

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

Effective January 1, 2024 (see chart below)*

DCH rebate vendor, Magellan Medicaid Administration (MMA), has reviewed specific drugs at the September 2023 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
ALZHEIMER'S AGENTS	
	LEQEMBI (INTRAVEN)* - PA
DISEASE MODIFIER, T1DM	
	TZIELD (INTRAVEN)* - PA
HIV / AIDS	
	SUNLENCA TABLET (ORAL) - PA
	SUNLENCA (SUBCUT)* - PA
	TROGARZO (INTRAVEN)* - PA
MULTIPLE SCLEROSIS AGENTS	
BRIUMVI (INTRAVEN.)* - PA	

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