

<<Date>>

<<PHY First Name>> <<PHY Last Name>>, MD
<<PHY Address Line 1>>
<<PHY Address Line 2>>
<<PHY City>>, <<PHY State>> <<PHY Zip Code>>

**Alert of Coverage Change in Vytorin[®] for
Georgia Medicaid Fee-For-Service Members**

Dear Dr. <<PHY Last Name>>:

Starting September 1, 2010, there will be changes to the prior authorization criteria for Vytorin[®] (simvastatin and ezetimibe) for Georgia Medicaid Fee-For-Service (FFS) patients. Previously, patients that were on Vytorin[®] were grandfathered, or able to continue filling their Vytorin[®] prescription without prior authorization. However, beginning on September 1, 2010, users of Vytorin[®] will no longer be allowed to continue use without prior authorization. To assist you, please find enclosed the Preferred Drug List (PDL) status of lipid-lowering therapy, including preferred options that may be appropriate for your affected Georgia Medicaid FFS patients.

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 Vytorin[®], 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 prior authorization change on September 1, 2010 in order to prevent a disruption in therapy for your patients.

For the full Georgia Medicaid FFS Preferred Drug List, 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 to the following link:
http://dch.georgia.gov/00/channel_title/0,2094,31446711_32050640,00.html.

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



**Georgia Medicaid Fee-For-Service
Preferred Drug List
Lipid-Lowering Therapy**

Preferred	Non-Preferred
Antilipidemic Agents	
Colestid	Advicor*
cholestyramine generic	Altprev*
Crestor*	colestipol generic*
Lescol/Lescol XL	Lipitor*
lovastatin generic	Mevacor
Niaspan	Niacor*
pravastatin generic	Pravachol
Prevalite	Vytorin*
Simcor	Welchol*
simvastatin generic	Zetia*
	Zocor*
Fibric Acid Derivative Agents	
gemfibrozil generic	Antara*
Tricor	fenofibrate generic*
Trilipix	fenofibric acid generic*
	Fenoglide*
	Fibricor*
	Lipofen*
	Lofibra*
	Triglide*

*Requires prior authorization