



**Listed below are Preferred Drug List changes for the State of Georgia
Fee-For-Service Medicaid and PeachCare for Kids Programs**

Effective October 1, 2021 (see chart below)*

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed 2021 supplemental rebate offers with DCH and also reviewed specific drug categories at the August 2021 DURB meeting. The Preferred Drug List (PDL)/Provider’s Administered Drug List (PADL) decisions or changes for new drugs or categories reviewed are outlined below. **Those drugs highlighted in red indicate a change from current PDL status.** For a full listing of our PDL, go to www.dch.georgia.gov/pharmacy and select the “preferred product list” option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANALGESICS, NARCOTIC INJECTABLE	
	OLINVYK PCA VIAL (INTRAVENOUS) (PADL)
	OLINVYK VIAL (INTRAVENOUS) (PADL)
HEMOPHILIA TREATMENT	
	SEVENFACT (INTRAVEN)
HIV/AIDS	
CABENUVA (INTRAMUSC) (PADL)	
IMMUNOMODULATORS, LUPUS	
	LUPKYNIS (ORAL)
LIPOTROPICS, OTHER	
	EVKEEZA (INTRAVEN) (PADL)

*PADL drugs may be subject to a different effective date.