

June 14, 2010

## **Alert of Coverage Changes in Georgia Medicaid Fee-For-Service Preferred Drug List**

Dear Prescriber:

Starting July 1, 2010, changes to the Georgia Medicaid Fee-For-Service (FFS) Preferred Drug List (PDL) will occur that may affect your Medicaid FFS patients. To assist you, please find in the table below the drugs that will switch to non-preferred PDL status requiring prior authorization (PA) starting July 1, 2010. Also below are preferred drug options that may be appropriate for your affected GA Medicaid FFS patients. The drugs highlighted in red indicate a change from current PDL status.

For your Georgia Medicaid FFS patients on a proton pump inhibitor (PPI), omeprazole generic and Dexilant<sup>®</sup> (formerly Kapidex<sup>®</sup>) will be the preferred agents starting July 1, 2010. If you deem clinically appropriate to switch your patients on non-preferred PPIs to omeprazole generic or Dexilant<sup>®</sup>, please write a new prescription for these patients and these patients will receive the preferred agent through the remaining PA period granted for the non-preferred PPI. For your GA Medicaid FFS patients newly prescribed omeprazole generic or Dexilant<sup>®</sup> or for those that do not have a PA in place for a non-preferred PPI, you can request a PA by contacting SXC at **1-866-525-5827**.

This letter is not intended to replace the medical care you provide to your patients. If in your clinical judgment you determine your patient should continue on a non-preferred medication, prior authorization can be requested for Georgia Medicaid FFS members by contacting SXC at **1-866-525-5827**. We encourage you to submit the request prior to the implementation of the PDL changes on July 1, 2010.

Please note that the table below does not include all the changes occurring on July 1, 2010, is not a full PDL listing, and is not intended to include all covered drugs within a therapeutic category or provide a comprehensive list of therapeutic categories. For the full Georgia Medicaid FFS PDL, please go to the Department of Community Health Website at <http://dch.georgia.gov> and click on Providers then Pharmacy then Preferred Drug Lists or go directly to the following link: [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_32050640,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_32050640,00.html). You may also view the full list of PDL changes occurring on July 1, 2010 at [http://dch.georgia.gov/vgn/images/portal/cit\\_1210/10/1/160183191DCHDecisionFY2011.pdf](http://dch.georgia.gov/vgn/images/portal/cit_1210/10/1/160183191DCHDecisionFY2011.pdf).

Thank you for assisting Georgia Medicaid in providing continued access to prescription coverage through selecting cost-effective alternatives when appropriate. We appreciate you being a Georgia Medicaid provider.

Sincerely,

Georgia Department of Community Health  
Medicaid Fee-For-Service Program

**Preferred Drug List  
7.1.10 Changes**

Preferred	Non-Preferred
<b>Antidepressant Agents – Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	
CITALOPRAM GENERIC	PAROXETINE ER*
FLUOXETINE GENERIC	PAXIL
LEXAPRO	PAXIL CR*
PAROXETINE IR GENERIC	
SERTRALINE GENERIC	
<b>Antispasmodic Agents – Urinary Tract</b>	
ENABLEX	DETROL*
OXYBUTYNIN GENERIC	DETROL LA*
SANCTURA	DITROPAN XL*
VESICARE	OXYBUTYNIN ER GENERIC*
	SANCTURA XR*
	TOVIAZ*
<b>Benign Prostatic Hyperplasia (BPH) Agents</b>	
FINASTERIDE GENERIC	AVODART*
TAMSULOSIN GENERIC	FLOMAX
	PROSCAR
	RAPAFLO*
	UROXATRAL*
<b>Gastrointestinal Agents – Proton Pump Inhibitors (PPIs)</b>	
DEXILANT* (formerly Kapidex)	ACIPHEX*
OMEPRAZOLE GENERIC*	NEXIUM*
	PANTOPRAZOLE GENERIC*
	PREVACID*
	PRILOSEC*
	PROTONIX*
<b>Ophthalmic Beta Blocker Agents</b>	
COMBIGAN 5mL	BETIMOL*
BETOPTIC-S	COMBIGAN 10mL*^
LEVOBUNOLOL GENERIC	
TIMOLOL MALEATE GENERIC	
<b>Tumor Necrosis Factor (TNF) Blocker Agents</b>	
ENBREL*	CIMZIA*
HUMIRA*	REMICADE*
	SIMPONI*
<b>Topical Local Anesthetic Agents</b>	
LIDOCAINE TOPICAL	LIDODERM*

\*Requires prior authorization

^For patients that need a 5mL bottle, use Combigan 5mL; for those patients that need a 10mL bottle, use timolol maleate generic 0.5% and brimonidine generic 0.2%.