

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

Effective January 1, 2021 (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 November 2020 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](http://www.dch.georgia.gov/pharmacy) and select the "preferred product list" option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANTI-ALLERGENS, ORAL</b>	
	PALFORZIA MAINTENANCE SACHET (ORAL)
	PALFORZIA TITRATION CAPSULE (ORAL)
<b>ANTIBIOTICS, TOPICAL</b>	
	XEPI (TOPICAL)
<b>ANTICONSULSANTS</b>	
	XCOPRI TITRATION PAK (ORAL)
	XCOPRI TABLET (ORAL)
<b>ANTIPARKINSON'S AGENTS</b>	
	KYNMOBI (SUBLINGUAL)
<b>ANTIPSYCHOTICS</b>	
	CAPLYTA (ORAL)
<b>HEMOPHILIA TREATMENT</b>	
	ESPEROCT (INTRAVEN)
<b>LIPOTROPICS, OTHER</b>	
	NEXLETOL (ORAL)
<b>NEUROPATHIC PAIN</b>	
ZTLIDO (TOPICAL)	
<b>OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR</b>	
XIIDRA (OPHTHALMIC)	
<b>OPHTHALMICS, GLAUCOMA AGENTS</b>	
ROCKLATAN (OPHTHALMIC)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
RHOPRESSA (OPHTHALMIC)	

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