

# IMPORTANT UPDATE – February 2<sup>nd</sup> 2009

## PHYSICIAN and PHARMACY Providers

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

**EFFECTIVE April 1, 2009**

### *Phase I PDL Changes*

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. All Non-Preferred products require prior authorization.*

<b>Beta-Adrenergic Agents: Short Acting Inhalers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Maxair	Alupent
	Proair HFA	Proventil HFA
		Ventolin HFA
		Xopenex HFA
<b>Beta-Adrenergic Agents: Long Acting Inhalers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Foradil	None
	Serevent Diskus	
<b>Beta-Adrenergic Agents: Short Acting Nebulizers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Albuterol Sulfate (generic Proventil Solution)	Accuneb
	Metaproterenol Sulfate	Albuterol Sulfate (generic Accuneb)
		Proventil Solution
		Xopenex*
		*preferred for patients ≤ 8 years of age

<b>Beta-Adrenergic Agents: Long Acting Nebulizers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Brovana
		Perforomist
<b>COPD Anticholinergics</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Atrovent HFA	Duoneb
	Combivent	Ipratropium-Albuterol (generic Duoneb)
	Ipratropium Bromide Solution	
	Spiriva	
<b>Dihydropyridine Calcium Channel Blockers</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Afeditab CR	Adalat CC
	Amlodipine Besylate	Cardene SR
	Dynacirc CR	Felodipine ER
	Isradipine	Nisoldipine
	Nicardipine HCL	Norvasc
	Nifediac CC	Plendil
	Nifedical XL	Procardia
	Nifedipine	Procardia XL
	Nifedipine ER	Sular
	Nifedipine Tablet SA	
<b>Triglyceride Lowering Agents</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Gemfibrozil	Antara*
	Tricor	Fenofibrate
		Fenoglide
		Lipofen
		Lofibra
		Lopid
		Lovaza (formerly Omacor)
		Triglide
		*current users will be grandfathered
<b>Nasal Corticosteroids</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Fluticasone Propionate	Beconase AQ
	Nasonex	Flonase
		Flunisolide (generic Nasalide)
		Flunisolide (generic Nasarel)
		Nasacort AQ
		Nasarel
		Omnaris
		Rhinocort Aqua
		Veramyst

<b>Proton Pump Inhibitors (PPIs)</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Nexium Capsule*	Aciphex
	Nexium Suspension*	Omeprazole
	Prevacid Capsule*	Pantoprazole
	Prevacid Suspension*	Prevacid NapraPAC
		Prevacid Solutab
		Prilosec RX
		Protonix
		Zegerid Capsule
		Zegerid Packet
	*Clinical PA required	
<b>Low Potency Statins</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Lovastatin	Advicor
	Pravastatin Sodium	Altoprev
		Lescol/XL
		Mevacor
		Pravachol
<b>High Potency Statins</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Crestor*	Lipitor
	Simvastatin	Vytorin
		Zocor
	*for patients not at goal on Simvastatin	
<b>Dihydropyridine Calcium Channel Blockers Combinations</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Caduet
<b>Lipid Lowering Agents: Cholesterol Absorption Inhibitors</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	None	Zetia
<b>Lipid Lowering Agents: Niacin Derivatives</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Niaspan	Niacor
	Simcor	
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
	<b>Preferred</b>	<b>Non-Preferred</b>
	Effexor	Cymbalta
	Effexor XR	Pristiq
		Venlafaxine HCL/ER

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.