GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MagellanRx MANAGEMENT

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 November 2023 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 our PDL, go to www.dch.georgia.gov/pharmacy and select the "preferred product list" option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALZHEIMER'S AGENTS	
RIVASTIGMINE (TRANSDERM.)	EXELON (TRANSDERM.)±
ANTICONVULSANTS	
APTIOM (ORAL)	
BRIVIACT SOLUTION (ORAL)	
BRIVIACT TABLET (ORAL)	
FYCOMPA SUSPENSION (ORAL)	
FYCOMPA TABLET (ORAL)	
XCOPRI TABLET (ORAL)	
XCOPRI TITRATION PAK (ORAL)	
ANTIHYPERURICEMICS	
No changes	
ANTIPSYCHOTICS	
ABILIFY ASIMTUFII (INTRAMUSC)*	
ASENAPINE (SUBLINGUAL)	
CAPLYTA (ORAL)	
OLANZAPINE (INTRAMUSC)	
REXULTI (ORAL)	
UZEDY (SUBCUTANEOUS)*	
VRAYLAR (ORAL)	
BRONCHODILATORS, BETA AGONIST	
No changes	
COLONY STIMULATING FACTORS	
ZIEXTENZO SYRINGE (SUBCUTANEOUS)*	FULPHILA (SUBCUTANEOUS)*

PREFERRED AGENTS	NON-PREFERRED AGENTS
	GRANIX VIAL (INJECTION)*
COPD AGENTS	
No changes	
COUGH AND COLD, COLD	
No changes	
COUGH AND COLD, NON-NARCOTIC	
No changes	
EPINEPHRINE, SELF-INJECTED	
EPIPEN (INTRAMUSC)	EPINEPHRINE 0.15 MG (ADRENACLICK) (AG) (INJECTION ±
EPIPEN JR (INTRAMUSC)	EPINEPHRINE 0.3 MG (ADRENACLICK) (AG) (INJECTION)±
	EPINEPHRINE 0.3 MG (EPIPEN) (INJECTION)±
	EPINEPHRINE 0.15 MG (EPIPEN JR) (INJECTION)±
ERYTHROPOIESIS STIMULATING PROTEINS	
No changes	
GLUCOCORTICOIDS, ORAL	
No changes	
IDIOPATHIC PULMONARY FIBROSIS	
No changes	
IMMUNOMODULATORS, ASTHMA	
No changes	
IMMUNOMODULATORS, ATOPIC DERMATITIS	
No changes	
IMMUNOMODULATORS, LUPUS	
No changes	
INTRANASAL RHINITIS AGENTS	
No changes	
IRON, PARENTERAL	
No changes	
MOVEMENT DISORDERS	
AUSTEDO XR (ORAL)	
AUSTEDO XR TITR PK (ORAL)	
NEUROPATHIC PAIN	
No changes	
ONCOLOGY, INJECTABLE	
RUXIENCE (INTRAVEN)*	KANJINTI (INTRAVEN)*
	OGIVRI (INTRAVEN)*
	ONTRUZANT (INTRAVEN)*
	RITUXAN (INTRAVEN)*

PREFERRED AGENTS	NON-PREFERRED AGENTS
ONCOLOGY, ORAL - BREAST	
No changes	
ONCOLOGY, ORAL - HEMATOLOGIC	
No changes	
ONCOLOGY, ORAL - RENAL CELL	
EVEROLIMUS TABLET (AFINITOR) (ORAL)	AFINITOR (ORAL)±
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR	
No changes	
OPHTHALMICS, GLAUCOMA AGENTS	
TRAVOPROST (AG) (OPHTHALMIC)	TRAVATAN Z (OPHTHALMIC)±
OTICS, ANTI-INFLAMMATORY	
No changes	
SICKLE CELL ANEMIA TREATMENTS	
No changes	
SPINAL MUSCULAR ATROPHY	
No changes	
STEROIDS, TOPICAL LOW	
ALCLOMETASONE DIPROPIONATE CREAM (TOPICAL)	
STIMULANTS AND RELATED AGENTS	
QELBREE (ORAL)	LISDEXAMFETAMINE CAPSULE (ORAL) ±
VYVANSE CAPSULE (ORAL)	LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)
	VYVANSE CHEWABLE TABLET (ORAL) ±
UREA CYCLE DISORDERS, ORAL	
PHEBURANE (ORAL)	
WEIGHT MANAGEMENT AGENTS	
No changes	

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