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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Provider Communication

Subject:	Preferred Drug List Reminder For Statins and Other Lipid Lowering Agents	**Priority:**	**High**
Date:	April 29, 2005	**Message ID:**	ACSBNR04292005_1

Dear Provider:

Effective April 1, 2005

The following changes were implemented to the Georgia Medicaid and PeachCare for Kids preferred drug list (PDL) on April 1, 2005:

- Nursing home patients using Lipitor will require Prior Authorization beginning 6/1/05.
- All patients using Crestor or Pravachol will require Prior Authorization beginning 6/1/05.
- Patients not in nursing homes using Lipitor will require Prior Authorization beginning 7/1/05.
- Current Caduet and Lipitor 80mg users will be grandfathered**.**

Georgia Medicaid asks for your support in converting affected patients to an alternative preferred product where appropriate. If the preferred agent is not appropriate for a specific patient, the prescriber may contact Express Scripts at 1-877-650-9340 proactively and request a prior authorization.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.

Sincerely,

Division of Medical Assistance

Georgia Department of Community Health