

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, 2018 (see chart below)

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed SFY2019 supplemental rebate offers with DCH and also reviewed specific drug categories at the May 2018 DURB meeting. The PDL/PADL decisions or PDL/PADL changes for new drugs or categories reviewed during the May 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.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ONLY DRUGS with Supplemental Rebate Offer or reviewed during the May 2018 DURB meeting as either new to market or a change in PDL status are listed	
ANALGESICS, NARCOTICS LONG	
EMBEDA	ARYMO ER
	KADIAN
	METHADONE
	MORPHABOND ER
ANDROGENIC AGENTS	
ANDROGEL GEL PACKET, PUMP	
ANGIOTENSIN MODULATOR COMBINATIONS	
	AZOR
	EXFORGE
	EXFORGE HCT
	PRESTALIA
	TRANDOLAPRIL / VERAPAMIL (Authorized Generic)
	TRIBENZOR
ANGIOTENSIN MODULATORS	
ENTRESTO	
ANTIANGINAL & ANTI-ISCHEMIC	
RANEXA	
ANTIBIOTICS, INHALED	

PREFERRED AGENTS	NON-PREFERRED AGENTS
BETHKIS	TOBI PODHALER
KITABIS	
ANTIBIOTICS, VAGINAL	
CLINDESSE	
ANTICOAGULANTS	
ELIQUIS	ENOXAPARIN SODIUM VIAL (Authorized Generic & Non-Authorized Generic)
PRADAXA	ENOXAPARIN SYRINGE (Non-Authorized Generic)
XARELTO	FRAGMIN SYRINGE
	LOVENOX
ANTIEMETIC/ANTIVERTIGO AGENTS	
DICLEGIS	COMPRO
EMEND CAPSULE	PROMETHAZINE 50 MG RECTAL SUPPOSITORY
	TRIMETHOBENZAMIDE
ANTIFUNGALS, VAGINAL	
GYNAZOLE	
ANTIMIGRAINE AGENTS, TRIPTANS	
RELPAZ	NARATRIPTAN
	SUMATRIPTAN SYRINGE, KIT, VIAL
ANTIPARASITICS, TOPICAL	
NATROBA	
SKLICE	
BLADDER RELAXANT PREPARATIONS	
TOVIAZ	FLAVOXATE
	MYRBETRIQ
BOTULINUM TOXINS	
DYSPOZ	MYOBLOC
	XEOMIN
CEPHALOSPORINS AND RELATED ANTIBIOTICS	
SUPRAX CAPSULE	AMOXICILLIN/CLAV CHEW TABLET
	AUGMENTIN 125 SUSPENSION
	CEFACLOR TABLET ER
	CEFADROXIL TABLET
	CEFPODOXIME
CYTOKINE AND CAM ANTAGONISTS	
ENBREL	COSENTYX
HUMIRA	KEVZARA
XELJANZ	TALTZ
XELJANZ XR	

PREFERRED AGENTS	NON-PREFERRED AGENTS
GI MOTILITY, CHRONIC	
AMITIZA	LINZESS
	MOVANTIK
	SYMPROIC
GROWTH FACTORS	
EGRIFTA	
GROWTH HORMONE	
GENOTROPIN	ZOMACTON
NORDITROPIN	
NUTROPIN	
HAE TREATMENTS	
	HAEGARDA
	RUCONEST
HEMOPHILIA TREATMENT	
BENEFIX	FEIBA NF
HEMLIBRA	NOVOSEVEN RT
KOGENATE FS	REBINYN
NOVOEIGHT	
NUWIQ	
WILATE	
XYNTHA	
HEPATITIS C AGENTS	
EPCLUSA	HARVONI
MAVYRET	SOVALDI
VOSEVI	
ZEPATIER	
HIV / AIDS	
ABACAVIR/LAMIVUDINE	
DESCOVY	
EVOTAZ	
GENVOYA	
LAMIVUDINE SOLUTION	
NORVIR TABLET	
ODEFSEY	
PREZCOBIX	
HYPERPARATHYROID AGENTS	
	RAYALDEE
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
BYDUREON PENS	BYDUREON BCISE

PREFERRED AGENTS	NON-PREFERRED AGENTS
JANUMET	GLYXAMBI
JANUVIA	JANUMET XR
VICTOZA	QTERN
	XULTOPHY
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	
HUMULIN 70/30 VIAL OTC	HUMALOG 200 U/ML PEN
HUMULIN VIAL OTC	TRESIBA
HYPOGLYCEMICS, SGLT2	
	FARXIGA
	INVOKAMET
	INVOKAMET XR
	INVOKANA
	JARDIANCE
	SYNJARDY
	SYNJARDY XR
	XIGDUO XR
LAXATIVES & CATHARTICS	
PREPOPIK	GAVILYTE-H AND BISACODYL
LIPOTROPICS, OTHER	
	FENOFIBRATE (Generic for ANTARA) (Authorized Generic & Non-Authorized Generic)
	FENOFIBRATE CAPSULE (Generic for LIPOFEN)
	FENOFIBRATE CAPSULE (Generic for LOFIBRA)
	REPATHA
	TRIGLIDE
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO	COPAXONE 40MG/ML
BETASERON	PLEGRIDY
GILENYA	
REBIF	
TECFIDERA	
OPIATE DEPENDENCE TREATMENTS	
SUBOXONE	BUNAVAIL
VIVITROL	ZUBSOLV
PAH AGENTS, ORAL AND INHALED	
LETAIRIS	OPSUMIT
TRACLEER TABLET	
PANCREATIC ENZYMES	
CREON	PERTZYE

PREFERRED AGENTS	NON-PREFERRED AGENTS
ZENPEP	
PHOSPHATE BINDERS	
	CALCIUM ACETATE TABLET
	FOSRENOL
	PHOSLYRA
PLATELET AGGREGATION INHIBITORS	
BRILINTA	
PRENATAL VITAMINS	
CONCEPT DHA, OB	
PRENATE AM, CHEWABLE TABLET, DHA, ELITE, ENHANCE, MINI, PIXI, RESTORE	
PRIMACARE	
PROVIDA DHA, OB	
TRICARE	
SMOKING CESSATION	
CHANTIX	
ULCERATIVE COLITIS AGENTS	
LIALDA	MESALAMINE RECTAL
PENTASA	MESALAMINE RECTAL KIT