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

Effective July 1, 2025 (see chart below)*

DCH rebate vendor Prime Therapeutics has reviewed May 2025 classes and supplemental rebate offers with DCH. The Preferred Drug List (PDL)/Provider's Administered Drug List (PADL) decisions/changes for categories reviewed are outlined below. For a full listing of the PDL, go to www.dch.georgia.gov/pharmacy and select the "preferred product list" option; for the PADL, go to https://www.mmis.georgia.gov/portal/ and select "Provider Information", "Fee Schedule", then "Providers' Administered Drug List."

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANGIOTENSIN MODULATORS	
	MOEXIPRIL (ORAL)
	QUINAPRIL (ORAL)
	QBRELIS SOLUTION (ORAL)
ANTICOAGULANTS	
No changes	
ANTIBIOTICS, INHALED	
No changes	
ANTIBIOTICS, VAGINAL	
	NUVESSA (VAGINAL)
ANTIEMETIC/ANTIVERTIGO AGENTS	
SCOPOLAMINE (TRANSDERMAL)	ONDANSETRON ODT 16 MG (ORAL)
	PROCHLORPERAZINE (RECTAL)
ANTIMIGRAINE AGENTS, OTHER	
No changes	
ANTIPARASITICS, TOPICAL	
No changes	
ANTIVIRALS, ORAL	
No changes	
BETA BLOCKERS	
	PROPRANOLOL / HCTZ (ORAL)
	BETAXOLOL (ORAL)
	PINDOLOL (ORAL)

PREFERRED AGENTS	NON-PREFERRED AGENTS
BIOLOGIC IMMUNOMODULATORS	
ADALIMUMAB-FKJP PEN KIT (INJECTION) (CF) 50 MG/ML	ACTEMRA VIAL (INJECTION)*
AMJEVITA PEN KIT (INJECTION) (CF) 100 MG/ML	
PYZCHIVA SYRINGE (SUBCUTANEOUS) PYZCHIVA VIAL (INTRAVENOUS)*	
TYENNE AUTOINJECTOR/ SYRINGE/VIAL (IV/SC)*	
BOTULINUM TOXINS	
No changes	
CALCIUM CHANNEL BLOCKERS	
No changes	
CYSTIC FIBROSIS AGENTS	
No changes	
DIURETICS	
No changes	
DUCHENNE MUSCULAR DYSTROPHY TREATMENTS	
No changes	
ESTROGEN AGENTS, ORAL/TRANSDERMAL	
No changes	
GLUCAGON AGENTS	
ZEGALOGUE SYRINGE/AUTOINJECTOR (SUBCUTANEOUS)	GLUCAGON EMERGENCY KIT (ELI LILLY) (INJECTION)
	GLUCAGON EMERGENCY KIT (AMPHASTAR) (INJECTION
GROWTH HORMONE	
No changes	
HEMOPHILIA TREATMENT	
No changes	
HEPATITIS C TREATMENTS	
No changes	
HIV/AIDS	
APRETUDE (IM)	
CABENUVA (IM)	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
No changes	
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	
INSULIN LISPRO PROTAMINE MIX KWIKPEN AG (SC)	NOVOLOG VIAL (SC)
	NOVOLOG CARTRIDGE (SC)
	NOVOLOG PEN (SC)
	NOVOLOG MIX PEN (SC)
	NOVOLOG MIX VIAL (SC)
	APIDRA SOLOSTAR PEN (SC)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	APIDRA VIAL (SC)
	HUMALOG JUNIOR KWIKPEN (SC)
	HUMALOG VIAL (SC)
	HUMALOG PEN (SC)
	HUMALOG CARTRIDGE (SC)
	HUMALOG MIX VIAL (SC)
	HUMALOG MIX PEN (SC)
LAXATIVES AND CATHARTICS	
No changes	
LIPOTROPICS, OTHER	
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)	
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)	
FENOFIBRIC ACID (TRILIPIX) (ORAL)	
LIPOTROPICS, STATINS	
No changes	
MULTIPLE SCLEROSIS AGENTS	
AMPYRA (ORAL)	
DALFAMPRIDINE ER (ORAL)	
OPIATE DEPENDENCY AGENTS	
No changes	
PAH AGENTS, ORAL AND INHALED	
No changes	
PANCREATIC ENZYMES	
No changes	
PITUITARY SUPPRESSIVE AGENTS, LHRH	
No changes	
POTASSIUM BINDERS	
No changes	
PRENATAL VITAMINS	
No changes	
THYROID HORMONES	
No changes	
UTERINE DISORDER TREATMENTS	
No changes	

*PADL drugs may be subject to a different effective date.
± Requires a letter of medical necessity