

October 16, 2009

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

Dear Dr. :

Starting November 1, 2009, 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 enclosed the drugs that will switch to non-preferred PDL status requiring prior authorization starting November 1, 2009. Also enclosed are preferred drug options that may be appropriate for your affected GA Medicaid FFS patients. The drugs highlighted in red have a PDL status change.

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 easily 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 November 1, 2009.

For the full Georgia Medicaid FFS Preferred Drug List, please go to the Department of Community Health Website at <http://dch.georgia.gov>. 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

November 1, 2009 Preferred Drug List Changes

Preferred	Non-Preferred
Oral Diabetic Agents	
ACTOS 15MG	ACTOS 30MG, 45MG*
acarbose	ACTOPLUS MET*
AMARYL	AVANDAMET*
FORTAMET ER	AVANDARYL*
glimepiride generic	AVANDIA*
glipizide generic	DUETACT*
glipizide/metformin generic	
glipizide ER generic	
GLUCOTROL XL	
glyburide generic	
glyburide/metformin generic	
GLYSET	
JANUMET*	
JANUVIA*	
metformin generic	
metformin er generic	
PRANDIN	
RIOMET	
STARLIX	
Inflammatory Bowel Agents	
ASACOL	ASACOL HD*
PENTASA 250MG CR	PENTASA 500MG CR*
CANASA	LIALDA*
APRISO	
ROWASA/SFROWASA	
Migraine Agents	
FROVA	AMERGE*
IMITREX	AXERT*
MAXALT-MLT	MAXALT *
sumatriptan generic	RELPAX*
	ZOMIG, -ZMT*
Parathyroid/Hyperparathyroid/Calcium Modifier/Vitamin D Analogue Agents	
calcitonin nasal spray generic	SENSIPAR*
etidronate disodium generic	
ZEMPLAR*	

*Requires Prior Authorization