



<<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 Triptan Migraine Agents for Georgia Medicaid Fee-For-Service Members

Dear Dr. <<PHY Last Name>>:

Starting July 1, 2010, changes to the Georgia Medicaid Fee-For-Service (FFS) Preferred Drug List (PDL) will occur for triptan migraine agents that may affect your Medicaid FFS patients. This change includes Frova® switching to non-preferred requiring a prior authorization. This change was recommended and supported by the Department of Community Health’s Drug Utilization Review Board (DURB), which consists of physicians, pharmacists and a consumer advocate. To assist you, please find below the PDL status of the triptan migraine agents starting July 1 2010, including preferred options that may be appropriate for your affected Georgia Medicaid FFS patients.

Preferred	Non-Preferred
Triptan Migraine Agents	
MAXALT-MLT	AMERGE*
sumatriptan generic	AXERT*
	FROVA*
	IMITREX
	MAXALT*
	RELPAK*
	TREXIMET*
	ZOMIG, -ZMT*

*Requires prior authorization

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 Frova®, 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 change on July 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>. 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

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