Georgia Department of Community Health

Goold Health Systems

Important Update
DCH Decision Document

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

EFFECTIVE July 1, 2015 (see chart below)

DCH rebate vendor Goold Health Systems (GHS) has reviewed SFY2016 supplemental rebate offers with DCH and reviewed the below drug categories at the March 2015 DURB meeting. The PDL decisions or PDL changes for new drugs or categories reviewed during the March DURB meeting are outlined below. Those drugs highlighted in red indicate a change from current PDL status. For a full listing of our PDL, go to www.dch.georgia.gov/pharmacy and select the "preferred product list" option.

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
ADHD AGENTS		
	ADDERALL XR	PROCENTRA (ORAL) SOLUTION
	FOCALIN TAB, XR	
	INTUNIV TAB ER 24H	
	QUILLIVANT XR	
	STRATTERA	
	VYVANSE	
ANALGESIC OPIOID ABUSE		
	SUBOXONE	BUNAVAIL
		ZUBSOLV
ANALGESICS, OPIOID - LONG ACTING		
	BUTRANS PATCH TDWK	DURAGESIC PATCH TD72
		HYSINGLA ER TAB 24H
		OXYCONTIN TAB ER 12H
ANALGESICS, OPIOID- SHORT		
	IBUDONE	
	LORTAB SOLN 10-300/15	
ANDROGENS, ANABOLIC		
	ANDROGEL	
ANTICOAGULANTS		
	LOVENOX	ELIQUIS
		PRADAXA
		XARELTO
ANTICONVULSANTS		
	GABAPENTIN SOLN	APTIOM
	LYRICA CAPS	FELBATOL
	OXTELLAR XR	TROKENDI XR
	QUDEXY XR	
	TOPIRAMATE ER	
	VIMPAT	

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIDEPRESSANTS		
	BRINTELLIX	FETZIMA
		PRISTIQ ER
		VIIBRYD
ANTIDIABETICS - INSULIN		
	HUMULIN 70-30 INSULN PEN	
	HUMULIN 70/30 KWIKPEN INSULN PEN	
	HUMULIN N KWIKPEN INSULN PEN	
	HUMULIN N INSULN PEN	
	HUMULIN R VIAL	
	HUMALOG CARTRIDGE	
	HUMALOG INSULN PEN	
	HUMALOG MIX 50-50 INSULN PEN	
	HUMALOG MIX 75-25 INSULN PEN	
	LANTUS	
	LANTUS SOLOSTAR	
ANTIDIABETICS - NON-INSULIN		
	BYDUREON (SUB-Q) VIAL	BYETTA (SUB-Q) PEN INJCTR
	JENTADUETO	CYCLOSET
	KOMBIGLYZE XR	FARXIGA
	ONGLYZA	INVOKAMET
	TANZEUM (SUB-Q) PEN INJCTR	INVOKANA
	TRADJENTA	JANUMET, XR TBMP 24HR
		JANUVIA
		JARDIANCE
		PRANDIMET
		TRULICITY (SUB-Q) PEN INJCTR
		VICTOZA (SUB-Q) PEN INJCTR
		XIGDUO XR
ANTIHEMOPHILIC PRODUCTS-vWF		
	WILATE KIT	
ANTIHYPERLIPIDEMICS		
	FENOFIBRATE CAP	COLESTIPOL GRAN, PKT
	VYTORIN	LIPTRUZET
		PREVALITE POWD PACK
		TRILIPIX
		ZETIA
ANTIHYPERTENSIVE, ANGIOTENSIN RECEPTOR BLOCKER-CCB COMBINATIONS INHIBITORS		
	AZOR	
	EXFORGE HCT	
	EXFORGE	
	TRIBENZOR	
ANTIHYPERTENSIVE, ANGIOTENSIN RECPTOR BLOCKERS		
	BENICAR	ATACAND
	BENICAR HCT	

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
	DIOVAN	
	IRBESARTAN	
	IRBESARTAN-HYDROCHLOROTHIAZIDE	
	MICARDIS	
	MICARDIS HCT	
	VALSARTAN-HYDROCHLOROTHIAZIDE	
ANTIHYPERTENSIVES, BETA BLOCKERS		
		BYSTOLIC
ANTIINFECTIVES, MISCELLANEOUS		
		TINDAMAX
ANTI-INFLAM, NSAIDS		
	NAPROXEN ORAL SUSP	
ANTIPSYCHOTICS		
	LATUDA	ABILIFY MAINTENA
		INVEGA SUSTENNA
		SAPHRIS
ANTIVIRAL, HEPATITIS C AGENTS		
	HARVONI	OLYSIO
	SOVALDI	RIBAPAK
		VIEKIRA PAK
BIOLOGIC IMMUNOMODULATORS		
	ENBREL	OTEZLA
	HUMIRA	SIMPONI
		STELARA
		XELJANZ
BIOLOGICALS, MISC BIOLOGICS, MISCELLANEOUS (ALLERGEN IMMUNOTHERAPY)		
		GRASTEK
		RAGWITEK
BRONCHODILATOR, ANTICHOLINERGICS		
	COMBIVENT RESPIMAT	ANORO ELLIPTA
	IPRATROPIUM-ALBUTEROL (INH) AMPUL-NEB	INCRUSE ELLIPTA
	SPIRIVA RESPIMAT	TUDORZA PRESSAIR
BRONCHODILATOR, PDE4		
		DALIRESP
BRONCHODILATOR, STEROID INHALANTS		
	AEROSPAN HFA	ASMANEX HFA
	FLOVENT - DISKUS, HFA	
	PULMICORT FLEXHALER	
BRONCHODILATOR,SYMPATHOMIMETICS		
	BROVANA (INH) VIAL-NEB	ALBUTEROL SULFATE TABLET
		SEREVENT DISKUS
		STRIVERDI RESPIMAT
		VENTOLIN HFA
CALCIUM REGULATORS-OSTEOPOROSIS		
		BINOSTO
CORTICOSTEROIDS, ORAL		
	DEXPAK	

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
	PREDNISOLONE SOL 25MG/5ML	VERIPRED 20 (ORAL) SOLUTION
DERM, ACNE PRODUCT (SULFONES)		
		ACZONE GEL
DERM, ANTI-INFLAMMATORY AGENTS		
		FLECTOR PATCH
DERM, ANTIPSORIATICS		
	TAZORAC CREAM, GEL	
DERMATOLOGICAL SCABICIDES AND PEDICULICIDES		
	NATROBA	ULESFIA
	SKLICE	
DIGESTIVE ENZYMES		
	CREON	PERTZYE
		ZENPEP
EPINEPHRINE PENS		
	EPIPEN	
ESTROGENS		
		EVAMIST SPR
FIBROMYALGIA AGENTS		
		SAVELLA
GROWTH HORMONE		
	GENOTROPIN	
	NORDITROPIN FLEXPRO, NORDIFLEX	
	NUTROPIN, -AQ, -PEN	
HEMATAPOIETIC,GROWTH FACTOR		
	PROCRIT	ARANESP
INFLAMMATORY BOWEL AGENTS		
	APRISO	LIALDA
	PENTASA 250MG	SFROWASA
	PENTASA 500MG	UCERIS
IRRITABLE BOWEL SYNDROME AGENTS		
		LINZESS
MIGRAINE PRODUCTS		
	RELPAX	
MULTIPLE SCLEROSIS AGENTS		
	AMPYRA	BETASERON
	AVONEX	COPAXONE
	EXTAVIA	PLEGRIDY
	TECFIDERA	
MULTIVITAMINS, PRENATAL		
	CONCEPT OB CAPSULE	CALCIUM PNV
	PRENATE AM	CITRANATAL 90 DHA COMBO. PKG 90-1-300MG
	PRENATE CHEWABLE	CITRANATAL ASSURE COMBO. PKG
	PRENATE DHA CAPSULE 18-1-300MG	CITRANATAL DHA COMBO. PKG
	PRENATE DHA 28-1-300MG	CITRANATAL HARMONY CAPSULE

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
	PRENATE ELITE	CONCEPT DHA CAPSULE
	PRENATE ENHANCE	NATELLE ONE CAPSULE
	PRENATE ESSENTIAL 18-1-300MG	NESTABS ABC COMBO. PKG
	PRENATE MINI	OB COMPLETE 400 CAPSULE
	PRENATE PIXIE	OB COMPLETE ONE CAPSULE
	PRENATE RESTORE CAPSULE	OB COMPLETE PETITE CAPSULE
	PRENATE STAR TABLET	OB COMPLETE WITH DHA CAPSULE
	PROVIDA OB CAPSULE	TRICARE PRENATAL COMPLEAT CMB TAB CP
	VITAFOL	VIRT-PN PLUS CAPSULE
		VITAFOL ULTRA CAPSULE
		VITAFOL-ONE CAPSULE
		ZATEAN-PN PLUS CAPSULE
NASAL STEROIDS		
		BECONASE AQ (NASAL) SPRAY
		QNASL (NASAL) HFA AER AD
OPHTHALMICS, ADRENERGIC AGENTS		
	SIMBRINZA	ALPHAGAN P
OPHTHALMICS ANTIALLERGICS		
	PATADAY	LASTACAFT DROPS
OPHTHALMICS ANTIBIOTIC STEROID COMBINATIONS		
	TOBRADEX	
OPHTHALMICS, ANTIINFLAMMATORY DRUGS		
	DUREZOL	LOTEMAX GEL, OINT
	ILEVRO	NEVANAC
		PROLENSA
OPHTHALMICS ANTIINFECTIVES		
	BACITRACIN OINT.	BESIVANCE
	MOXEZA	
	VIGAMOX	
	ZYMAXID	
OPHTHALMICS BETA BLOCKERS		
	COMBIGAN 5ML	COMBIGAN 10ML
OPHTHALMICS PROSTAGLANDINS		
	TRAVATAN Z	LUMIGAN
		TRAVOPROST
OTIC ANTIINFECTIVES		
		CIPRODEX
PLATELET AGGREGATION INHIBITORS		
	BRILINTA	ZONTIVITY
PULMONARY HYPERTENSION DRUGS		
	ADCIRCA	OPSUMIT
	LETAIRIS	ORENITRAM ER
	TRACLEER	
SMOKING DETERRENTS		
		CHANTIX
URINARY ANTISPASMODICS		

ONLY DRUGS with Supplemental Rebate Offer or reviewed during the March DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
	TOVIAZ	MYRBETRIQ
	VESICARE	
URINARY PROSTATIC HYPERTROPHY		
	ALFUZOSIN HCL ER	AVODART
VAGINAL ANTI-INFECTIVES		
	GYNAZOLE-1 CRE	CLINDESSE CRE