

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

Effective July 1, 2020 (see chart below)*

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed 2020 supplemental rebate offers with DCH and also reviewed specific drug categories at the May 2020 DURB meeting. The PDL/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
ACNE AND ROSACEA AGENTS TOPICAL	
	AKLIEF (TOPICAL)
ANTIBIOTICS, VAGINAL	
NUVESSA (VAGINAL)	
ANTIMIGRAINE AGENTS, OTHER	
AJOVY SYRINGE (SUBCUTANEOUS)	
AJOVY AUTOINJECTOR (SUBCUTANEOUS)	
EMGALITY SYRINGE 120MG (SUBCUTANEOUS)	
EMGALITY PEN (SUBCUTANEOUS)	
ANTIPARASITICS, TOPICAL	
	NATROBA (TOPICAL)
ANTIPARKINSON'S AGENTS	
	NOURIANZ (ORAL)
BIOLOGIC IMMUNOMODULATORS	
	RINVOQ ER (ORAL)
CONTRACEPTIVES, OTHER	
	ANNOVERA (VAGINAL)
ESTROGEN AGENTS, ORAL/TRANSDERMAL	
EVAMIST (TRANSDERM)	
GI MOTILITY, CHRONIC	
MOVANTIK (ORAL)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
MACULAR DEGENERATION AGENTS	
BEOVU (INTRAOCULAR) (PADL)	
MULTIPLE SCLEROSIS AGENTS	
	BETASERON KIT (SUBCUTANE.)
	VUMERITY (ORAL)
PAH AGENTS, ORAL AND INHALED	
	LETAIRIS (ORAL)*
PLEUROMUTILINS	
	XENLETA TABLET (ORAL)
	XENLETA VIAL (INTRAVEN)

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

*Effective 5/1/20