

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

Effective April 1, 2024 (see chart below)*

DCH rebate vendor, Magellan Medicaid Administration (MMA), has reviewed specific drugs at the January 2024 DURB meeting and corresponding supplemental rebate offers. The Preferred Drug List (PDL)/Provider's Administered Drug List (PADL) decisions/changes for categories reviewed are outlined below. For a full listing of our PDL, go to www.dch.georgia.gov/pharmacy and select the "Preferred Drug Lists" option; for the PADL, go to <https://www.mmis.georgia.gov/portal/> and select "Provider Information", "Fee Schedule", then "Provider's Administered Drug List."

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIMIGRAINE AGENTS, OTHER	
	ZAVZPRET (NASAL) – PA
DUCHENNE MUSCULAR DYSTROPHY TREATMENTS	
ELEVIDYS KIT (INTRAVEN)* – PA	
ESTROGEN AGENTS, ORAL/TRANSDERMAL	
	VEOZAH (ORAL) – PA
HEMOPHILIA TREATMENT	
	ROCTAVIAN (INTRAVEN)* – PA
HYPOGLYCEMICS, SGLT2	
	INPEFA (ORAL) – PA

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