

**PEACH STATE HEALTH PLAN
Q2 2011 MEDICAID PREFERRED DRUG LIST UPDATE**

No.	GPI	Drug Name	Ingredients	Dosage Form	Strength	Generic	OTC	Notes
1	02300090102105	CEFTRIAZONE SODIUM	CEFTRIAZONE SODIUM	SOLR	250MG	G	N	Add to PDL QL = 3 vials
2	02300090102110	CEFTRIAZONE SODIUM	CEFTRIAZONE SODIUM	SOLR	500MG	G	N	Add to PDL QL = 3 vials
3	02300090102115	CEFTRIAZONE SODIUM	CEFTRIAZONE SODIUM	SOLR	1GM	G	N	Add to PDL QL = 3 vials
4	12109035000340	INTELENCE	ETRAVIRINE	TABS	200MG	B	N	Add to PDL - QL=2/day
5	15000060100320	REESES PINWORM MEDICINE	PYRANTEL PAMOATE	TABS	180MG	G	Y	Add to PDL - QL = 16/claim
6	15000060100542	PIN-X	PYRANTEL PAMOATE	CHEW	720.5MG	G	Y	Add to PDL - QL = 4/claim
7	15000060100542	NAPHAZOLINE HYDROCHLORIDE; PHENIRAMINE MALEATE	NAPHAZOLINE HYDROCHLORIDE; PHENIRAMINE MALEATE	SOLN	0.025%; 0.3%	G	Y	Add to PDL - QL = One dispense/30 days
8	15000060101805	PYRANTEL PAMOATE	PYRANTEL PAMOATE	SUSP	50MG/ML	G	Y	Add to PDL
9	16000060102108	VANCOMYCIN HCL	VANCOMYCIN HYDROCHLORIDE	SOLR	1000MG	G	N	Add to PDL - QL = 14 vials/claim
10	37600020000305	CHLOROTHIAZIDE	CHLOROTHIAZIDE	TABS	250MG	G	N	Add to PDL - QL=2/day
11	37600020000310	CHLOROTHIAZIDE	CHLOROTHIAZIDE	TABS	500MG	G	N	Add to PDL - QL=4/day
12	44201010102555	ALBUTEROL SULFATE	ALBUTEROL SULFATE	NEBU	0.63MG/3ML	G	N	Add to PDL - QL=375MLs/30 Days
13	46100020102000	MAGNESIUM CITRATE	MAGNESIUM CITRATE	SOLN	1.745GM/30ML	G	Y	Add to PDL
14	46600010005215	GLYCERIN ADULT SUPPOSITORY	GLYCERIN	SUPP	2GM	G	Y	Add to PDL
15	49102030000310	GLYCOPYRRROLATE	GLYCOPYRRROLATE	TABS	1MG	G	N	Add to PDL - QL=4/day
16	49102030000315	GLYCOPYRRROLATE	GLYCOPYRRROLATE	TABS	2MG	G	N	Add to PDL - QL=4/day
17	49270060000620	OMEPRAZOLE	OMEPRAZOLE	TBEC	20MG	G	Y	Add to PDL - QL=4/day
18	50200050000510	MECLIZINE HYDROCHLORIDE	MECLIZINE HYDROCHLORIDE	CHEW	25MG	G	Y	Add to PDL
19	64200010000912	ACETAMINOPHEN	ACETAMINOPHEN	LIOD	160MG/5ML	G	Y	Add to PDL
20	64200010001015	ACETAMINOPHEN	ACETAMINOPHEN	ELIX	160MG/5ML	G	Y	Add to PDL
21	64200010001840	ACETAMINOPHEN	ACETAMINOPHEN	SUSP	160MG/5ML	G	Y	Add to PDL
22	64200010002010	ACETAMINOPHEN	ACETAMINOPHEN	SOLN	160MG/5ML	G	Y	Add to PDL
23	72600075006820	TOPIRAMATE	TOPIRAMATE	CPSP	15MG	G	N	Add to PDL - QL=6/day
24	72600075006830	TOPIRAMATE	TOPIRAMATE	CPSP	25MG	G	N	Add to PDL - QL=8/day
26	82803030000120	DROXIA	HYDROXYUREA	CAPS	200MG	B	N	Add to PDL
27	82803030000130	DROXIA	HYDROXYUREA	CAPS	300MG	B	N	Add to PDL
28	82803030000140	DROXIA	HYDROXYUREA	CAPS	400MG	B	N	Add to PDL
29	86250012102005	CARTEOLOL HCL	CARTEOLOL HCL	SOLN	1%	G	N	Add to PDL - QL = One dispense/30 days
30	86805035102015	KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	SOLN	0.40%	G	N	Add to PDL - QL = One dispense/30 days
31	87992002800920	CHLOROXYLENOL /PRAMOXINE	CHLOROXYLENOL (P-CHLOR-M-XYLENOL); PRAMOXINE HYDROCHLORIDE	LIOD	1MG/ML; 10MG/ML	G	N	Add to PDL - QL = One dispense/30 days
32	90229902104120	CAMPHOR; MENTHOL	CAMPHOR; MENTHOL	LOTN	0.5%; 0.5%	G	Y	ADD to PDL - QL= 1 package/claim
33	90520010004505	COAL TAR	COAL TAR	SHAM	0.50%	G	Y	Add to PDL
34	90900030004120	MALATHION	MALATHION	LOTN	0.50%	G	N	Add to PDL - QL = 59ml/claim
35	92000005002010	FORMALDEHYDE SOLUTION	FORMALDEHYDE SOLUTION	SOLN	10%	G	N	Add to PDL - QL = 60ml/claim
36	95212741000110	GINGER EXTRACT	GINGER EXTRACT	CAPS	250MG	G	Y	Add to PDL - QL=4/day
37	68000020000310	COLCRYS	COLCHICINE	TABS	0.6MG	B	N	Add to PDL Provide coverage for acute gout flares; QL = 6 tabs/claim; 1 claim/30 days. PA Criteria for case that require more than QL.
38	03400010000334	AZITHROMYCIN	AZITHROMYCIN	TABS	500MG	G	N	Change QL: daily dosage = 4/day
39	36991802550305	LISINAPRIL/HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE; LISINAPRIL	TABS	12.5MG; 10MG	G	N	Change QL: daily dosage = 2/day
40	36991802550310	LISINAPRIL/HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE; LISINAPRIL	TABS	12.5MG; 20MG	G	N	Change QL: daily dosage = 2/day
41	59200015100305	CHLORPROMAZINE HCl	CHLORPROMAZINE HCl	TABS	200MG	G	N	Change QL: daily dosage = 10/day
42	75100080107410	ORPHENADRINE CITRATE ER	ORPHENADRINE CITRATE	TB12	100MG	G	N	Change QL to 2/day
43	82300010002003	FERROUS SULFATE	FERROUS SULFATE	SOLN	15MG/ML	G	Y	Change QL from daily dosage = 1.7ml to 3.4ml
44	82300010002005	FERROUS SULFATE	FERROUS SULFATE	SOLN	75mg/0.6ml	G	Y	Change QL from 50ml/claim to daily dosage of 3.4ml
45	86250030107630	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	TIMOLOL MALEATE	SOLG	0.50%	G	N	QL: 1 package/claim
46	27607060100320	AVANDIA	ROSIGLITAZONE MALEATE	TABS	2MG	B	N	REMOVE FROM PDL. Grand-father current members
47	27607060100330	AVANDIA	ROSIGLITAZONE MALEATE	TABS	4MG	B	N	REMOVE FROM PDL. Grand-father current members
48	27607060100340	AVANDIA	ROSIGLITAZONE MALEATE	TABS	8MG	B	N	REMOVE FROM PDL. Grand-father current members
49	27998002600330	AVANDAMET	METFORMIN HYDROCHLORIDE; ROSIGLITAZONE MALEATE	TABS	500MG; 2MG	B	N	REMOVE FROM PDL. Grand-father current members
50	27998002600335	AVANDAMET	METFORMIN HYDROCHLORIDE; ROSIGLITAZONE MALEATE	TABS	1000MG; 2MG	B	N	REMOVE FROM PDL. Grand-father current members
51	27998002600350	AVANDAMET	METFORMIN HYDROCHLORIDE; ROSIGLITAZONE MALEATE	TABS	500MG; 4MG	B	N	REMOVE FROM PDL. Grand-father current members
52	27998002600355	AVANDAMET	METFORMIN HYDROCHLORIDE; ROSIGLITAZONE MALEATE	TABS	1000MG; 4MG	B	N	REMOVE FROM PDL. Grand-father current members
53	27997802600310	AVANDARYL	GLIMEPIRIDE; ROSIGLITAZONE MALEATE	TABS	1MG; 4MG	B	N	REMOVE FROM PDL. Grand-father current members
54	27997802600320	AVANDARYL	GLIMEPIRIDE; ROSIGLITAZONE MALEATE	TABS	2MG; 4MG	B	N	REMOVE FROM PDL. Grand-father current members
55	27997802600340	AVANDARYL	GLIMEPIRIDE; ROSIGLITAZONE MALEATE	TABS	4MG; 4MG	B	N	REMOVE FROM PDL. Grand-father current members
56	27997802600355	AVANDARYL	GLIMEPIRIDE; ROSIGLITAZONE MALEATE	TABS	2MG; 8MG	B	N	REMOVE FROM PDL. Grand-father current members
57	27997802600360	AVANDARYL	GLIMEPIRIDE; ROSIGLITAZONE MALEATE	TABS	4MG; 8MG	B	N	REMOVE FROM PDL. Grand-father current members
58	86250010701810	BETOPTIC-S	BETAXOLOL HYDROCHLORIDE	SUSP	0.25%	B	N	REMOVE FROM PDL. Grand-father current members

Red = Remove Green = Add Blue = Change Purple = Carremark SGM