL*
<b>Gastrointestinal Agents – Proton Pump Inhibitors (PPIs)</b>	
DEXILANT* (formerly Kapidex)	ACIPHEX*
OMEPRAZOLE GENERIC*	NEXIUM*
	PANTOPRAZOLE GENERIC*
	PREVACID*
	PRILOSEC*
	PROTONIX*
<b>Ophthalmic Beta Blocker Agents</b>	
COMBIGAN 5mL	BETIMOL*
BETOPTIC-S	COMBIGAN 10mL*
LEVOBUNOLOL GENERIC	
TIMOLOL MALEATE GENERIC	
<b>Tumor Necrosis Factor (TNF) Blocker Agents</b>	
ENBREL*	CIMZIA*
HUMIRA*	REMICADE*
	SIMPONI*
<b>Topical Local Anesthetic Agents</b>	
LIDOCAINE TOPICAL	LIDODERM*

\*Requires prior authorization; change from previous PDL