



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 July 01, 2009

Phase II and III PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current Preferred Drug List (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.*

NOTE: Due to changes in some of DCH's current rebate contracts, the preferred and non-preferred status of the products listed below may change. You will be apprised of the changes at least 30 days prior to the effective date.

Angiotensin Receptor Blocker (ARB) Agents		
	Preferred	Non-Preferred
	Micardis	Atacand
	Avapro	Teveten
	Cozaar	
	Benicar	
	Diovan	
Angiotensin Receptor Blockers and Diuretic Combination Agents		
	Preferred	Non-Preferred
	Micardis HCT	Atacand HCT
	Diovan HCT	Teveten HCT
	Avalide	
	Hyzaar	
	Benicar HCT	



Antihyperkinesis Agents		
	Preferred	Non-Preferred
	Methylin Tablet	Dexedrine Capsule SA
	Methylphenidate HCL	Adderall
	Dextroamphetamine Tablet	Daytrana
	Amphetamine Salt Combo	Desoxyn
	Methylin ER	Ritalin LA
	Focalin	Strattera
	Methylphenidate SA/SR	Provigil
	Dexmethylphenidate HCL	Liquadd
	Vyvanse	Procentra
	Dextrostat	
	Adderall XR	
	Focalin XR	
	Concerta	
	Metadate CD	
	Methylin Tab Chew	
	Methylin Solution	
	Dextroamphetamine Capsule SA	
		<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>
Bisphosphonates		
	Preferred	Non-Preferred
	Fosamax Solution	Boniva
	Fosamax Tablet	Actonel
	Fosamax Plus D	Actonel with Calcium
		Alendronate Sodium Tablet
Calcitonins		
	Preferred	Non-Preferred
	Miacalcin	Fortical
		Calcitonin Nasal
Inhaled Corticosteroids		
	Preferred	Non-Preferred
	Qvar	Aerobid
	Azmacort	Aerobid-M
	Flovent Diskus	Pulmicort Flexhaler
	Asmanex Twisthaler	Alvesco
	Flovent HFA	

Inhaled Corticosteroid Agents and Long-Acting Beta-Agonist Combination Agents		
	Preferred	Non-Preferred
	Advair HFA	None
	Advair Diskus	
	Symbicort	
Insulins		
	Preferred	Non-Preferred
	Lantus Vial	Levemir Pen
	Levemir Vial	Lantus Solostar
	Novolin	Lantus Cartridge
	Novolog	Apidra
		Apidra Solostar
		Humalog
		Humulin
		<i>Select Lilly products are preferred when there is no Novo Nordisk equivalent product available.</i>
Long- Acting Narcotic Analgesics		
	Preferred	Non-Preferred
	Duragesic	Oramorph SR
	Morphine Sulfate Tablet SA	Opana ER
	Kadian	Avinza
		Fentanyl Patch
		Oxycodone HCL Tab 12 Hour
		Oxycontin
Selective Nonsteroidal Antiinflammatory Agents		
	Preferred	Non-Preferred
	Meloxicam Tablet	Celebrex
		Meloxicam Oral Suspension
Selective Serotonin Reuptake Inhibitor (SSRI) Agents		
	Preferred	Non-Preferred
	Citalopram HBR Tablet	Lexapro Tablet
	Paroxetine HCL Tablet	Lexapro Solution
	Fluoxetine HCL Tablet	Prozac Weekly
	Sertraline HCL Tablet	Paroxetine CR
	Fluoxetine HCL Solution	Paxil Suspension
	Fluvoxamine Maleate	Luvox CR
	Sertraline HCL Oral Solution	Zoloft Tablet
	Paxil CR	
	Pexeva	
	Citalopram Solution	



	Paroxetine HCL Oral Suspension	
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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. If you are calling to obtain prior authorization, please contact SXC's Clinical Call Center at 1-866-525-5827.