

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

Effective July 1, 2023 (see chart below)\*

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed May 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](http://www.dch.georgia.gov/pharmacy) and select the "preferred product list" option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ACROMEGALY AGENTS</b>	
No changes	
<b>ALS AGENTS</b>	
No changes	
<b>ANALGESICS, NARCOTICS LONG</b>	
TRAMADOL ER (ULTRAM ER) (ORAL)	
<b>ANALGESICS, NARCOTICS SHORT</b>	
No changes	
<b>ANGIOTENSIN MODULATORS</b>	
ENALAPRIL SOLUTION (ORAL)	EPANED SOLUTION (ORAL) <sup>‡</sup>
<b>ANTICOAGULANTS</b>	
No changes	
<b>ANTICOAGULANTS</b>	
No changes	
<b>ANTIBIOTICS, GI</b>	
No changes	
<b>ANTIBIOTICS, INHALED</b>	
TOBRAMYCIN 300MG/5ML AMPULE (INHALATION)	
<b>ANTIBIOTICS, VAGINAL</b>	
CLEOCIN OVULES (VAGINAL)	CLINDAMYCIN (VAGINAL) <sup>‡</sup>
<b>ANTIEMETIC/ANTIVERTIGO AGENTS</b>	
No changes	
<b>ANTIFUNGALS, VAGINAL</b>	
No changes	

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANTIMIGRAINE AGENTS, OTHER</b>	
EMGALITY PEN (SUBCUTANEOUS)	
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)	
<b>ANTIPARASITICS, TOPICAL</b>	
No changes	
<b>ANTIPLATELET DRUGS</b>	
No changes	
<b>ANTIVIRALS, ORAL</b>	
No changes	
<b>BETA BLOCKERS</b>	
No changes	
<b>BIOLOGIC IMMUNOMODULATORS</b>	
OTEZLA (ORAL)	
<b>BLADDER RELAXANT PREPARATIONS</b>	
No changes	
<b>BOTULINUM TOXINS</b>	
No changes	
<b>CALCIUM CHANNEL BLOCKERS</b>	
	NICARDIPINE (ORAL)
	VERAPAMIL 360 MG CAPSULE (ORAL)
<b>CYSTIC FIBROSIS AGENTS</b>	
No changes	
<b>DIURETICS</b>	
No changes	
<b>DUCHENNE MUSCULAR DYSTROPHY TREATMENTS</b>	
No changes	
<b>GI MOTILITY, CHRONIC</b>	
	MOVANTIK (ORAL)
<b>GLUCAGON AGENTS</b>	
BAQSIMI (NASAL)	
<b>GROWTH FACTORS</b>	
	EGRIFTA SV (SUB-Q)
<b>GROWTH HORMONE</b>	
No changes	
<b>HEMOPHILIA TREATMENT</b>	
REBINYN (INTRAVEN)	
<b>HEPATITIS C TREATMENTS</b>	
No changes	
<b>HIV/AIDS</b>	
NORVIR POWDER PACK (ORAL)	KALETRA SOLUTION (ORAL) <sup>‡</sup>

PREFERRED AGENTS	NON-PREFERRED AGENTS
LOPINAVIR/RITONAVIR SOLUTION (ORAL)	KALETRA TABLET (ORAL) <sup>‡</sup>
LOPINAVIR/RITONAVIR TABLET (ORAL)	VIRACEPT (ORAL)
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>	
NESINA (ORAL)	
<b>HYPOGLYCEMICS, INSULIN AND RELATED AGENTS</b>	
INSULIN GLARGINE PEN (SUBCUTANE.)	INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)
INSULIN GLARGINE VIAL (SUBCUTANE.)	
APIDRA VIAL (SUBCUTANE.)	
APIDRA SOLOSTAR PEN (SUBCUTANE.)	
<b>IMMUNE GLOBULINS</b>	
GAMUNEX-C (INJECTION)	
<b>LAXATIVES AND CATHARTICS</b>	
No changes	
<b>LIPOTROPICS, OTHER</b>	
No changes	
<b>MULTIPLE SCLEROSIS AGENTS</b>	
FINGOLIMOD (ORAL)	AUBAGIO (ORAL) <sup>‡</sup>
TERIFLUNOMIDE TABLET (ORAL)	GILENYA (ORAL) <sup>‡</sup>
<b>OPIATE DEPENDENCY AGENTS</b>	
No changes	
<b>PAH AGENTS, ORAL AND INHALED</b>	
No changes	
<b>PANCREATIC ENZYMES</b>	
No changes	
<b>PITUITARY SUPPRESSIVE AGENTS, LHRH</b>	
FENSOLVI (SUBCUTANEOUS)	
<b>POTASSIUM BINDERS</b>	
LOKELMA (ORAL)	
<b>PRENATAL VITAMINS</b>	
No changes	
<b>THYROID HORMONES</b>	
No changes	
<b>UTERINE DISORDER TREATMENTS</b>	
No changes	

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

<sup>‡</sup> Requires a letter of medical necessity