



# 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, 2012 (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. **Listed below are the final decisions on any drug with a submitted supplemental rebate offer, new drugs to market reviewed at the March 2012 Drug Utilization Review (DUR) Board meeting, and changes to the PDL based upon the DUR Board review of classes.** Drugs highlighted in red have a change on the Preferred Drug List (PDL) effective July 1, 2012. PLEASE NOTE THIS IS NOT A COMPREHENSIVE LIST OF ALL DRUGS LISTED IN THE PDL CATEGORIES. A MORE COMPREHENSIVE PDL LISTING CAN BE FOUND AT: [www.dch.georgia.gov/pharmacy](http://www.dch.georgia.gov/pharmacy) and select the “Preferred Drug Lists” option.

| ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed | PREFERRED AGENTS  | NON-PREFERRED AGENTS |
|--|-------------------|----------------------|
| <b>ADRENERGIC COMBINATIONS</b>   |                   |                      |
|  | ADVAIR DISKUS/HFA |                      |
|  | DULERA            |                      |
|  | SYMBICORT         |                      |
| <b>ALZHEIMER – CHOLINOMIMETICS</b>   |                   |                      |
|  | EXELON            |                      |
|  | NAMENDA TAB/SOL   |                      |
| <b>ANDROGENS/ANABOLICS</b>   |                   |                      |
|  | ANDROGEL          |                      |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST &amp; COMBO</b>  |                   |                      |
|  | BENICAR           | AZOR                 |
|  | BENICAR HCT       | EDARBI               |
|  | DIOVAN            | EDARBYCLOR           |
|  | DIOVAN HCT        | TRIBENZOR            |
|  | EXFORGE           |                      |
|  | EXFORGE HCT       |                      |
|  | MICARDIS          |                      |
|  | MICARDIS HCT      |                      |
| Class requires the step of an angiotensin-converting enzyme (ACE) Inhibitor and generic losartan before approval of any product.         |                   |                      |
| <b>ANTICHOLINERGICS</b>  |                   |                      |
|  | SPIRIVA           |                      |
| <b>ANTICOAGULANTS</b>  |                   |                      |
|  | FRAGMIN           | ARIXTRA              |
|  | LOVENOX           | PRADAXA              |
|  |                   | XARELTO*             |
| <b>ANTICONVULSANTS</b>   |                   |                      |
|  | DIASTAT           |                      |

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|---|--------------------------|-----------------------------|
|   | LYRICA                   |                             |
|   | VIMPAT                   |                             |
|   | LEVETIRACETAM INJ        |                             |
| <b>ANTIDEPRESSANTS – MISC</b>   |                          |                             |
|   |                          | VIIBRYD*                    |
| <b>ANTIEMETIC DRUGS</b>   |                          |                             |
|   |                          | EMEND                       |
|   |                          | SANCUSO                     |
| <b>ANTIHEMOPHILIC DRUGS</b>   |                          |                             |
|   | WILATE                   |                             |
| <b>ANTIHISTAMINES – NASAL</b>   |                          |                             |
|   |                          | ASTEPRO 0.15%               |
| <b>ANTIHISTAMINES - NON-SEDATING</b>  |                          |                             |
|   |                          | XYZAL soln.                 |
| <b>ANTIHYPERKINESIS</b>   |                          |                             |
|   | FOCALIN, -XR             | ADDERALL, -XR               |
|   | VYVANSE                  | INTUNIV                     |
|   |                          | KAPVAY                      |
|   |                          | STRATTERA                   |
| <b>ANTIINFECTIVES - MISC</b>  |                          |                             |
|   | ALINIA                   | DIFICID*                    |
| <b>ANTINEOPLASTICS</b>  |                          |                             |
|   | LEUPROLIDE               | DOCEFREZ INJ**              |
|   |                          | GEMCITABINE INJ**           |
|   |                          | XALKORI*                    |
|   |                          | ZELBORAF*                   |
| <b>ANTIPLATELET DRUGS</b>   |                          |                             |
|   |                          | BRILINTA*                   |
| <b>ANTISPASMODICS</b>   |                          |                             |
|   | TOVIAZ                   | SANCTURA XR                 |
|   | VESICARE                 |                             |
| <b>ASTHMA &amp; BRONCHODILATOR AGENTS</b>   |                          |                             |
|   | ELIXOPHYLLIN ELX 80/15ML | THEOPHYLLINE ELX 80/15ML    |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>   |                          |                             |
|   |                          | UROXATRAL                   |
| <b>BETA ADRENERGICS SHORT ACTING INHALERS</b>   |                          |                             |
|   | PROAIR HFA               | XOPENEX HFA                 |
|   | VENTOLIN HFA             |                             |
| <b>BETA BLOCKERS</b>  |                          |                             |
|   |                          | BYSTOLIC                    |
| <b>CALCIUM ANTAGONISTS</b>  |                          |                             |
|   | NICARDIPINE INJ          |                             |
| <b>CARDIAC OTHER</b>  |                          |                             |
|   |                          | MULTAQ                      |
|   |                          | RANEXA                      |
| <b>CEPHALOSPORINS</b>   |                          |                             |
|   | SUPRAX SUSP              | SUPRAX TABS                 |
| <b>CHOLESTEROL BILE ACID SEQUESTRANTS</b>   |                          |                             |
|   |                          | WELCHOL                     |
| <b>CENTRAL NERVOUS SYSTEM (CNS) - MISC</b>  |                          |                             |

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|--|---------------------------|----------------------|
|  | CAFFEINE CIT INJ 60MG/3ML |                      |
| <b>CONTRACEPTIVES</b>  |                           |                      |
|  |                           | ORTHO EVRA           |
|  |                           | SAFYRAL              |
|  |                           | YASMIN               |
| <b>DIABETIC - DIPEPTIDYL PEPTIDASE (DPP) IV INHIBITORS</b>   |                           |                      |
|  | KOMBIGLYZE                | JANUMET, XR          |
|  | ONGLYZA                   | JANUVIA              |
|  | TRADJENTA                 | JENTADUETO           |
|  |                           | JUVISYNC             |
| <b>DIABETIC - NON-INSULIN INJECTABLES</b>  |                           |                      |
|  | VICTOZA                   |                      |
| <b>DIRECT RENIN INHIBITORS AND COMBINATIONS</b>  |                           |                      |
|  |                           | AMTURNIDE            |
|  |                           | TEKAMLO              |
|  |                           | TEKTRNA              |
|  |                           | TEKTRNA HCT          |
|  |                           | VALTRNA              |
| <b>DIURETICS</b>   |                           |                      |
|  | CHLOROTHIAZ INJ 500MG     |                      |
| <b>DRUGS AFFECTING THE EAR</b>   |                           |                      |
|  |                           | CIPRODEX             |
|  |                           | DERMOTIC OIL         |
| <b>DRUGS FOR GOUT</b>  |                           |                      |
|  | COLCRYS                   |                      |
| <b>ENDOCRINE &amp; METABOLIC- MISC</b>   |                           |                      |
|  | OCTREOTIDE                |                      |
| <b>ENDOTHELIN RECEPTOR AGONISTS</b>  |                           |                      |
|  | LETAIRIS                  |                      |
|  | TRACLEER                  |                      |
| <b>ERYTHROPOEISIS STIMULATING AGENTS</b>   |                           |                      |
|  | PROCRIT                   | ARANESP              |
| <b>GASTROINTESTINAL (GI) - DIGESTIVE ENZYMES</b>   |                           |                      |
|  | CREON                     |                      |
|  | PANCREAZE                 |                      |
|  | ZENPEP                    |                      |
| <b>GI - INFLAMMATORY BOWEL AGENTS</b>  |                           |                      |
|  | APRISO                    | LIALDA               |
|  | CANASA                    | PENTASA 500MG CR     |
|  | PENTASA 250MG CR          |                      |
| <b>GI - ULCER ANTI-INFECTIVES</b>  |                           |                      |
|  |                           | PYLERA               |
| <b>GROWTH HORMONE</b>  |                           |                      |
| To be reviewed at June DURB  |                           |                      |
| <b>HEMOSTATICS SYSTEMIC and TOPICAL</b>  |                           |                      |
|  |                           | LYSTEDA              |
| <b>HEPATITIS C AGENTS</b>  |                           |                      |
| Incivek and Victrelis  | PEGASYS                   | PEG-INTRON           |
| To be reviewed at June DURB  |                           | RIBAPAK              |
| <b>HUMAN IMMUNODEFICIENCY VIRUS (HIV) DRUGS</b>  |                           |                      |

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|--|---------------------|-------------------------------|
|  |                     | NORVIR TABS                   |
|  |                     | VIRAMUNE XR TAB               |
| <b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS AND CALCIMIMETICS</b>  |                     |                               |
|  | ZEMPLAR             |                               |
| <b>INSULIN</b>   |                     |                               |
|  | HUMULIN 70/30       |                               |
|  | HUMALOG INJ 100/ML  |                               |
|  | HUMALOG MIX 75/25   |                               |
|  | LANTUS              |                               |
| <b>INSULIN PENFILLS</b>  |                     |                               |
|  | LANTUS INJ SOLOSTAR | HUMALOG KWIK INJ 100/ML       |
|  |                     | HUMALOG MIX INJ 50/50KWP      |
|  |                     | HUMALOG MIX INJ 50/50KWP SUSP |
|  |                     | HUMALOG MIX INJ 75/25KWP      |
| <b>LEUKOTRIENE MODIFIERS</b>   |                     |                               |
|  | SINGULAIR           |                               |
| <b>LIPID - NIACIN</b>  |                     |                               |
|  | NIASPAN             |                               |
|  | SIMCOR              |                               |
| <b>LIPID OTHER</b>   |                     |                               |
|  |                     | ZETIA                         |
| <b>MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)</b>   |                     |                               |
|  |                     | MAXALT TAB, -MLT              |
|  |                     | RELPAK TAB                    |
|  |                     | SUMATRIPTAN INJ/NS            |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |                     |                               |
|  | AVONEX              | EXTAVIA                       |
|  | BETASERON           |                               |
|  | COPAXONE            |                               |
|  | REBIF               |                               |
| <b>NASAL STEROIDS</b>  |                     |                               |
|  | BECONASE AQ         | OMNARIS                       |
|  | NASACORT AQ         |                               |
| <b>NON-STEROIDAL ANTIINFLAMMATORY COX-2 SELECTIVE</b>  |                     |                               |
|  |                     | CELEBREX                      |
| <b>NON-STEROIDAL ANTIINFLAMMATORY DRUGS (NSAIDS)</b>   |                     |                               |
|  |                     | PENNSAID                      |
| <b>OPHTHALMIC ANTIHISTAMINES</b>   |                     |                               |
|  | PATADAY             | BEPREVE                       |
|  | PATANOL             | LASTACFT                      |
| <b>OPHTHALMIC BETA - BLOCKERS</b>  |                     |                               |
|  | COMBIGAN 5ml        | COMBIGAN 10ml                 |
| <b>OPHTHALMIC NSAIDS</b>   |                     |                               |
|  | NEVANAC             | ACUVAIL                       |
|  |                     | BROMDAY                       |
| <b>OPHTHALMIC PROSTAGLANDINS</b>   |                     |                               |
|  | TRAVATAN-Z          | LUMIGAN                       |
| <b>OPHTHALMIC QUINOLONES</b>   |                     |                               |
|  | BESIVANCE           | ZYMAXID                       |

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|---|---------------------------|-----------------------------|
|   | MOXEZA                    |                             |
|   | VIGAMOX                   |                             |
| <b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>   |                           |                             |
|   | ALPHAGAN P                |                             |
| <b>OPIOID AGONISTS</b>  |                           |                             |
|   | KADIAN 10MG CR            | ABSTRAL                     |
|   | KADIAN 20MG CR            | DURAGESIC                   |
|   | KADIAN 50MG CR            | EXALGO                      |
|   | KADIAN 100MG CR           | KADIAN 200MG CR             |
|   | KADIAN 30MG CR            | KADIAN 80MG CR              |
|   | KADIAN 60MG CR            | NUCYNTA, -ER                |
|   |                           | OPANA ER                    |
| <b>OPIOID PARTIAL AGONISTS</b>  |                           |                             |
|   | SUBOXONE MISC, -SUBL      |                             |
| <b>PHOSPHATE BINDERS</b>  |                           |                             |
|   | ELIPHOS                   | FOSRENOL                    |
|   | RENAGEL                   | PHOSLO                      |
|   | REVELA TAB                | REVELA PAK                  |
| <b>PLATELET AGGR. INHIBITORS / COMBOS - MISC</b>  |                           |                             |
|   | AGGRENOX                  |                             |
| <b>PROGESTINS</b>   |                           |                             |
|   |                           | MAKENA                      |
| <b>PULMONARY ANTIHYPERTENSIVES</b>  |                           |                             |
|   | ADCIRCA                   |                             |
| <b>RESPIRATORY AGENTS - MISC</b>  |                           |                             |
|   | DALIRESP                  |                             |
| <b>SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)s</b>   |                           |                             |
| <b>To be reviewed at June DURB</b>  |                           |                             |
| <b>STEROID INHALANTS</b>  |                           |                             |
|   | FLOVENT - DISKUS/ HFA     | ALVESCO                     |
|   | QVAR                      |                             |
| <b>TUMOR NECROSIS FACTOR (TNF) BLOCKERS</b>   |                           |                             |
|   | ENBREL                    | CIMZIA                      |
|   | HUMIRA                    | SIMPONI                     |
| <b>TOPICAL – ACNE PREPARATIONS</b>  |                           |                             |
|   | BENZACLIN GEL 1-5%, -PUMP |                             |
| <b>TOPICAL – ANTIPSORIATICS</b>   |                           |                             |
|   |                           | TAZORAC                     |
|   |                           | STELARA**                   |
| <b>TOPICAL – CORTICOSTEROIDS</b>  |                           |                             |
|   | DERMA-SMOOTHIE OIL/FS     |                             |
| <b>TOPICAL – ENZYMES</b>  |                           |                             |
|   | SANTYL OINT               |                             |
| <b>TOPICAL – IMMUNOMODULATORS</b>   |                           |                             |
|   | ELIDEL                    |                             |
|   | PROTOPIC                  |                             |
| <b>TOPICAL - LOCAL ANESTHETICS</b>  |                           |                             |
|   |                           | LIDODERM                    |
| <b>TOPICAL - SCABICIDES AND PEDICULICIDES</b>   |                           |                             |
|   | NATROBA                   |                             |



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|--|------------------|----------------------|
| <b>TRIGLYCERIDE LOWERING AGENTS</b>  |                  |                      |
|  | TRICOR           | ANTARA               |
|  | TRILIPIX         |                      |
| <b>VITAMINS</b>  |                  |                      |
|  | PREFERA OB TAB   | PREFERA OB MIS + DHA |

\* new drug to market reviewed at the March 2012 DUR Board meeting

\*\* drugs listed in PIDL (Physician Injectable Drug List)

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|--|---------|---------------------------|
| <b>COUGH &amp; COLD</b>  |         |                           |
|  |         | ALA-HIST IR TAB 2MG       |
|  |         | BROMFED DM SYP            |
|  |         | LORTUSS EX LIQ            |
|  |         | POLY HIST TAB FORTE       |
|  |         | POLY-VENT DM TAB          |
|  |         | POLY-VENT IR TAB 45-400MG |
| <b>VITAMINS</b>  |         |                           |
|  |         | PREFERA OB CAP ONE        |