

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

Effective January 1, 2026 (see chart below)\*

DCH rebate vendor Prime Therapeutics has reviewed November 2026 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](http://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
<b>ANTICONVULSANT DRUGS</b>	
ESLICARBAZEPINE ACETATE TABLET (ORAL)	APTIOM (ORAL)
	XCOPRI TABLET (ORAL)
	XCOPRI TITRATION PACK (ORAL)
<b>ANTIDEPRESSANTS, OTHER</b>	
VENLAFAXINE ER TABLETS (ORAL)	
<b>ANTIPSORIATICS, TOPICAL</b>	
No changes	
<b>ANTIPSYCHOTICS</b>	
ERZOFRI (INTRAMUSC)*	RYKINDO (INTRAMUSC)
<b>BRONCHODILATORS, BETA AGONIST</b>	
No changes	
<b>COLONY STIMULATING FACTORS</b>	
No changes	
<b>COPD AGENTS</b>	
ROFLUMILAST (ORAL)	
<b>EPINEPHRINE, SELF-ADMINISTERED</b>	
No changes	
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	
No changes	
<b>GLUCOCORTICOIDS, INHALED</b>	
No changes	
<b>IDIOPATHIC PULMONARY FIBROSIS</b>	
No changes	

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>IMMUNOMODULATORS, ASTHMA</b>	
No changes	
<b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b>	
EBGLYSS (SUBCUTANEOUS)	
NEMLUVIO (SUBCUTANEOUS)	
<b>IMMUNOMODULATORS, LUPUS</b>	
No changes	
<b>INTRANASAL RHINITIS AGENTS</b>	
No changes	
<b>KERATOLYTICS</b>	
PODOCON-25 (TOPICAL)	
<b>MOVEMENT DISORDERS</b>	
No changes	
<b>NEUROPATHIC PAIN AND SELECT AGENTS</b>	
No changes	
<b>ONCOLOGY, INJECTABLE</b>	
No changes	
<b>ONCOLOGY, ORAL - BREAST</b>	
No changes	
<b>ONCOLOGY, ORAL - HEMATOLOGIC</b>	
DASATINIB (ORAL)	SPRYCEL (ORAL)
<b>ONCOLOGY, ORAL – RENAL CELL</b>	
SUNITINIB (ORAL)	SUTENT (ORAL)
<b>OPHTHALMICS, DRY EYE AGENTS</b>	
No changes	
<b>OPHTHALMICS, GLAUCOMA AGENTS</b>	
No changes	
<b>SICKLE CELL ANEMIA TREATMENTS</b>	
No changes	
<b>SPINAL MUSCULAR ATROPHY</b>	
No changes	
<b>STIMULANTS AND RELATED AGENTS</b>	
DEXMETHYLPHENIDATE ER (ORAL)	DEXMETHYLPHENIDATE ER (ORAL)
<b>UREA CYCLE DISORDERS, ORAL</b>	
	PHEBURANE (ORAL)
<b>WEIGHT MANAGEMENT AGENTS</b>	
No changes	

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

‡ Requires a letter of medical necessity