

## 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, 2019 (see chart below)

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed SFY2020 supplemental rebate offers with DCH and also reviewed specific drug categories at the May 2019 DURB meeting. The PDL/PADL decisions or changes for new drugs or categories reviewed 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](http://www.dch.georgia.gov/pharmacy) and select the “preferred product list” option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANTIMIGRAINE AGENTS, OTHER</b>	
	AJOVY
	EMGALITY
<b>ANTIVIRALS, ORAL</b>	
	XOFLUZA
<b>CYTOKINE AND CAM ANTAGONISTS</b>	
	ILUMYA (PADL)
	OLUMIANT
	REMICADE (PADL)
RENFLEXIS (PADL)	
<b>HEMOPHILIA TREATMENT</b>	
ADVATE	
AFSTYLA	
	JIVI
	KOATE-DVI KIT
	MONOCLATE-P KIT
<b>HEPATITIS C TREATMENT</b>	
	ZEPATIER
<b>HIV / AIDS</b>	
	DELSTRIGO

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PIFELTRO
<b>HYPOGLYCEMICS, SGLT2</b>	
JARDIANCE	
<b>LAXATIVES &amp; CATHARTICS</b>	
	SUPREP
<b>THROMBOPOIESIS STIMULATING PROTEINS</b>	
	DOPTELET
MULPLETA	