



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, 2014 (see chart below)

DCH rebate vendor Goold Health Systems (GHS) has reviewed SFY2015 supplemental rebate offers with DCH and reviewed the below drug categories at the June 2014 DURB meeting.. The PDL decisions for those categories reviewed during the June DURB meeting with PDL changes to the drug category or new drugs 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 June DURB as either new to market or a change in PDL status are listed	PREFERRED AGENTS	NON-PREFERRED AGENTS
ANDROGENS-ANABOLICS		
	ANDROGEL GEL	
ANTICOAGULANTS		
	LOVENOX	ELIQUIS
		PRADAXA
		XARELTO
ANTICONVULSANTS		
	DIASTAT	FYCOMPA
	LYRICA	
	VIMPAT	
ANTIEMENTIA AGENTS		
	EXELON PATCH, SOL	
	NAMENDA TAB, SOL	
	NAMENDA XR	
ANTIDEPRESSANTS – Brintellix change is effective 7-1-14. All other changes in this class will be effective 10-1-14		
	BRINTELLIX	ANAFRANIL
	CLOMIPRAMINE HCL (ORAL) CAPSULE	FETZIMA
		IMIPRAMINE PAMOATE
		KHEDEZLA
		PRISTIQ
		PROTRIPTYLINE HCL (ORAL) TABLET
		TRANLYCYPROMINE SULFATE (ORAL) TABLET
		VIIBRYD
ANTIEMETICS		
		EMEND
ANTIHEMOPHILIC PRODUCTS		



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	WILATE	
ANTIHYPERTENSIVE, ACE INHIBITOR		
		LOTENSIN
ANTIHYPERTENSIVE, ANGIOTENSIN RECEPTOR BLOCKERS		
	BENICAR	
	BENICAR HCT	
	DIOVAN	
	DIOVAN HCT	
ANTIHYPERTENSIVE, ARB/CALCIUM CHANNEL BLOCKER (CCB) COMBINATION		
	EXFORGE	AZOR
	EXFORGE HCT	TRIBENZOR
ANTIHYPERTENSIVES, BETA BLOCKERS		
		BYSTOLIC
ANTIHYPERTENSIVES, DIRECT RENIN INHIBITOR		
		AMTURNIDE
		TEKAMLO
		TEKTURNA
		TEKTURNA HCT
ANTI-INFECTIVE AGENTS, MISC		
	ALINIA	TINDAMAX
ANTI-INFLAMMATORY, NONSTEROIDAL ANTIINFLAMMATORY DRUGS		
		CELEBREX
		ZORVOLEX
ANTINEOPLASTIC – MANTLE CELL LYMPHOMA		
	IMBRUVICA	
ANTIPARKINSON AGENTS		
	STALEVO	
ANTIPSYCHOTICS		
	ABILIFY, -SOL	ABILIFY MAINTENA
	EQUETRO	FANAPT
	LATUDA	INVEGA SUST
		SAPHRIS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		
	FOCALIN	ADDERALL XR
	FOCALIN XR	QUILLIVANT SUS XR
	INTUNIV	STRATTERA
	VYVANSE	
CALCIUM REGULATORS-OSTEOPOROSIS		
		BINOSTO
COLONY STIMULATING FACTORS		
		GRANIX
COUGH & COLD		
		BROMFED DM SYP
EPINEPHRINE PENS		
	EPIPEN	EPINEPHRINE INJ
FIBROMYALGIA AGENTS		
		SAVELLA
HEMATAPOIETIC, GROWTH FACTORS		
	EPOGEN	ARANESP



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	PROCRIT	
HEMATOPOIETIC MIXTURES (Covered for < 21 y.o.)		
	FERIVA 75-1MG	INTEGRA (not covered)
	FERRALET 90	TANDEM (not covered)
	FUSION PLUS	TANDEM PLUS
	HEMOCYTE-F	
	HEMOCYTE PLS	
	INTEGRA F	
	INTEGRA PLUS	
INFLAMMATORY BOWEL AGENTS		
	APRISO	LIALDA
	CANASA	PENTASA CAP 500MG CR
	DELZICOL	
	PENTASA CAP 250MG CR	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
		LINZESS
LAXATIVES, BOWEL EVACUANTS		
	PREPOPIK PAK	
MIGRAINE AGENTS - TRIPTANS ONLY		
		RELPAK
PANCREATIC ENZYMES		
	CREON	PANCREAZE
	ZENPEP	PERTZYE
		ULTRESA
		VIOKACE
PLATELET AGGREGATION INHIBITORS		
	BRILINTA	
PROGESTINS		
		MAKENA
PULMONARY ANTIHYPERTENSIVES – Revatio/sildenafil citrate change will be effective 10-1-14		
	ADCIRCA	ADEMPAS
	LETAIRIS	OPSUMIT
	SILDENAFIL CITRATE	REVATIO
	TRACLEER	
RESPIRATORY, ADRENERGIC COMBINATIONS		
	ADVAIR- DISKUS, HFA	BREO ELLIPTA
	COMBIVENT	
	DULERA	
	SYMBICORT	
RESPIRATORY, ANTICHOLINERGICS		
	SPIRIVA	TUDORZA
RESPIRATORY, BETA ADRENERGIC SHORT ACTING INHALERS		
		VENTOLIN HFA
RESPIRATORY, INHALED CORTICOSTEROIDS		
	FLOVENT, -DISKUS,-HFA	AEROSPAN
RESPIRATORY, INHALED PHOSPHODIESTERASE-4 INHIBITORS		
		DALIRESP
ULCER DRUGS, ANTISPASMODICS		
	ED-SPAZ	



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ULCER DRUGS, H. PYLORI		
	PYLERA	
VAGINAL ANTIINFECTIVES – Cleocin Suppository change will be effective 10-1-14		
		CLEOCIN SUPP
		CLINDESSE CRE 2%