

Important Update

Pharmacy and Physician Providers

Preferred Drug List changes for the State of Georgia Fee-For-Service Medicaid and PeachCare for Kids programs

EFFECTIVE April 16, 2007

Phase II and III PDL Changes – REVISED May 7, 2007

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. *All current quantity level limitations apply.*

Non-Dihydropyridine Calcium Channel Blockers		
	Preferred	Non-Preferred
	Cardizem LA	Calan
	Cartia XT	Calan SR
	Diltia XT	Cardizem
	Diltiazem	Cardizem CD
	Diltiazem ER	Cardizem SR
	Diltiazem XR	Covera-HS
	Taztia XT	Dilacor XR
	Verapamil HCL	Isoptin SR
	Verelan PM	Tiazac
		Verelan
Long Acting Narcotics		
	Preferred	Non-Preferred
	Duragesic (brand only)	Avinza*
	Kadian	Fentanyl Patch
	Morphine Sulfate SA Tab	MS Contin
	Oramorph SR	Opana/ER
		Oxycodone ER
		Oxycontin
		<i>*current users will be grandfathered</i>



Narcotic Lozenge	Preferred	Non-Preferred
	N/A	Actiq
		Fentanyl Lozenge
		Fentora
Bone Ossification Suppression Agents	Preferred	Non-Preferred
	Fosamax	Actonel
	Fosamax Plus D	Actonel w/Calcium
	Miacalcin	Boniva
		Didronel
		Fortical
Insulins	Preferred	Non-Preferred
	Lantus Vial	Apidra
	Levemir Vial	Exubera
	Novolin	Humalog
	Novolog	Humulin
		Lantus Cartridges
		Levemir Pens
		<i>Select Lilly products are preferred when there is no Novo Nordisk equivalent product available</i>
Antihyperkinesis Agents	Preferred	Non-Preferred
	Adderall XR	Adderall
	amphetamine salt combinations	Daytrana
	Concerta	Desoxyn
	Dextroamphetamine Sulfate	Dexedrine
	Dextrostat	Provigil
	Focalin	Ritalin
	Focalin XR	Ritalin SR
	Metadate CD	Strattera
	Metadate ER	
	Methylin	
	Methylin ER	
	Methylphenidate	
	Methylphenidate ER	
	Ritalin LA	
		<i>All preferred and non-preferred agents will continue to be subjected to DCH's current clinical prior authorization criteria for recipients 21 years of age and older.</i>



COX II Inhibitors		
	Preferred	Non-Preferred
	Celebrex*	none
	<i>*after use of two (2) generic NSAIDS for at least 14 days of therapy each</i>	
NSAIDs		
	Preferred	Non-Preferred
	All generics	Arthrotec
		Meloxicam
		Mobic
		Ponstel
Inhaled Steroids		
	Preferred	Non-Preferred
	Advair Diskus	AeroBID
	Asmanex	AeroBID-M
	Azmacort	Pulmicort Turbuhaler/Flexihaler
	Flovent	
	Pulmicort Respules	
	QVAR	
Angiotensin Receptor Blockers		
	Preferred	Non-Preferred
	Avapro	Atacand
	Benicar	Teveten*
	Cozaar	
	Diovan	
	Micardis	
		<i>*all current users will be grandfathered</i>
Angiotensin Receptor Blockers and Diuretics		
	Preferred	Non-Preferred
	Avalide	Atacand HCT
	Benicar HCT	Teveten HCT*
	Diovan HCT	
	Hyzaar	
	Micardis HCT	
		<i>*all current users will be grandfathered</i>



Selective Serotonin Reuptake Inhibitors (SSRI's)		
	Preferred	Non-Preferred
	Citalopram	Celexa
	Fluoxetine	Paxil
	Fluvoxamine	Prozac
	Lexapro	Rapiflux
	Paroxetine	Sarafem
	Paxil CR	Zoloft
	Pexeva	
	Sertraline	

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 SXC Health Solutions Customer Service at 1-866-525-5826.