



Important Update

PHYSICIAN and PHARMACY Providers

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

EFFECTIVE September 4, 2007
Phase IV 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.

| Atypical Antipsychotics | |
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| Preferred Agents | Non-Preferred Agents- Prior Authorization Required |
| Geodon | Abilify |
| Invega | Clozaril (brand only) |
| Risperdal Solution | Risperdal Consta |
| Risperdal Tablets | Risperdal M-Tabs |
| Seroquel | Symbyax |
| Seroquel XR | Zyprexa |
| | Zyprexa Zydis |
| | Non-Preferred Agents- Prior Authorization NOT Required |
| | Clozapine |
| | Fazaclo |
| | Zyprexa Injectable |
| ACE Inhibitors | |
| Preferred Agents | Non-Preferred Agents |
| All generic ACE Inhibitors | All branded ACE Inhibitors with generics available |
| Altace | Aceon |
| Mavik | Accupril |
| ACE Inhibitors with Diuretic Combinations | |
| Preferred Agents | Non-Preferred Agents |
| All generic ACE Inhibitor/Diuretic Combinations | All branded ACE Inhibitors w/Diuretics with generics available |
| Uniretic | |

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| ACE Inhibitors with Calcium Channel Blocker Combinations | |
| Preferred Agents | Non-Preferred Agents |
| Lexxel | Amlodipine/Benazepril |
| Lotrel | |
| Tarka | |
| Alpha Blockers for BPH | |
| Preferred Agents | Non-Preferred Agents |
| Flomax | none |
| Uroxatral | |
| Androgen Hormone Inhibitors | |
| Preferred Agents | Non-Preferred Agents |
| Avodart | Finasteride |
| Proscar | |
| Cephalosporins – 1st Generation | |
| Preferred Agents | Non-Preferred Agents |
| Cefadroxil | All branded products with generics available |
| Cephalexin | |
| Cephalosporins – 2nd Generation | |
| Preferred Agents | Non-Preferred Agents |
| Cefaclor/Cefaclor Suspension | All branded products with generics available |
| Cefaclor ER | Lorabid |
| Ceftin Suspension (patients ≤ 12 or ≥ 65 years of age only) | Ceftin Suspensions (non-preferred for patients >12 and < 65 years of age) |
| Lorabid Suspension (patients ≤ 12 or ≥ 65 years of age only) | Lorabid Suspensions (non-preferred for patients >12 and < 65 years of age) |
| Cefprozil | Raniclor Chewable Tablets |
| Cefprozil Suspension | |
| Cefuroxime Axetil | |
| Cephalosporins – 3rd Generation | |
| Preferred Agents | Non-Preferred Agents |
| Cedax Suspension (patients ≤12 or ≥ 65 years of age only) | Cedax Suspension (non-preferred for patients >12 and < 65 years of age) |
| Omnicef Suspension (patients ≤12 and ≥ 65 years of age only) | Omnicef Suspension (non-preferred for patients >12 and < 65 years of age) |
| Suprax Suspension (patients ≤ 12 and ≥ 65 years of age only) | Suprax Suspension (non-preferred for patients > 12 and < 65 years of age) |
| Vantin Suspension (patients ≤ 12 and ≥ 65 years of age only) | Vantin Suspension (non-preferred for patients > 12 and < 65 years of age) |
| Cedax | Cefdinir |
| Cefpodoxime | Vantin |
| Omnicef | |
| Spectracef | |
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| Macrolides – Ketolide(s) - Adult | |
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| Preferred Agents | Non-Preferred Agents |
| Azithromycin | Biaxin |
| Clarithromycin | Biaxin XL |
| Clarithromycin ER | Ketek |
| E.E.S. 400 | Zithromax |
| Eryc | Zmax |
| Ery-tab | Zpak |
| Erythrocin | Zithromax Tripak |
| Erythromycin | |
| PCE | |
| Macrolides - Pediatric | |
| Preferred Agents | Non-Preferred Agents |
| Azithromycin Suspension | Biaxin Suspension |
| Clarithromycin Suspension | Zithromax Suspension |
| EryPed | |
| Erythromycin | |
| Quinolones | |
| Preferred Agents | Non-Preferred Agents |
| Avelox | Cipro |
| Avelox ABC Pack | Factive |
| Cipro Suspension | Floxin |
| Cipro XR | Noroxin |
| Ciprofloxacin | ProQuin XR |
| Levaquin | |
| Ofloxacin | |