GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Prime THERAPEUTICS™

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

Effective January 1, 2025 (see chart below)*

DCH rebate vendor Prime Therapeutics has reviewed November 2024 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
ANTIDEPRESSANTS, OTHER	
No changes	
ANTICONVULSANTS	
	LIBERVANT FILM (BUCCAL)
	VIGAFYDE SOLUTION (ORAL)
ANTIHYPERURICEMICS	
No changes	
ANTIPSORIATICS, TOPICAL	
No changes	
ANTIPSYCHOTICS	
No changes	
BRONCHODILATORS, BETA AGONIST	
No changes	
COLONY STIMULATING FACTORS	
	ZIEXTENZO SYRINGE (SUBCUTANEOUS)
COPD AGENTS	
No changes	
EPINEPHRINE, SELF-INJECTED	
No changes	
ERYTHROPOIESIS STIMULATING PROTEINS	
No changes	
GLUCOCORTICOIDS, INHALED	
No changes	

PREFERRED AGENTS	NON-PREFERRED AGENTS
IDIOPATHIC PULMONARY FIBROSIS	
PIRFENIDONE TABLET/CAPSULE (ESBRIET) (ORAL)	OFEV (ORAL)
IMMUNOMODULATORS, ASTHMA	
XOLAIR AUTOINJECTOR (SUB-Q)	
IMMUNOMODULATORS, ATOPIC DERMATITIS	
	ZORYVE FOAM (TOPICAL)
	ZORYVE 0.15% CREAM (TOPICAL)
IMMUNOMODULATORS, LUPUS	
No changes	
INTRANASAL RHINITIS AGENTS	
No changes	
KERATOLYTICS	
	YCANTH (TOPICAL)
MOVEMENT DISORDERS	
No changes	
NEUROPATHIC PAIN	
No changes	
ONCOLOGY, INJECTABLE	
No changes	
ONCOLOGY, ORAL - BREAST	
No changes	
ONCOLOGY, ORAL - HEMATOLOGIC	
No changes	
ONCOLOGY, ORAL - RENAL CELL	
No changes	
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR	
No changes	
OPHTHALMICS, GLAUCOMA AGENTS	
TRAVATAN Z (OPHTHALMIC)	
OTICS, ANTI-INFLAMMATORY	
FLUOCINOLONE 0.01% OIL (OTIC)	DERMOTIC (OTIC)±
SICKLE CELL ANEMIA TREATMENTS	
No changes	
SPINAL MUSCULAR ATROPHY	
No changes	
STEROIDS, TOPICAL LOW	
No changes	
STIMULANTS AND RELATED AGENTS	
FOCALIN XR (ORAL)	DEXMETHYLPHENIDATE ER (ORAL)±

PREFERRED AGENTS	NON-PREFERRED AGENTS
UREA CYCLE DISORDERS, ORAL	
No changes	
WEIGHT MANAGEMENT AGENTS	
No changes	

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

± Requires a letter of medical necessity