

**Alert of Coverage Changes in Tumor Necrosis Factor Modifiers for
Georgia Medicaid Fee-For-Service Members**

Dear Dr. :

Starting December 1, 2009, changes to the Georgia Medicaid Fee-For-Service (FFS) Preferred Drug List (PDL) will occur for Tumor Necrosis Factor (TNF) Modifiers that may affect your Georgia Medicaid FFS patients. Enbrel[®] and Remicade[®] will no longer have preferred status and all TNF Modifiers will require a prior authorization (PA) for prescriptions processed under Pharmacy Services as of December 1, 2009. Please find below a table that summarizes the PDL coverage status of the TNF Modifiers beginning December 1, 2009, with the changes bolded along with preferred options that may be appropriate for your affected Georgia Medicaid FFS patients.

TNF Modifier PDL Starting December 1, 2009

Preferred	Non-Preferred
CIMZIA*	ENBREL*
HUMIRA*	HUMIRA PSORIASIS STARTER KIT*
	REMICADE*
	SIMPONI*

***Requires Prior Authorization**

This letter is not intended to replace the medical care you provide to your patients. Prior authorization for a preferred or non-preferred product can be requested for Georgia Medicaid FFS members by contacting SXC at **1-866-525-5827**. We encourage you to submit the request prior to the implementation of the PDL changes for the TNF Modifiers on December 1, 2009.

For the full Georgia Medicaid FFS Preferred Drug List, please go to the Department of Community Health Website at <http://dch.georgia.gov>. Thank you for assisting Georgia Medicaid in providing continued access to prescription coverage through selecting cost-effective alternatives when appropriate. We appreciate you being a Georgia Medicaid provider.

Sincerely,

Georgia Department of Community Health
Medicaid Fee-For-Service Program