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Dear Prescriber:

As you are aware, the Department of Community Health-Georgia Medicaid reviews and support cost effective and evidence-based treatment options for our members. This letter is to remind you of an important change in the Georgia Medicaid Preferred Drug List (PDL) Program. **Effective October 1, 2008, Levaquin® will be moved to non-preferred status and will require prior authorization.**

Preferred oral fluoroquinolones are:

Ciprofloxacin

Ofloxacin

Avelox® (moxifloxacin)

Avelox ABC Pak® (moxifloxacin)

In, instances where Levaquin® therapy is initiated during a hospital stay, prior authorization will be required for outpatient therapy continuance.

Prior authorization can easily be obtained, for Georgia Medicaid members by contacting SXC at **1-866-525-5827**. When requesting prior authorization initiated during a hospitalization, please include a brief statement that this is a continuance of therapy.

To avoid delays in therapy and treatment, please consider our preferred oral fluoroquinolones, when appropriate. Thank you for helping Georgia Medicaid provide continued access to prescription coverage through selecting cost effective alternatives when appropriate.

Sincerely,  
Department of Community Health  
Fee for Service Medicaid Program  
Pharmacy Services Unit