

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| abacavir tabs generic | P | | | QLL |
| abacavir/lamivudine generic (except Prasco) | | NP | PA | |
| abacavir/lamivudine generic (Prasco) | P | | | |
| abacavir/lamivudine/zidovudine generic | | NP | PA | QLL |
| ABILIFY MAINTENA | P | | PA | QLL |
| ABSORICA | | NP | PA | QLL |
| ABSTRAL | | NP | PA | QLL |
| acamprosate generic | P | | | QLL |
| ACANYA GEL | | NP | PA | QLL |
| acarbose | P | | | |
| acetazolamide ir generic | P | | | |
| acetazolamide sr generic | P | | | QLL |
| ACIPHEX TABS, SPRINKLES | | NP | PA | QLL |
| acitretin generic | | NP | PA | QLL |
| ACTEMRA | | NP | PA | QLL |
| ACTHAR HP | P | | PA | |
| ACTIGALL | P | | | |
| ACTIMMUNE | P | | | |
| ACTIQ | | NP | PA | QLL |
| ACTONEL 5mg, 30mg | | NP | PA | QLL |
| ACTOPLUS MET XR | | NP | PA | QLL |
| ACULAR | | NP | | QLL |
| ACULAR LS | | NP | | QLL |
| ACUVAIL | | NP | PA | QLL |
| acyclovir generic | P | | | |
| acyclovir ointment generic | | NP | PA | QLL |
| ACZONE GEL | | NP | PA | |
| ADALAT CC | | NP | | QLL |
| adapalene gel, cream, lotion generic | | NP | PA | QLL |
| ADCIRCA | | NP | PA | QLL |
| ADDERALL XR | | NP | PA | QLL |
| adefovir generic | | NP | PA | QLL |
| ADEMPAS | | NP | PA | QLL |
| ADLYXIN | | NP | PA | QLL |
| ADRENACLICK | | NP | PA | QLL |
| ADVAIR DISKUS | P | | | QLL |
| ADVAIR HFA | | NP | PA | QLL |
| ADVATE | | NP | PA | |
| ADYNOVATE | | NP | PA | |
| ADZENYS XR | | NP | PA | QLL |
| AEROSPAN | P | | | QLL |
| afeditab cr generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| AFINITOR | P | | PA | QLL |
| AFINITOR DISPERZ | P | | PA | QLL |
| AFREZZA | | NP | PA | |
| AFSTYLA | | NP | PA | |
| AGGRENOX | P | | | |
| AGRYLIN | P | | | |
| AIRDUO RESPICLICK | | NP | PA | QLL |
| AKYNZEO | | NP | PA | QLL |
| ALBENZA | P | | PA | |
| albuterol for nebulization generic 0.63mg/3ml, 1.25mg/3ml | | NP | PA | QLL |
| albuterol for nebulization generic 2.5mg/3ml, 5mg/ml | P | | | QLL |
| albuterol sulfate tabs generic | | NP | PA | |
| albuterol/ipratropium neb soln generic | P | | | QLL |
| alclometasone cream/oint. generic | | NP | PA | |
| ALDARA | P | | | |
| ALECENSA | P | | PA | QLL |
| alendronate generic | P | | | QLL |
| alendronate oral soln generic | | NP | PA | QLL |
| ALFERON N | P | | | |
| alfuzosin generic | P | | | QLL |
| ALINIA | P | | | QLL |
| ALKERAN tablets | P | | | |
| all beta-adrenergic antagonists generics are preferred | P | | | QLL |
| all topical corticosteroid generics (unless listed otherwise) | P | | | |
| ALLFEN | P | | | |
| allopurinol generic | P | | | |
| almotriptan generic | | NP | PA | QLL |
| ALOCRIIL | | NP | PA | QLL |
| alogliptin 6.25mg, 12.5mg generic | | NP | PA | QLL |
| alogliptin-metformin generic | | NP | PA | QLL |
| alogliptin-pioglitazone generic | | NP | PA | QLL |
| ALOMIDE | | NP | PA | QLL |
| ALORA | P | | | QLL |
| alosetron generic | | NP | PA | QLL |
| ALPHAGAN-P 0.1% | P | | | QLL |
| ALPHAGAN-P 0.15% | P | | | QLL |
| ALPHANATE | | NP | PA | |
| ALPHANINE | P | | | |
| alprazolam er, odt generic | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| alprazolam generic | P | | | QLL |
| ALPROLIX | | NP | PA | |
| ALREX | P | | | QLL |
| ALTABAX | | NP | PA | QLL |
| ALTOPREV | | NP | PA | QLL |
| aluminum hydroxide generic | P | | PA | |
| ALUNBRIG | P | | PA | QLL |
| ALVESCO | | NP | PA | QLL |
| AMBIEN | | NP | PA | QLL |
| AMBIEN CR | | NP | PA | QLL |
| AMBISOME INJ. | | NP | PA | |
| amcinonide lotion, ointment generic | | NP | PA | |
| amethia, -lo generic | | NP | PA | QLL |
| amethyst generic | | NP | PA | QLL |
| AMICAR | P | | | |
| aminocaproic acid tabs generic | P | | | |
| amiodarone/pacerone generic | P | | | |
| AMITIZA | | NP | PA | QLL |
| amitriptyline generic | P | | | |
| amlodipine | P | | | QLL |
| amlodipine/atorvastatin generic | | NP | PA | QLL |
| amlodipine/benazepril generic | P | | | QLL |
| amlodipine/valsartan generic | P | | PA | QLL |
| amlodipine/valsartan/hctz generic | P | | PA | QLL |
| amox/clavulanate 250-125mg tabs generic | | NP | PA | |
| amox/clavulanate 250-62.5mg/5ml susp generic | | NP | PA | QLL |
| amox/clavulanate chew tabs, IR tabs, susp generic | P | | | QLL |
| amox/clavulanate ER tabs generic | | NP | PA | QLL |
| amoxapine generic | P | | | |
| amoxicillin 775mg generic | | NP | PA | QLL |
| AMPHADASE | P | | PA | |
| amphetamine salt combination ER generic | | NP | PA | QLL |
| amphetamine salt combination generic | P | | PA (≥ 21 years) | QLL |
| ampicillin/subactam inj. generic | P | | | |
| AMPYRA | P | | PA | QLL |
| AMRIX | | NP | PA | QLL |
| ANADROL-50 | P | | PA | |
| ANADROL-50 | P | | PA | |
| ANALPRAM-HC 1-1% CREAM | | NP | PA | |
| anastrozole generic | P | | | QLL |
| ANDRODERM PATCH | P | | PA | QLL |
| ANDROGEL GEL, PACKETS 1.62%, PUMP | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---------------------------------|-----------|---------------|-----------------|-----|
| ANDROID | | NP | PA | |
| ANDROXY | P | | PA | |
| ANGELIQ | P | | | QLL |
| ANORO ELLIPTA | | NP | PA | QLL |
| ANTARA | | NP | PA | QLL |
| ANZEMET INJECTION | | NP | PA | |
| ANZEMET TABS | | NP | PA | QLL |
| APEXICON E CREAM | | NP | PA | |
| APIDRA | | NP | PA | QLL |
| APIDRA SOLOSTAR | | NP | PA | QLL |
| APLENZIN | | NP | PA | QLL |
| APOKYN | P | | | |
| apraclonidine generic | P | | | |
| APRISO | P | | | |
| APTENSIO XR | | NP | PA | QLL |
| APTIOM | | NP | PA | QLL |
| APTIVUS | | NP | PA | |
| ARALAST-NP | P | | PA | |
| aranelle (generic Tri-Norinyl) | | NP | PA | |
| ARANESP | | NP | PA | QLL |
| ARAVA | | NP | | QLL |
| ARCALYST | P | | PA | QLL |
| ARCAPTA | | NP | PA | QLL |
| ARIMIDEX | | NP | | QLL |
| aripiprazole odt generic | | NP | PA | QLL |
| aripiprazole oral soln. generic | | NP | PA | QLL |
| aripiprazole tabs generic | P | | PA | QLL |
| ARISTADA | P | | PA | QLL |
| armodafinil generic | P | | PA (≥ 21 years) | QLL |
| ARMONAIR | | NP | PA | QLL |
| ARMOUR THYROID | P | | | |
| ARNUITY ELLIPTA | | NP | PA | QLL |
| AROMASIN | | NP | | QLL |
| ARYMO ER | | NP | PA | QLL |
| ASACOL HD | | NP | PA | |
| ASMANEX HFA | | NP | PA | QLL |
| ASMANEX TWISTHALER 110mcg | P | | PA (≥ 12 years) | QLL |
| ASMANEX TWISTHALER 220mcg | P | | | QLL |
| aspirin (enteric coated) | P | | | |
| aspirin/dipyridamole generic | | NP | PA | |
| ASTAGRAF XL | | NP | PA | QLL |
| ATELVIA | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| atomoxetine (Prasco) generic | P | | PA (≥ 21 years) | QLL |
| atomoxetine generic (except Prasco) | | NP | PA | QLL |
| atorvastatin generic | P | | | QLL |
| atovaquone generic | P | | | |
| atovaquone-proguanil generic | | NP | PA | |
| ATRIPLA | P | | | |
| atropine sulfate ophthalmic soln. generic | P | | | |
| ATROVENT HFA | P | | | QLL |
| AUBAGIO | P | | | QLL |
| AURYXIA | | NP | PA | QLL |
| AUSTEDO | | NP | PA | QLL |
| AUVI-Q | | NP | PA | QLL |
| AVANDAMET | | NP | PA | QLL |
| AVANDIA | | NP | PA | QLL |
| AVELOX | | NP | PA | QLL |
| AVELOX ABC | | NP | PA | QLL |
| AVITA | P | | PA (≥ 21 years) | QLL |
| AVONEX | P | | | QLL |
| AVYCAZ | | NP | PA | QLL |
| AXERT | | NP | PA | QLL |
| AXIRON | | NP | PA | QLL |
| AZACTAM | | NP | PA | |
| AZASITE | | NP | PA | |
| azelastine 137mcg (0.1%) generic | P | | | QLL |
| azelastine 0.15% generic | | NP | PA | QLL |
| azelastine ophth. generic | | NP | PA | QLL |
| AZELEX | P | | PA (≥ 21 years) | |
| AZILECT | | NP | | |
| azithromycin generic | P | | | QLL |
| AZOPT | P | | | |
| AZOR | P | | PA | QLL |
| aztreonam generic | P | | PA | |
| baclofen generic | P | | | |
| BACTROBAN NASAL | P | | | QLL |
| BACTROBAN OINTMENT | | NP | | QLL |
| balsalazide generic | P | | | |
| BANZEL SUSPENSION | | NP | PA | QLL |
| BANZEL TABS | | NP | PA | QLL |
| BARACLUDE SOLN. | P | | | QLL |
| BASAGLAR | | NP | PA | QLL |
| BEBULINE | P | | | |
| BECONASE AQ | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| BELBUCA | | NP | PA | QLL |
| BELSOMRA | | NP | PA | QLL |
| benazepril generic | P | | | QLL |
| benazepril HCTZ generic | P | | | QLL |
| BENEFIX | P | | | |
| BENICAR | | NP | PA | QLL |
| BENICAR HCT | | NP | PA | QLL |
| BENZACLIN | P | | | QLL |
| BENZEFOAM | | NP | PA | QLL |
| benzoyl peroxide cleanser generic | P | | | |
| benzoyl peroxide cream 5.5% generic | | NP | PA | QLL |
| benzoyl peroxide pads generic | | NP | PA | |
| BEPREVE | P | | | QLL |
| BERINERT | P | | | |
| BESIVANCE | | NP | PA | QLL |
| BETAGAN | | NP | | |
| betamethasone dipropionate (augmented) cream, lotion, ointment generic | | NP | PA | |
| betamethasone dipropionate gel, ointment generic | | NP | PA | |
| betamethasone valerate aerosol foam 0.12%, lotion generic | | NP | PA | |
| BETAPACE, -AF | | NP | | QLL |
| BETASERON | P | | | QLL |
| betaxolol generic | P | | | |
| BETHKIS | P | | | QLL |
| BETIMOL | | NP | PA | |
| BETOPTIC S | P | | | |
| BEVESPI | P | | | QLL |
| bexarotene generic | | NP | PA | QLL |
| BIAXIN | | NP | | QLL |
| BIAXIN SUSPENSION | | NP | | QLL |
| BIAXIN XL | | NP | | QLL |
| bicalutamide | P | | | QLL |
| BIDIL | | NP | PA | QLL |
| bimatoprost generic | | NP | PA | QLL |
| BINOSTO | | NP | PA | QLL |
| BIVIGAM | P | | PA | |
| BOSULIF | P | | PA | QLL |
| bpo, se bpo cloths generic | | NP | PA | QLL |
| BPS gel | P | | | |
| BREO ELLIPTA | | NP | PA | QLL |
| BRILINTA | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|-----------|------------|
| brimonidine 0.15% generic | | NP | PA | QLL |
| brimonidine 0.2% generic | P | | | |
| BRISDELLE | | NP | PA | QLL |
| BRIVIACT | | NP | PA | QLL |
| bromfenac ophth soln generic | | NP | PA | QLL |
| bromocriptine generic | P | | | |
| BROMSITE | | NP | PA | |
| BROVANA | P | | | |
| budesonide inhalation susp | | NP | PA | QLL |
| budesonide nasal susp. generic | | NP | PA | QLL |
| budesonide SR caps generic | P | | | QLL |
| BUNAVAIL | | NP | PA | QLL |
| BUPAP | | NP | PA | |
| BUPHENYL | P | | | QLL |
| buprenorphine generic | P | | | QLL |
| buprenorphine/naloxone sl tabs generic | | NP | PA | QLL |
| buproban/bupropion sr 150mg (generic Zyban) | P | | PA | QLL |
| bupropion ER & SR 100mg, 150mg generic | P | | | QLL |
| bupropion IR generic | P | | | QLL |
| bupropion SR 200mg generic | P | | | QLL |
| buspirone generic | P | | | |
| butalbital/acetaminophen 300mg/caffeine/codeine generic | | NP | PA | |
| butalbital/acetaminophen 325mg/caffeine/codeine generic | P | | | QLL |
| butalbital-acetaminophen tabs generic | P | | | |
| butalbital-acetaminophen-caffeine capsule generic | | NP | PA | |
| butalbital-acetaminophen-caffeine tabs generic | P | | | |
| butalbital-aspirin-caffeine capsule | P | | | |
| butorphanol nasal generic | P | | | QLL |
| BUTRANS | P | | | QLL |
| BYDUREON | P | | PA | QLL |
| BYETTA | P | | PA | QLL |
| BYSTOLIC | | NP | PA | QLL |
| CABOMETYX | P | | PA | QLL |
| caffeine citrate injection 60mg/3ml generic | P | | | |
| CALAN | | NP | | QLL |
| CALAN SR | | NP | | QLL |
| CALCIBIND | P | | | |
| calcipotriene cream generic | P | | | QLL |
| calcipotriene oint. generic | | NP | PA | |
| calcipotriene scalp soln. generic | P | | | |
| calcipotriene-betamethasone ointment generic | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|-----------|------------|
| calcitonin nasal solution generic | P | | | QLL |
| calcitriol generic | P | | | |
| calcitriol ointment generic | | NP | PA | QLL |
| calcium acetate caps | P | | | |
| calcium acetate tabs | P | | | |
| calcium carbonate generic | P | | PA | |
| calcium carbonate/glycine generic | P | | PA | |
| calcium lactate | P | | PA | |
| CAMBIA | | NP | PA | QLL |
| camrese, -lo generic | | NP | PA | QLL |
| CANASA | P | | | |
| CANCIDAS INJ. | | NP | PA | |
| candesartan generic | | NP | PA | QLL |
| candesartan/hctz generic | | NP | PA | QLL |
| capecitabine generic | | NP | PA | |
| CAPEX SHAMPOO | | NP | PA | |
| CAPRELSA | | NP | PA | QLL |
| captopril generic | P | | | QLL |
| captopril HCTZ generic | P | | | QLL |
| CARAC | | NP | PA | QLL |
| CARBAGLU | P | | PA | |
| carbamazepine er/sr 200mg, 400mg generic | P | | | QLL |
| carbamazepine ir generic | P | | | |
| carbamazepine sr 12 hr (generic Carbatrol) | P | | | |
| carbidopa generic | P | | | QLL |
| carbidopa/levodopa disintegrating tablets generic | | NP | PA | |
| carbidopa/levodopa generic | P | | | |
| carbidopa/levodopa/entacapone generic | | NP | PA | |
| carbinoxamine generic | P | | | |
| CARDIZEM LA 120mg | P | | | QLL |
| CARDURA XL | | NP | PA | |
| CARIMUNE NF | P | | PA | |
| carisoprodol 250mg generic | | NP | PA | QLL |
| carisoprodol 350mg generic | P | | | QLL |
| carisoprodol w/aspirin and codeine generic | | NP | PA | |
| carisoprodol w/aspirin generic | P | | | |
| carteolol hcl generic | P | | | |
| CASODEX | | NP | | QLL |
| CATAPRES-TTS | P | | | QLL |
| CAYSTON | P | | | QLL |
| CEDAX | | NP | PA | QLL |
| cefaclor caps generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|------------------|----------------------|----------------|------------|
| cefaclor er generic | P | | | QLL |
| cefaclor oral suspension generic | | NP | PA | QLL |
| cefadroxil generic | P | | | QLL |
| cefazolin iv generic | P | | | |
| cefdinir | P | | | QLL |
| cefditoren generic | P | | | QLL |
| cefixime suspension generic | | NP | PA | QLL |
| cefopodoxime generic | P | | | QLL |
| cefprozil generic | P | | | QLL |
| ceftibuten generic | | NP | PA | QLL |
| CEFTIN SUSPENSION | P | | | QLL |
| ceftriaxone generic | P | | | |
| cefuroxime generic susp | P | | | QLL |
| cefuroxime generic tabs | P | | | QLL |
| celecoxib generic | | NP | PA | QLL |
| CELLCEPT IV INJ | P | | | |
| CELLCEPT SUSPENSION | P | | PA (≥18 years) | |
| CELONTIN | P | | | |
| cephalexin 250mg, 500mg caps generic | P | | | QLL |
| cephalexin 750mg generic | | NP | PA | QLL |
| cephalexin tabs generic | | NP | PA | QLL |
| CERDELGA | P | | PA | QLL |
| CEREZYME | P | | PA | |
| CERUMENEX | P | | | |
| CESAMET | | NP | PA | QLL |
| cetirizine syrup generic Rx/OTC | P | | | QLL |
| cetirizine tabs generic OTC | P | | | QLL |
| cevimeline generic | P | | | |
| CHANTIX | | NP | PA | QLL |
| CHENODAL | | NP | PA | |
| chlordiazepoxide generic | P | | | QLL |
| chloroquine phosphate generic | P | | | |
| chlorothiazide 500mg injection generic | P | | | |
| chlorpropamide generic | | NP | PA | |
| chlorthalidone generic | P | | | |
| chlorzoxazone generic | P | | | |
| CHOLBAM | P | | PA | QLL |
| cholestyramine/cholestyramine lite packets generic | | NP | PA | |
| cholestyramine/cholestyramine lite powder generic | P | | | |
| CIALIS 2.5MG, 5MG | | NP | PA | QLL |
| CICLODAN KIT | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| ciclopirox 0.77% cream, suspension generic | P | | | |
| ciclopirox 8% and vitamin E 5% kit | | NP | PA | |
| ciclopirox gel/shampoo generic | | NP | PA | |
| ciclopirox nail lacquer | P | | PA | |
| cilostazol generic | P | | | |
| CILOXAN ophth. oint. | P | | | |
| cimetidine generic | P | | | QLL |
| CIMZIA | | NP | PA | QLL |
| CINRYZE | P | | | |
| CIPRO HC | P | | | |
| CIPRO SUSPENSION | P | | | QLL |
| CIPRODEX | P | | | QLL |
| ciprofloxacin HCL drops | P | | | QLL |
| ciprofloxacin otic generic | P | | | |
| ciprofloxacin suspension generic | | NP | PA | QLL |
| ciprofloxacin/SR generic | P | | | QLL |
| citalopram generic | P | | | QLL |
| CLARINEX SYRUP | | NP | PA | QLL |
| CLARINEX-D | P | | PA | QLL |
| clarithromycin susp. | P | | | QLL |
| clarithromycin/ER generic | P | | | QLL |
| CLEOCIN 75MG CAPS | P | | | |
| CLEOCIN SUPPOSITORY | | NP | PA | |
| CLIMARA PRO PATCH | P | | | QLL |
| CLINDACIN KIT PAC 1% | | NP | PA | QLL |
| clindamycin 1% gel, lotion, topical solution generic | P | | | |
| clindamycin 2% cream generic | P | | | |
| clindamycin aer 1% generic | | NP | PA | |
| clindamycin caps generic | P | | | |
| clindamycin for oral solution generic | P | | | QLL |
| clindamycin in D5W injection generic | P | | | |
| clindamycin in NaCl 0.9% injection generic | P | | | |
| clindamycin injection 150MG/ML (900MG/6ML) generic | P | | | |
| clindamycin pads/swabs generic | | NP | PA | |
| clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac) | P | | | |
| clindamycin-benzoyl peroxide gel 1-5% (generic for Benzaclin) | | NP | PA | QLL |
| CLINDESSE | | NP | PA | QLL |
| clobetasol cream, lotion, shampoo generic | | NP | PA | |
| clobetasol emollient cream | | NP | PA | |
| clobetasol emulsion foam (generic OLUX-E) | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| clobetasol foam (generic OLUX) | | NP | PA | QLL |
| clobetasol spray generic | | NP | PA | QLL |
| CLOBEX LOTION, -SHAMPOO | | NP | PA | |
| clocortolone generic | | NP | PA | QLL |
| CLODAN KIT | | NP | PA | QLL |
| CLODERM | | NP | PA | QLL |
| clomipramine authorized generic (Mallinckrodt) | P | | | |
| clonazepam generic | P | | | QLL |
| clonazepam odt generic | | NP | PA | |
| clonidine 0.1mg er generic | | NP | PA | QLL |
| clonidine patch | | NP | PA | QLL |
| clopidogrel 300mg generic | | NP | PA | QLL |
| clopidogrel 75mg generic | P | | | QLL |
| clorazepate dipotassium generic | P | | | QLL |
| clotrimazole troche generic | P | | | |
| clozapine generic | P | | PA (<18 years) | QLL |
| clozapine odt generic | | NP | PA | QLL |
| CNL8 NAIL KIT | | NP | PA | QLL |
| COARTEM | | NP | PA | QLL |
| colchicine generic | P | | | QLL |
| COLCRYS | | NP | PA | QLL |
| COLESTID | | NP | PA | |
| colestipol generic | | NP | PA | |
| COLYTE | P | | | QLL |
| COMBIGAN 10ml | | NP | PA | QLL |
| COMBIGAN 5ml | P | | | QLL |
| COMBIPATCH | P | | | |
| COMBIVENT RESPIMAT | P | | | QLL |
| COMETRIQ | P | | PA | QLL |
| COMPLERA | | NP | PA | QLL |
| COMTAN | P | | | QLL |
| CONCEPT DHA | P | | | |
| CONCERTA | P | | PA (≥ 21 years) | QLL |
| CONDYLOX GEL | P | | | |
| CONZIP | | NP | PA | QLL |
| COPAXONE 40MG/ML | | NP | PA | QLL |
| COPAXONE KIT 20MG/ML | P | | | QLL |
| COPEGUS | | NP | PA | |
| CORDRAN TAPE | | NP | PA | QLL |
| COREG | | NP | | QLL |
| COREG CR | | NP | PA | QLL |
| CORLANOR | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| CORTIFOAM | P | | | |
| cortisone generic | P | | | |
| corvita generic | | NP | PA | QLL |
| CORVITE | P | | | QLL |
| CORZIDE | | NP | PA | QLL |
| COSENTYX | P | | PA | QLL |
| COSOPT | | NP | | QLL |
| COSOPT PF | | NP | PA | QLL |
| COTELLIC | P | | PA | QLL |
| COTEMPLA | | NP | PA | QLL |
| COUMADIN INJ | P | | | |
| COUMADIN TABS | P | | | |
| CREON | P | | | QLL |
| CRESEMBA CAPS | | NP | PA | QLL |
| CRESTOR | | NP | PA | QLL |
| CRINONE GEL | | NP | PA | |
| CRIXIVAN | | NP | PA | |
| CROLOM | | NP | | QLL |
| cromolyn sodium generic | P | | | QLL |
| cromolyn sodium oral conc. 100mg/5ml generic | P | | | |
| CUBICIN | P | | PA | |
| CUPRIMINE | P | | | |
| CUTIVATE CREAM, OINT. | | NP | PA | |
| CUVITRU | P | | PA | |
| CUVPOSA | | NP | PA | QLL |
| CYCLESSA | | NP | | |
| cyclobenzaprine 5mg, 10mg generic | P | | | QLL |
| cyclobenzaprine 7.5mg generic | | NP | PA | QLL |
| CYCLOGYL 0.5% | P | | | |
| CYCLOGYL 2% | | NP | PA | |
| cyclopentol 1%, 2% ophth soln generic | P | | | |
| cyclophosphamide generic | P | | | |
| cycloserine generic | P | | | |
| CYCLOSET | | NP | PA | QLL |
| cyclosporine generic | P | | | |
| CYKLOKAPRON | | NP | PA | |
| CYSTAGON | P | | | |
| CYSTARAN | P | | | QLL |
| CYTOGAM | P | | PA | |
| CYTOMEL | P | | | |
| CYTOVENE | P | | PA | |
| DAKLINZA | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| DALIRESP | | NP | PA | QLL |
| DALVANCE | | NP | PA | QLL |
| danazol | P | | PA | |
| dantrolene sodium generic | P | | | |
| DAPSONE | P | | | |
| DARAPRIM | P | | PA | |
| DAYTRANA | | NP | PA | QLL |
| DDAVP NASAL | P | | | |
| DDAVP TAB | | NP | | |
| DELATESTRYL | P | | PA | |
| DELZICOL | P | | | QLL |
| DEMSER | P | | | |
| DENAVIR CREAM | | NP | PA | |
| DEPAKOTE sprinkles | P | | | |
| DEPO-PROVERA 400mg/ml | P | | | |
| DEPO-SQ PROVERA 104 | | NP | | QLL |
| DEPO-TESTOSTERONE | P | | PA | |
| DERMOTIC | | NP | PA | |
| DESCOVY | P | | | QLL |
| desimpramine generic | P | | | |
| desloratadine ODT generic | P | | PA | QLL |
| desloratadine tab generic | | NP | PA | QLL |
| desmopressin generic | P | | | |
| DESONATE | | NP | PA | |
| desoximetasone cream, gel, ointment generic | | NP | PA | QLL |
| DESOXYN | | NP | PA | QLL |
| desvenlafaxine er tabs generic | | NP | PA | QLL |
| dexamethasone generic | P | | | |
| DEXILANT | | NP | PA | QLL |
| dexmethylphenidate, -er generic | | NP | PA | QLL |
| DEXPAK | | NP | PA | |
| dextroamphetamine er generic | | NP | PA | QLL |
| dextroamphetamine generic | P | | PA (≥ 21 years) | QLL |
| dextroamphetamine soln. generic | | NP | PA | QLL |
| DIALYVITE SUPREME D | | NP | PA | |
| DIALYVITE/ZINC | P | | PA | |
| DIAMOX SEQUELS | | NP | | QLL |
| DIASTAT | P | | PA (≥ 21 yrs) | QLL |
| diazepam generic | P | | | QLL |
| diazepam rectal gel generic | | NP | PA | QLL |
| DICLEGIS | P | | | QLL |
| diclofenac gel generic | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| diclofenac ophth soln generic | P | | | |
| diclofenac sodium er tab generic | | NP | PA | |
| diclofenac solution 1.5% | | NP | PA | QLL |
| diclofenac w/misoprostol generic | | NP | PA | QLL |
| didanosine delayed-release caps generic | P | | | |
| DIFFERIN | | NP | PA (> 21 years) | QLL |
| DIFICID | | NP | PA | QLL |
| diflorasone diacetate cream and ointment generic | | NP | PA | |
| DIFLUCAN | | NP | | |
| DIFLUCAN 150MG TAB | | NP | | QLL |
| digoxin generic | P | | | |
| dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic | P | | | |
| dihydrocodeine/aspirin/caffeine cap (generic Synalgos-DC) | | NP | PA | QLL |
| dihydroergotamine spray generic | | NP | PA | QLL |
| DILACOR XR | | NP | | QLL |
| DILANTIN | | NP | | |
| DILANTIN INFATAB | | NP | | |
| DILAUDID-5 1mg/ml | P | | | |
| diltiazem (generic Cardizem) | P | | | QLL |
| diltiazem cd/er 360mg (generic Cardizem CD) | | NP | PA | QLL |
| diltiazem cd/er, cartia xt, dilt-cd (generic Cardizem CD-all strengths except 360mg) | P | | | QLL |
| diltiazem er, dilt-xr (generic Dilacor XR) | P | | | QLL |
| diltiazem er, diltzac, taztia xt caps (generic Tiazac) | P | | | QLL |
| diphenoxylate-atropine generic | P | | | |
| DIPROLENE AF | | NP | | |
| DIPROLENE OINT | | NP | | |
| dipyridamole generic | P | | | |
| disulfiram generic | P | | | QLL |
| DITROPAN TABS/SYRUP | | NP | | |
| divalproex DR, -ER generic | P | | | |
| divalproex sprinkles generic | | NP | PA | |
| DIVIGEL | | NP | PA | |
| docusate sodium/calcium | P | | PA | |
| donepezil 23mg generic | | NP | PA | QLL |
| donepezil, -ODT generic | P | | | QLL |
| DORAL | | NP | PA | |
| DORIBAX | | NP | PA | QLL |
| DORYX, -MPC | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| dorzolamide generic | P | | | |
| dorzolamide/timolol generic | P | | | |
| DOSTINEX | P | | | QLL |
| doxepin generic | P | | | |
| doxercalciferol generic | | NP | PA | |
| doxycycline (rosacea) 40mg cap generic | | NP | PA | QLL |
| doxycycline hyclate delayed release tabs | | NP | PA | QLL |
| doxycycline hyclate generic | P | | | |
| doxycycline monohydrate 50mg, 100mg caps, 75mg, 100mg, 150mg tabs generic | P | | | |
| doxycycline monohydrate 75mg, 150mg caps, 50mg tabs generic | | NP | PA | |
| doxycycline suspension generic | P | | | |
| dronabinol generic | P | | PA | |
| drospirenone/ethinyl estradiol/levomefolate generic | | NP | PA | QLL |
| DUAVEE | | NP | PA | QLL |
| DUEXIS | | NP | PA | QLL |
| DULERA | P | | | QLL |
| duloxetine 20mg, 30mg, 60mg generic | P | | | QLL |
| duloxetine 40mg generic | | NP | PA | QLL |
| DUOPA | P | | | |
| DURAGESIC | | NP | | QLL |
| DUREZOL | P | | | QLL |
| DURLAZA | | NP | PA | QLL |
| dutasteride generic | | NP | PA | QLL |
| dutasteride-tamsulosin generic | | NP | PA | QLL |
| DUTOPROL | P | | | QLL |
| DYANAVAL XR SUSP. | | NP | PA | QLL |
| DYMISTA | | NP | PA | QLL |
| DYNAPEN SUSP | P | | | |
| econazole generic | P | | | |
| EDARBI | | NP | PA | QLL |
| EDARBYCLOR | | NP | PA | QLL |
| EDLUAR | | NP | PA | QLL |
| EDURANT | P | | PA | QLL |
| EFFIENT | | NP | PA | QLL |
| EFUDEX | | NP | | |
| EGRIFTA | P | | PA | QLL |
| ELAPRASE | P | | PA | |
| ELELYSO | P | | PA | |
| ELESTAT | | NP | PA | QLL |
| ELESTRIN | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| ELIDEL | P | | | QLL |
| ELIGARD | P | | | |
| ELIQUIS | P | | | QLL |
| ELIXOPHYLLIN ELIXIR | P | | | |
| ELLA | P | | | QLL |
| ELMIRON | P | | | |
| ELOCON | | NP | | QLL |
| ELOCTATE | | NP | PA | |
| EMADINE | | NP | PA | QLL |
| EMBEDA | P | | | QLL |
| EMCYT | P | | | |
| EMEND CAPS | | NP | | QLL |
| EMEND SUSP | | NP | PA | QLL |
| EMFLAZA | | NP | PA | QLL |
| EMSAM | | NP | PA | QLL |
| EMTRIVA | P | | | |
| EMVERM | | NP | PA | |
| ENABLEX | | NP | PA | QLL |
| enalapril generic | P | | | QLL |
| enalapril HCTZ generic | P | | | QLL |
| enalaprilat generic | P | | | QLL |
| ENBREL | P | | PA | QLL |
| ENDARI | P | | PA | |
| enoxaparin generic | P | | | QLL |
| ENSTILAR | | NP | PA | QLL |
| entacapone generic | | NP | PA | |
| entecavir generic | P | | | QLL |
| ENTOCORT EC | | NP | | QLL |
| ENTRESTO | P | | PA | QLL |
| ENVARUSUS XR | | NP | PA | |
| EPANED | P | | PA (≥12 years) | QLL |
| EPCLUSA | P | | PA | QLL |
| EPIDUO | P | | PA (≥ 21 years) | QLL |
| EPIDUO FORTE | | NP | PA | QLL |
| epinastine generic | | NP | PA | QLL |
| epinephrine 0.15mg, 0.3mg inj. generic (Mylan brand) | P | | | QLL |
| epinephrine 0.15mg, 0.3mg injection generic | | NP | PA | QLL |
| EPIPEN, -JR. | | NP | PA | QLL |
| EPIVIR HBV | P | | | |
| EPIVIR SOLN | P | | | QLL |
| eplerenone generic | | NP | PA | QLL |
| EPOGEN | P | | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|--------------|-----|
| epoprostenol | P | | | |
| eprosartan generic | | NP | PA | QLL |
| EQUETRO | P | | | |
| ergocalciferol generic | P | | | |
| ERIVEDGE | P | | PA | QLL |
| ERTACZO | | NP | | |
| ERY PAD 2% | | NP | PA | |
| ERYPED 400mg/5ml suspension | | NP | PA | QLL |
| ERY-TAB | | NP | PA | QLL |
| ERYTHROCIN | | NP | PA | QLL |
| erythromycin cap, tab generic | | NP | PA | QLL |
| erythromycin ethyl succinate 400mg tab generic | P | | | QLL |
| erythromycin ethyl succinate suspension generic | P | | PA (≥12 yrs) | QLL |
| erythromycin pads generic | | NP | PA | |
| erythromycin/benzoyl peroxide gel (generic Benzamycin) | P | | | |
| ESBRIET | | NP | PA | QLL |
| escitalopram soln., tabs generic | P | | | QLL |
| esomeprazole inj. generic | | NP | PA | QLL |
| esomeprazole magnesium cap (generic Nexium) | | NP | PA | QLL |
| esomeprazole strontium cap generic | | NP | PA | QLL |
| estazolam generic | P | | | QLL |
| ESTRACE CREAM | P | | | QLL |
| estradiol patch generic | P | | | QLL |
| estradiol tabs generic | P | | | |
| estradiol/norethindrone generic | P | | | QLL |
| ESTRASORB | | NP | PA | |
| eszopiclone generic | | NP | PA | QLL |
| ethambutol generic | P | | | |
| etidronate disodium generic | P | | | QLL |
| etodolac er tab generic | | NP | PA | |
| etoposide capsules generic | P | | | |
| EUCRISA | P | | | QLL |
| EURAX LOTION | | NP | PA | QLL |
| EURAX CREAM | | NP | PA | QLL |
| EVAMIST | | NP | PA | |
| EVEKEO | | NP | PA | QLL |
| EVOCLIN | | NP | PA | |
| EVOTAZ | P | | PA | QLL |
| EXELDERM | | NP | | |
| EXELON PATCH | P | | | QLL |
| exemestane generic | P | | | QLL |
| EXJADE | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----------------|-----|
| EXTAVIA | | NP | PA | QLL |
| EXTINA | | NP | PA | QLL |
| ezetimibe generic | | NP | PA | QLL |
| FABIOR AER 0.1% | | NP | PA | QLL |
| famciclovir generic | P | | | QLL |
| famotidine suspension generic | | NP | PA | QLL |
| famotidine tab generic | P | | | QLL |
| FAMVIR | | NP | | QLL |
| FANAPT | | NP | PA | QLL |
| FARESTON | P | | | |
| FARXIGA | | NP | PA | QLL |
| FARYDAK | P | | PA | QLL |
| FAZACLO | | NP | PA (<18 years) | QLL |
| felbamate generic | | NP | PA | QLL |
| felbamate suspension generic | | NP | PA | |
| felodipine er generic | P | | | QLL |
| FEMHRT | P | | | QLL |
| FEMRING | | NP | | QLL |
| fenofibrate generic | P | | | QLL |
| fenofibrate tab (generic Fenoglide) | | NP | PA | QLL |
| fenofibric acid generic | | NP | PA | QLL |
| FENOGLIDE | | NP | PA | QLL |
| fenoprofen calcium cap, tab generic | | NP | PA | QLL |
| fentanyl citrate generic (generic Actiq) | | NP | PA | QLL |
| fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr | | NP | PA | QLL |
| fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr | P | | | QLL |
| FENTORA | | NP | PA | QLL |
| FERAHEME | | NP | PA | |
| FERIVA | P | | | |
| FERRALET 90 | P | | | |
| FERRETTES FE CHEW TABS | P | | | |
| ferric gluconate injection generic | | NP | PA | |
| FERRIPROX | | NP | PA | QLL |
| FETZIMA | | NP | PA | QLL |
| FEXMID | | NP | PA | QLL |
| FINACEA | | NP | PA | QLL |
| FINACEA | | NP | PA | |
| finasteride generic | P | | | QLL |
| FIORICET (300mg APAP) | | NP | PA | QLL |
| FIORICET W/CODEINE (300mg APAP) | | NP | PA | QLL |
| FIRAZYR | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|------------------|----------------------|-----------------|------------|
| FIRMAGON | P | | PA | QLL |
| FLAGYL CAPS | | NP | PA | |
| flavoxate generic | P | | | QLL |
| FLEBOGAMMA/DIF | P | | PA | |
| FLECTOR PAD | | NP | PA | |
| FLOLAN | | NP | PA | |
| FLOMAX | | NP | | QLL |
| FLO-PRED SUSPENSION | | NP | PA | |
| FLOVENT DISKUS/HFA | P | | | QLL |
| fluconazole 150mg tab generic | P | | | QLL |
| fluconazole generic | P | | | |
| fluconazole/nacl inj. generic | P | | PA | |
| flucytosine generic | P | | | |
| flunisolide generic | | NP | PA | QLL |
| fluocinolone (otic) oil 0.01% | P | | | |
| fluocinolone acetonide cream, ointment, scalp/body oil, solution generic | | NP | PA | |
| fluocinonide cream 0.1% generic | P | | | QLL |
| fluocinonide ointment generic | | NP | PA | |
| fluorouracil 0.5% cream generic | P | | | |
| fluorouracil 5% cream, inj., soln. generic | P | | | |
| fluoxetine (pmd) caps generic | | NP | PA | QLL |
| fluoxetine 10mg, 20mg tabs generic | | NP | PA | QLL |
| fluoxetine 60mg tab generic | | NP | | |
| fluoxetine 90mg caps generic | | NP | PA | QLL |
| fluoxetine generic | P | | | QLL |
| fluphenazine decanoate vial generic | P | | | QLL |
| flurazepam generic | P | | | QLL |
| flurbiprofen ophth susp generic | P | | | |
| fluticasone cream, lotion, ointment generic | | NP | PA | |
| fluticasone generic | P | | | QLL |
| fluticasone/salmeterol inhaler generic | | NP | PA | |
| fluvastatin er generic | | NP | PA | QLL |
| fluvastatin generic | P | | | QLL |
| fluvoxamine er generic | | NP | PA | QLL |
| fluvoxamine generic | P | | | QLL |
| FML-FORTE | P | | | QLL |
| FOCALIN | P | | PA (≥ 21 years) | QLL |
| FOCALIN XR | P | | PA (≥ 21 years) | QLL |
| folic acid 1mg generic | P | | | QLL |
| fondaparinux generic | | NP | PA | QLL |
| FORFIVO XL | | NP | PA | QLL |
| FORTAMET ER | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| FORTEO | | NP | PA | |
| FORTEO | | NP | PA | |
| FORTESTA GEL | | NP | PA | QLL |
| FOSAMAX SOLUTION | | NP | PA | QLL |
| FOSAMAX-D | | NP | PA | QLL |
| fosinopril generic | P | | | QLL |
| fosinopril HCTZ generic | P | | | QLL |
| FOSRENOL | | NP | PA | |
| FRAGMIN | P | | | QLL |
| FROVA | | NP | PA | QLL |
| FULYZAQ | | NP | PA | QLL |
| FUSION PLUS | P | | | |
| FUZEON | | NP | PA | QLL |
| FYCOMPA | | NP | PA | QLL |
| gabapentin caps generic | P | | | |
| gabapentin solution generic | P | | | |
| gabapentin tabs generic | | NP | PA | |
| GABITRIL | | NP | PA | QLL |
| GABLOFEN INJ. | P | | | |
| galantamine , -er generic | P | | | |
| galantamine soln. generic | P | | | |
| GAMASTAN | P | | PA | |
| GAMMAGARD/SD | P | | PA | |
| GAMMAKED | P | | PA | |
| GAMMAPLEX | P | | PA | |
| GAMUNEX-C | P | | PA | |
| ganciclovir caps generic | P | | | |
| ganciclovir inj generic | | NP | PA | |
| GANTRISIN PEDIATRIC | P | | | |
| gatifloxacin ophth. soln. generic | | NP | PA | QLL |
| GATTEX | | NP | PA | QLL |
| GELNIQUE | | NP | PA | QLL |
| gemfibrozil generic | P | | | QLL |
| generic NSAIDs (unless listed otherwise) | P | | | QLL |
| GENOTROPIN | P | | PA | |
| GENVOYA | P | | | QLL |
| GEODON inj | P | | | |
| gianvi generic | | NP | PA | QLL |
| GIAZO | | NP | PA | QLL |
| gildess 24 fe generic | P | | | |
| GILENYA | P | | | QLL |
| GILOTRIF | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| GLASSIA | P | | PA | |
| GLATOPA | | NP | PA | QLL |
| GLEEVEC | P | | | |
| GLEOSTINE | P | | | |
| glimepiride generic | P | | | |
| glipizide, XL | P | | | |
| glipizide/metformin generic | P | | | QLL |
| GLUMETZA ER | | NP | PA | QLL |
| glyburide generic | P | | | QLL |
| glyburide/metformin generic | P | | | QLL |
| GLYCATE | | NP | PA | QLL |
| glycopyrrolate generic | P | | | |
| GLYSET | P | | | |
| GLYXAMBI | | NP | PA | QLL |
| GOLYTELY | P | | | QLL |
| GONITRO POWDER | | NP | PA | QLL |
| GRALISE | | NP | PA | QLL |
| granisetron generic | | NP | PA | QLL |
| GRANIX | P | | | QLL |
| GRASTEK | | NP | PA | QLL |
| griseofulvin microsize tab generic | | NP | PA | QLL |
| griseofulvin oral susp generic | P | | | |
| griseofulvin ultramicrosize tab generic | P | | | QLL |
| guanfacine er generic | P | | PA (≥ 21 years) | QLL |
| GYNAZOLE | P | | | |
| HAEGARDA | P | | PA | |
| HALOG, -E | | NP | PA | |
| haloperidol decanoate vial generic | P | | | QLL |
| HARVONI | P | | PA | QLL |
| hc pramoxine cream 1-1% generic | | NP | PA | |
| HECTOROL | | NP | PA | |
| HELIDAC | | NP | PA | QLL |
| HEMANGEOL (covered 5 weeks-12 months old) | P | | | |
| HEMOCYTE PLS | P | | | |
| HEMOCYTE-F | P | | | |
| HEMOFIL | P | | | |
| HEPAGAM B | | NP | PA | |
| heparin generic | P | | | |
| HEPSERA | P | | | QLL |
| HETLIOZ | | NP | PA | QLL |
| HIZENTRA | P | | PA | |
| HORIZANT | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| HUMALOG | P | | | QLL |
| HUMALOG KWIKPEN 200 units/ml | P | | PA (≥ 21 years) | QLL |
| HUMALOG MIX 50/50 | P | | | QLL |
| HUMALOG MIX 75/25 | P | | | QLL |
| HUMALOG pens and cartridges | P | | PA (≥ 21 years) | QLL |
| HUMATE-P | | NP | PA | |
| HUMATROPE | | NP | PA | |
| HUMIRA | P | | PA | QLL |
| HUMULIN 70/30 | | NP | PA | QLL |
| HUMULIN N | | NP | PA | QLL |
| HUMULIN pens | | NP | PA | QLL |
| HUMULIN R U-500 vial and pen | P | | | QLL |
| HUMULIN R U-100 | | NP | PA | QLL |
| HYCAMTIN | P | | | |
| HYCET | | NP | PA | QLL |
| hydrochlorothiazide generic | P | | | |
| hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg generic | | NP | PA | |
| hydrocodone/ibuprofen 7.5-200mg generic | P | | | |
| hydrocodone-APAP 10mg/325mg/15mL soln. generic | | NP | PA | QLL |
| hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic | P | | | QLL |
| hydrocodone-APAP 7.5mg/325mg/15mL soln. generic | P | | | QLL |
| hydrocortisone acetate cream generic | P | | | QLL |
| hydrocortisone acetate gel generic | P | | | |
| hydrocortisone butyrate cream generic | | NP | PA | |
| hydrocortisone generic | P | | | |
| hydrocortisone valerate cream, ointment generic | | NP | PA | |
| hydromorphone er tabs generic | | NP | PA | QLL |
| hydromorphone ir generic | P | | | |
| hydromorphone liquid 1mg/ml generic | | NP | PA | |
| hydroxychloroquine sulfate generic | P | | | |
| HYLENEX | P | | PA | |
| HYQVIA | P | | PA | |
| HYSINGLA ER | | NP | PA | QLL |
| IB STAT ORAL SPRAY | | NP | | QLL |
| ibandronate -inj., -tabs generic | | NP | PA | QLL |
| IBRANCE | P | | PA | QLL |
| ibudone generic | P | | | |
| ICLUSIG | P | | PA | QLL |
| IDELVION | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| IDHIFA | P | | PA | QLL |
| ILARIS | P | | PA | QLL |
| ILEVRO | P | | | QLL |
| IMBRUVICA | P | | PA | QLL |
| imipenem-cilastatin generic | | NP | PA | |
| imipramine caps generic | | NP | PA | |
| imipramine tabs generic | P | | | |
| imiquimod 5% generic | P | | | |
| IMPAVIDO | P | | PA | QLL |
| INCRELEX | | NP | PA | |
| INCRUSE ELLIPTA | | NP | PA | QLL |
| indomethacin er cap generic | | NP | PA | |
| indomethacin IR generic | P | | | |
| INFED | P | | PA | |
| INJECTAFER | | NP | PA | QLL |
| INLYTA | P | | PA | QLL |
| INNOPRAN XL | | NP | PA | QLL |
| INOVA KITS | | NP | PA | QLL |
| INTEGRA F | P | | | |
| INTEGRA PLUS | P | | | |
| INTELENCE | | NP | PA | QLL |
| INTRALIPID | | NP | PA | |
| INTRON A | P | | | |
| INVANZ | P | | PA | |
| INVEGA | | NP | PA | QLL |
| INVEGA SUSTENNA, -TRINZA | P | | PA | QLL |
| INVIRASE | | NP | PA | |
| INVOKAMET, -XR | | NP | PA | QLL |
| INVOKANA | | NP | PA | QLL |
| IOPIDINE 1% | P | | | |
| ipratropium inhalation solution generic | P | | | QLL |
| ipratropium nasal spray generic | P | | | QLL |
| irbesartan generic | P | | | QLL |
| irbesartan/HCTZ generic | P | | | QLL |
| IRESSA | P | | PA | QLL |
| ISENTRESS, -HD | P | | PA | QLL |
| isoniazid generic | P | | | |
| ISOPTIN SR | | NP | | QLL |
| ISOPTO CARBACHOL | P | | | |
| isosorbide generic | P | | | |
| isotretinoin generics | P | | PA | QLL |
| isradipine generic | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| ISTALOL | | NP | PA | |
| itraconazole generic | P | | PA | QLL |
| ivermectin generic | P | | | QLL |
| IXINITY | | NP | PA | |
| JADENU TABS, SPRINKLES | | NP | PA | QLL |
| JAKAFI | P | | | QLL |
| JALYN | | NP | PA | QLL |
| JANUMET | P | | | QLL |
| JANUMET XR | | NP | PA | QLL |
| JANUVIA | P | | | QLL |
| JARDIANCE | | NP | PA | QLL |
| JENTADUETO | P | | | QLL |
| JENTADUETO XR | | NP | PA | QLL |
| jinteli (norethindrone/estradiol 1mg-5mcg) generic | P | | | |
| jolessa generic | P | | | QLL |
| JUBLIA SOLN. 10% | | NP | PA | QLL |
| junel fe 24 generic | P | | | |
| JUXTAPID | | NP | PA | QLL |
| KABIVEN | | NP | PA | |
| KADIAN 10MG, 20MG, 30MG, 50MG, 60MG, 100MG | P | | | QLL |
| KADIAN 40MG, 200MG | | NP | PA | QLL |
| KALBITOR | | NP | | |
| KALETRA | P | | | QLL |
| KALYDECO | P | | PA | QLL |
| KAPVAY | P | | PA (≥ 21 years) | QLL |
| KARBINAL ER | | NP | PA | QLL |
| KEFLEX 750mg | P | | | QLL |
| KENALOG AEROSOL | | NP | PA | |
| KENALOG-10,40 INJ | P | | | |
| KEPPRA INJECTION | | NP | | QLL |
| KEPPRA TABS | | NP | | |
| KERAFOAM | | NP | PA | |
| KERYDIN | | NP | PA | QLL |
| KETEK | | NP | PA | QLL |
| ketocon plus kit generic | | NP | PA | QLL |
| ketoconazole aer 2% foam generic | | NP | PA | |
| ketoconazole cream, shampoo | P | | | |
| ketoprofen, -er generic | | NP | PA | |
| ketorolac ophthalmic generic | P | | | QLL |
| KEVEYIS | P | | PA | QLL |
| KINERET | | NP | PA | QLL |
| KISQALI | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|------|-----|
| KISQALI 200 PAK FEMARA | P | | PA | QLL |
| KITABIS PAK | P | | | QLL |
| KLOR-CON | P | | | |
| KOATE | P | | | |
| KOGENATE FS | P | | | |
| KOMBIGLYZE | P | | | QLL |
| KORLYM | P | | PA | QLL |
| KOVALTRY | | NP | PA | |
| KRISTALOSE | | NP | PA | QLL |
| KUVAN | P | | | |
| KYNAMRO | | NP | PA | QLL |
| lactulose generic | P | | | |
| LAMICTAL KITS (immediate release) | | NP | PA | |
| LAMICTAL ODT TABS, KITS | | NP | PA | |
| LAMICTAL XR KITS | | NP | PA | |
| LAMISIL SOLUTION | | NP | | |
| lamivudine generic | P | | | QLL |
| lamivudine HBV generic | | NP | PA | QLL |
| lamivudine soln. generic | | NP | PA | QLL |
| lamivudine/zidovudine generic | P | | | QLL |
| lamotrigine chewable dispersable tab generic | P | | | |
| lamotrigine er tabs generic | | NP | PA | |
| lamotrigine kits (immediate release and odt) | | NP | PA | QLL |
| lamotrigine odt generic | | NP | PA | |
| lamotrigine tabs generic | P | | | |
| LANOXIN 0.0625MG, 0.1875MG | | NP | PA | |
| LANOXIN INJ | P | | | |
| lansoprazole generic | | NP | PA | QLL |
| lansoprazole/amoxicillin/clarithromycin generic | | NP | PA | QLL |
| LANTUS | P | | | QLL |
| LANTUS SOLOSTAR | P | | | QLL |
| larin 24 fe generic | P | | | |
| LASTACAFT | | NP | PA | QLL |
| latanoprost generic | P | | | QLL |
| latrix xm generic | | NP | PA | QLL |
| LATUDA | P | | PA** | QLL |
| LAZANDA | | NP | PA | |
| leena (generic Tri-Norinyl) | | NP | PA | |
| leflunomide generic | P | | | QLL |
| LENVIMA | P | | PA | QLL |
| LESCOL XL | P | | | QLL |
| LETAIRIS | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|----------------|------------|
| letrozole generic | P | | | QLL |
| LEUKERAN | P | | | |
| LEUKINE | P | | PA | QLL |
| leuprolide 1mg/0.2ml (5mg/ml) injection generic | P | | | |
| levalbuterol neb generic | | NP | PA (> 8 years) | QLL |
| LEVAQUIN TABS | | NP | | QLL |
| LEVEMIR | P | | | QLL |
| LEVEMIR FLEXTOUCH | P | | | QLL |
| levetiracetam injection generic | P | | | QLL |
| levetiracetam solution/tabs generic | P | | | |
| levetiracetam tabs er generic | | NP | PA | QLL |
| levobunolol hcl generic | P | | | |
| levocarnitine generic | P | | | |
| levocetirizine syrup generic | | NP | PA | QLL |
| levocetirizine tab generic | P | | | QLL |
| levofloxacin 0.5% ophth generic | | NP | PA | QLL |
| levofloxacin in D5W (generic Levaquin Premix) | P | | | |
| levofloxacin injection 25mg/ml generic | | NP | PA | QLL |
| levofloxacin solution generic | | NP | PA | QLL |
| levofloxacin tabs generic | P | | | QLL |
| levonorgestrel/ethinyl estradiol (generic LoSeasonique) | | NP | PA | QLL |
| levothyroxine inj. generic | P | | PA | QLL |
| levothyroxine tabs generic | P | | | |
| LEXIVA | | NP | PA | |
| LIALDA | P | | | |
| lidocaine cream, lotion 3% generic | P | | | |
| lidocaine gel 2%, jelly 2%, soln. 4% generic | P | | | |
| lidocaine ointment 5% generic | | NP | PA | |
| lidocaine pad 5% generic | | NP | PA | QLL |
| LIDODERM | | NP | PA | QLL |
| LINCOCIN | P | | | |
| LINDANE LOTION, SHAMPOO | | NP | PA | QLL |
| linezolid iv soln., suspension generic | | NP | PA | QLL |
| linezolid tabs generic | P | | PA | QLL |
| LINZESS | | NP | PA | QLL |
| LIORESAL INJ. | P | | | |
| liothyronine tabs generic | | NP | PA | |
| lisinopril generic | P | | | QLL |
| lisinopril HCTZ generic | P | | | QLL |
| lithium carbonate generic | P | | | |
| LIVALO | | NP | PA | QLL |
| LO LOESTRIN FE | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| LO MINASTRIN FE | | NP | PA | QLL |
| LOESTRIN 24 FE | P | | | |
| lomedica 24 fe generic | P | | | |
| LONSURF | P | | PA | QLL |
| LOPROX KIT | | NP | PA | QLL |
| loratadine, -D generic OTC | P | | | QLL |
| lorazepam generic | P | | | QLL |
| LORTAB ELIXIR | P | | | QLL |
| LORZONE | | NP | PA | QLL |
| losartan generic | P | | | QLL |
| losartan/HCTZ generic | P | | | QLL |
| LOSEASONIQUE | P | | | QLL |
| LOTEMAX GEL | P | | | QLL |
| LOTEMAX OINT | P | | | QLL |
| LOTEMAX SUSP | P | | | QLL |
| LOTRONEX | | NP | | QLL |
| lovastatin generic | P | | | QLL |
| LUMIGAN | P | | | QLL |
| LUNESTA | | NP | PA | QLL |
| LUPRON DEPOT 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG | P | | | QLL |
| LUPRON DEPOT 45MG | | NP | PA | QLL |
| LUPRON DEPOT PEDIATRIC 11.25MG, 30MG | | NP | PA | QLL |
| LUPRON DEPOT PEDIATRIC 7.5MG, 15MG | P | | | |
| LUXIQ | | NP | PA | QLL |
| LUZU | | NP | PA | QLL |
| LYNPARZA | P | | PA | QLL |
| LYRICA | P | | | QLL |
| LYRICA SOLN. | | NP | PA | QLL |
| LYSODREN | P | | | |
| MAGNEBIND | P | | PA | |
| magnesium carbonate generic | P | | PA | |
| MAKENA | P | | PA | QLL |
| MALARONE | | NP | PA | QLL |
| malathion lotion | | NP | PA | QLL |
| maprotiline generic | P | | | QLL |
| MARPLAN | P | | | |
| MATULANE | P | | | |
| matzim la (generic Cardizem LA) | P | | | QLL |
| MAVYRET | P | | PA | QLL |
| MAXARON FORTE | P | | | |
| meclizine generic | P | | | |
| meclofenamate sodium cap generic | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| MEDROL 2mg | P | | | |
| medroxyprogesterone 150mg/ml generic | P | | | QLL |
| mefenamic acid generic | | NP | PA | QLL |
| mefloquine hydrochloride generic | P | | | |
| MEGACE ES | | NP | PA | |
| megestrol 40mg/ml susp generic | P | | | |
| megestrol 625mg/5ml susp generic | | NP | PA | |
| MEKINIST | P | | PA | QLL |
| meloxicam suspension generic | | NP | PA | QLL |
| meloxicam tablets generic | P | | | QLL |
| memantine soln. generic | | NP | PA | QLL |
| memantine tabs, titration pak generic | P | | | QLL |
| MENEST | P | | | |
| MENTAX | | NP | | |
| meperidine generic | P | | | |
| MEPHYTON | P | | | |
| meropenem generic | P | | PA | |
| meropenem/sodium chloride IV soln. generic | | NP | PA | |
| mesalamine enema generic | P | | | |
| mesalamine kit generic | P | | | QLL |
| MESTINON | P | | | |
| METADATE ER | P | | PA (≥ 21 years) | QLL |
| metaxalone generic | | NP | | QLL |
| METERS-Abbott select brands are covered through manufacturer | n/a | n/a | n/a | n/a |
| metformin er (generic for Glucophage XR) | P | | | |
| metformin er osmotic (generic for Fortamet ER) | | NP | PA | QLL |
| metformin generic | P | | | QLL |
| methadone generic 40mg tabs, 10mg/ml oral concentrate | P | | PA | |
| methadone generic 5mg, 10mg tabs, 5mg/5ml, 10mg/5ml oral soln. | P | | | QLL |
| methamphetamine generic | | NP | PA | QLL |
| methenamine generic | P | | | |
| methenamine hippurate generic | | NP | PA | |
| METHITEST | P | | PA | |
| methocarbamol generic | P | | | |
| methoxsalen generic | | NP | PA | |
| methylergonovine generic | P | | | QLL |
| METHYLIN CHEW TABS | | NP | PA | QLL |
| METHYLIN ER | P | | PA (≥ 21 years) | QLL |
| METHYLIN SOLN | P | | PA (≥ 21 years) | QLL |
| METHYLIN TABS | P | | PA (≥ 21 years) | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| methylphenidate cd (generic for Metadate CD except for Kremers Urban) | | NP | PA | QLL |
| methylphenidate cd (Kremers Urban generic for Metadate CD) | P | | PA (≥ 21 years) | QLL |
| methylphenidate chew tabs generic | P | | PA (≥ 21 years) | QLL |
| methylphenidate er (generic for Ritalin LA) | | NP | PA | QLL |
| methylphenidate er/sr (generic for Ritalin SR) | | NP | PA | QLL |
| methylphenidate generic | P | | PA (≥ 21 years) | QLL |
| methylphenidate sa osm (generic for Concerta; preferred manufacturer: Actavis/Watson) | P | | PA (≥ 21 years) | QLL |
| methylphenidate solution generic | | NP | PA | QLL |
| methylprednisolone generic | P | | | |
| methyltestosterone cap generic | | NP | PA | QLL |
| metipranolol generic | P | | | |
| metoclopramide generic | P | | | |
| metoclopramide odt generic | | NP | PA | QLL |
| metoprolol HCTZ generic | | NP | PA | QLL |
| metoprolol succinate ER generic | P | | | QLL |
| METZOLV | | NP | PA | QLL |
| METROCREAM | | NP | | |
| METROGEL | P | | | QLL |
| METROGEL PUMP | | NP | PA | QLL |
| METROLOTION | | NP | | |
| metronidazole caps generic | | NP | PA | |
| metronidazole cream, 1% gel, lotion generic | | NP | PA | |
| metronidazole IR tabs generic | P | | | |
| MEVACOR | | NP | | QLL |
| MIACALCIN INJECTION | | NP | PA | QLL |
| MICARDIS | | NP | PA | QLL |
| MICARDIS HCT | | NP | PA | QLL |
| miconazole generic | P | | | QLL |
| midazolam generic | | NP | PA | |
| midodrine generic | P | | | |
| MIGRANAL NS | | NP | PA | QLL |
| MILLIPRED ORAL SOLN., TABS | | NP | PA | |
| milrinone generic | P | | PA | |
| MINASTRIN 24 CHW FE | | NP | PA | QLL |
| MINIVELLE | | NP | PA | |
| minocycline caps generic | P | | | |
| minocycline IR, SR tab generic | | NP | PA | QLL |
| MINTEZOL | P | | | |
| MIRAPEX ER | | NP | PA | QLL |
| mirtazapine, -odt generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| MITIGARE | | NP | PA | QLL |
| modafinil generic | P | | PA (≥ 21 years) | QLL |
| MODERIBA | | NP | PA | |
| moexipril generic | P | | | QLL |
| moexipril HCTZ generic | P | | | QLL |
| molindone generic | P | | | |
| MONISTAT 1 | P | | | QLL |
| MONOCLATE | P | | | |
| MONONINE | P | | | |
| montelukast generic | P | | PA | QLL |
| MONUROL | P | | | |
| MORGIDOX KIT | | NP | PA | QLL |
| MORPHABOND ER | | NP | PA | QLL |
| morphine ir generic | P | | | |
| morphine sulfate er caps (generic Avinza) | | NP | PA | QLL |
| morphine sulfate sa caps (generic Kadian) | | NP | PA | QLL |
| morphine sulfate sa tabs generic | P | | | QLL |
| MOVANTIK | | NP | PA | QLL |
| MOVIPREP | P | | | QLL |
| MOXATAG | | NP | PA | QLL |
| MOXEZA | P | | | QLL |
| moxifloxacin generic | | NP | PA | QLL |
| MOZOBIL | P | | PA | |
| MS CONTIN | | NP | | QLL |
| MULTAQ | | NP | PA | QLL |
| mupirocin cream generic | | NP | PA | |
| mupirocin ointment generic | P | | | |
| MYALEPT | P | | PA | QLL |
| mycophenolate mofetil caps, tabs generic | P | | | |
| mycophenolate mofetil suspension generic | | NP | PA | |
| mycophenolic tab generic | | NP | PA | QLL |
| MYDAYIS | | NP | PA | QLL |
| MYFORTIC | P | | | QLL |
| MYLERAN | P | | | |
| MYRBETRIQ | | NP | PA | QLL |
| MYTESI | | NP | PA | QLL |
| nadolol generic | P | | | |
| naftifine generic | | NP | PA | QLL |
| NALFON | | NP | PA | QLL |
| naloxone injection generic | P | | | |
| NAMENDA SOLN. | P | | | QLL |
| NAMENDA TITRATION PAK | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| NAMENDA XR | | NP | PA | QLL |
| NAMZARIC | | NP | PA | QLL |
| NAPRELAN | | NP | PA | QLL |
| naproxen dr tab generic | | NP | PA | |
| naproxen sodium cr tab (generic for Naprelan) | | NP | PA | QLL |
| naproxen suspension generic | P | | | |
| naratriptan generic | P | | | QLL |
| NARCAN SPRAY | P | | PA | |
| NASONEX | P | | | QLL |
| NATAZIA | | NP | PA | QLL |
| nateglinide generic | | NP | PA | QLL |
| NATESTO | | NP | PA | QLL |
| NATPARA | | NP | PA | QLL |
| NATROBA | P | | | QLL |
| NEBUPENT | P | | | QLL |
| NECON 1/50 | | NP | PA | |
| nefazodone generic | P | | | QLL |
| neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic | P | | | |
| neomycin/polymyxin/hc generic | P | | | QLL |
| neomycin/polymyxin/hc ophth. susp. generic | P | | | QLL |
| NEO-SYNALAR KIT | | NP | PA | QLL |
| NEPHPLEX RX | | NP | PA | |
| NEPHRON FA | P | | PA | |
| NERLYNX | P | | PA | QLL |
| NESINA 25mg | | NP | PA | QLL |
| NEUAC KIT | | NP | PA | QLL |
| NEULASTA | P | | PA | QLL |
| NEUMEGA | P | | | QLL |
| NEUPOGEN | P | | PA | QLL |
| NEUPRO | | NP | PA | QLL |
| NEURONTIN SOLN. | | NP | | |
| NEURONTIN TABS/CAPS | | NP | | |
| NEVANAC | | NP | PA | |
| nevirapine er generic | | NP | PA | QLL |
| nevirapine suspension generic | | NP | PA | QLL |
| nevirapine tabs generic | P | | | QLL |
| NEXAVAR | P | | | QLL |
| NEXIUM | | NP | PA | QLL |
| NEXIUM INJ | | NP | PA | QLL |
| next choice 0.75mg generic (covered < 17 yrs old) | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| next choice 1.5mg generic (covered < 17 yrs old) | P | | | QLL |
| niacin er generic | P | | | QLL |
| niacin generic | P | | PA | |
| NIACOR | | NP | PA | |
| nifedipine generic | P | | | QLL |
| nicotine gum, lozenge, patch generic | P | | | QLL |
| NICOTROL INHALER, NASAL SPRAY | | NP | PA | QLL |
| nifedical xl generic | P | | | QLL |
| nifedipine er generic | P | | | QLL |
| nifedipine ir generic | P | | | QLL |
| nifedipine sa generic | P | | | QLL |
| NILANDRON | P | | | |
| nimodipine generic | P | | | QLL |
| NINLARO | P | | PA | QLL |
| nisoldipine sr generic | | NP | PA | QLL |
| nitrofurantoin generic | P | | | |
| nitroglycerin lingual spray aerosol (generic Nitromist) | P | | | QLL |
| nitroglycerin lingual spray soln (generic Nitrolingual) | | NP | | QLL |
| nitroglycerin patches generic | P | | | QLL |
| NITROLINGUAL SPRAY | P | | | QLL |
| NITROMIST SPRAY | | NP | PA | QLL |
| NITROSTAT SL TABS | P | | | |
| nizatidine caps, solution generic | | NP | PA | QLL |
| NORDITROPIN | P | | PA | |
| norethindrone 0.35mg generic | P | | | |
| norethindrone/estradiol 0.5mg-2.5mcg generic | | NP | PA | QLL |
| norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7) | P | | | |
| norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew) | | NP | PA | QLL |
| norgestimate/ethinyl estradiol, tri-estaryll, tri-linyah, trinessa, tri-previfem, tri-sprintec, etc. (generic for Ortho Tri-Cyclen) | P | | | |
| norgestimate/ethinyl estradiol, tri-lo estaryll, tri-lo marzia, tri-lo sprintec, etc., <i>except for trinessa lo</i> , (generic for Ortho Tri-cyclen Lo) | | NP | PA | QLL |
| NORINYL 1+50 | | NP | PA | |
| NORITATE | | NP | | |
| NOR-QD | P | | | |
| NORTHERA | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|------------------|----------------------|----------------|------------|
| nortriptyline generic | P | | | |
| NORVASC | | NP | | QLL |
| NORVIR SOLN, TABS | P | | | |
| NOVOEIGHT | | NP | PA | |
| NOVOLIN | | NP | PA | QLL |
| NOVOLOG | | NP | PA | QLL |
| NOVOLOG MIX | | NP | PA | QLL |
| NOVOLOG pens and cartridges | | NP | PA | QLL |
| NOXAFIL | | NP | PA | QLL |
| np thyroid 30mg, 60mg 90mg tab generic | P | | | |
| NPLATE | | NP | PA | |
| NUCYNTA | | NP | PA | QLL |
| NUCYNTA ER | | NP | PA | QLL |
| NUDEXTA | | NP | PA | QLL |
| NULYTELY | P | | | QLL |
| NUPLAZID | | NP | PA | QLL |
| NUTRALIPID | P | | | |
| NUTROPIN AQ | P | | PA | |
| NUVARING | P | | | |
| NUVESSA | | NP | PA | QLL |
| NUWIQ | | NP | PA | |
| NYMALIZE | P | | PA | QLL |
| nystatin cream | P | | | |
| nystatin/triamcinolone cream, ointment generic | | NP | PA | |
| OALIVA | P | | PA | |
| ocella generic | | NP | PA | |
| OCTAGAM | P | | PA | |
| octreotide generic | P | | PA | |
| ODEFSEY | | NP | PA | QLL |
| ODOMZO | P | | PA | QLL |
| OFEV | | NP | PA | QLL |
| ofloxacin drops generic | | NP | PA | QLL |
| ofloxacin generic | P | | | QLL |
| ofloxacin otic generic | | NP | PA | |
| olanzapine inj. (short-acting) generic | | NP | PA | |
| olanzapine, -odt generic | P | | PA (<13 years) | QLL |
| olanzapine/fluoxetine generic | | NP | PA | QLL |
| olmesartan generic | | NP | PA | QLL |
| olmesartan/hctz generic | | NP | PA | QLL |
| olopatadine 0.1% soln. generic | P | | | QLL |
| olopatadine generic | | NP | PA | QLL |
| OLUX-E | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|-----------|------------|
| OLYSIO | | NP | PA | QLL |
| OMECLAMOX-PAK | | NP | PA | QLL |
| omega-3-acid generic | | NP | PA | QLL |
| omeprazole generic | P | | PA | QLL |
| omeprazole/sodium bicarbonate caps generic | | NP | PA | QLL |
| OMNARIS | | NP | PA | QLL |
| OMNICEF | | NP | | QLL |
| OMNICEF SUSPENSION | | NP | | QLL |
| OMNITROPE | | NP | PA | |
| ondansetron generic | P | | | QLL |
| ondansetron inj. generic | P | | PA | |
| ONEXTON | | NP | PA | QLL |
| ONFI | | NP | PA | QLL |
| ONFI SUSPENSION | | NP | PA | QLL |
| ONGLYZA | P | | | QLL |
| ONMEL | | NP | PA | QLL |
| ONSOLIS | | NP | PA | QLL |
| ONZETRA XSAIL | | NP | PA | QLL |
| OPANA/ER | | NP | PA | QLL |
| OPSUMIT | | NP | PA | QLL |
| ORACEA | | NP | PA | QLL |
| ORALAIR | | NP | PA | QLL |
| ORAP | P | | | |
| ORAPRED ODT | | NP | PA | |
| ORAVIG | | NP | PA | QLL |
| ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT | | NP | PA | QLL |
| ORENITRAM | | NP | PA | QLL |
| ORFADIN | P | | | |
| ORFADIN SUSP. | P | | PA | |
| ORKAMBI | P | | PA | QLL |
| orphenadrine generic | P | | | |
| orphenadrine/aspirin/caffeine generic | P | | | |
| ORTHO-EVRA | | NP | PA | QLL |
| OSCION | | NP | PA | |
| OTEZLA | | NP | PA | QLL |
| OTOVEL | | NP | PA | QLL |
| OTREXUP | | NP | PA | QLL |
| OVCON-35 | | NP | | |
| OVIDE | | NP | PA | QLL |
| oxandrolone | P | | PA | QLL |
| oxandrolone generic | P | | PA | QLL |
| oxaprozin tab generic | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|------|-----|
| OXAYDO | | NP | PA | |
| oxazepam generic | P | | | QLL |
| oxcarbazepine susp., tabs generic | P | | | QLL |
| OXISTAT | | NP | | |
| OXSORALEN-UL | P | | | |
| OXTELLAR XR | P | | PA** | QLL |
| oxybutynin ER generic | P | | | QLL |
| oxybutynin generic | P | | | QLL |
| oxycodone er generic | | NP | PA | QLL |
| oxycodone ir generic | P | | | QLL |
| oxycodone/ibuprofen 5/400mg generic | | NP | PA | QLL |
| OXYCONTIN | | NP | PA | QLL |
| oxymorphone/er generic | | NP | PA | QLL |
| OXYTROL | P | | | QLL |
| paliperidone er generic | | NP | PA | QLL |
| PANCREAZE | | NP | PA | QLL |
| pancrelipase generic | P | | | QLL |
| PANDEL | | NP | PA | |
| PANRETIN | P | | PA | |
| pantoprazole generic | P | | PA | QLL |
| pantoprazole inj. generic | | NP | PA | QLL |
| paricalcitol 1mcg, 2mcg generic | P | | | |
| paricalcitol 4mcg generic | | NP | PA | |
| paroxetine er | | NP | PA | QLL |
| paroxetine generic | P | | | QLL |
| PATADAY | | NP | PA | QLL |
| PATANASE | | NP | PA | QLL |
| PAZEO | P | | | QLL |
| PCE | | NP | PA | QLL |
| PEDIADERM AF KIT COMPLETE (covered < 21 yrs old) | | NP | PA | QLL |
| PEDIADERM HC KIT (covered < 21 yrs old) | | NP | PA | QLL |
| PEDIADERM TA KIT (covered < 21 yrs old) | | NP | PA | QLL |
| PEGANONE | P | | | |
| PEGASYS, -PROCLICK | P | | | QLL |
| PEG-INTRON | P | | | QLL |
| PENNSAID | | NP | PA | QLL |
| PENTASA | P | | | |
| pentoxifylline generic | P | | | |
| PERFOROMIST | | NP | PA | QLL |
| PERIKABIVEN | | NP | PA | |
| perindopril generic | | NP | PA | QLL |
| permethrin 1% lotion | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| permethrin 5% cream generic | P | | | QLL |
| PERTZYE | | NP | PA | |
| PEXEVA | | NP | PA | QLL |
| phenelzine generic | P | | | QLL |
| phenobarbital generic | P | | | |
| phenoxybenzamine generic | | NP | PA | |
| PHENYTEK | | NP | | |
| phenytoin generic | P | | | |
| PHOSLYRA | P | | | |
| PHOSPHOLINE IODIDE | P | | | |
| PICATO | | NP | PA | QLL |
| pilocarpine ophthalmic generic | P | | | |
| pilocarpine tabs generic | P | | | |
| PILOPINE H.S. | P | | | |
| pimozide generic | | NP | PA | |
| pioglitazone generic | P | | | QLL |
| pioglitazone/glimepiride generic | | NP | PA | QLL |
| pioglitazone/metformin generic | | NP | PA | QLL |
| piperacillin generic | P | | | |
| piperacillin sodium-tazobactam sodium generic | | NP | PA | |
| PLAN B ONE STEP (covered < 17 yrs old) | P | | | QLL |
| PLAVIX 300mg | P | | | QLL |
| PLAVIX 75mg | | NP | | QLL |
| PLEGRIDY | | NP | PA | QLL |
| podofilox soln. generic | P | | | |
| polyethylene glycol generic | P | | | QLL |
| polymyxin/bacitracin ophthalmic ointment generic | P | | | |
| polymyxin/trimethoprim ophthalmic drops generic | P | | | |
| POMALYST | P | | PA | QLL |
| potassium chloride generic | P | | | |
| potassium citrate 15meq generic | | NP | PA | QLL |
| potassium citrate 5meq, 10meq generic | P | | | QLL |
| POTIGA | | NP | PA | QLL |
| PRADAXA | P | | | QLL |
| PRALUENT | | NP | PA | QLL |
| pramcort cream 1-1% generic | P | | | |
| pramipexole er generic | | NP | PA | QLL |
| pramipexole generic | P | | | QLL |
| PRAMOSONE CREAM 1% | P | | | |
| PRANDIMET | | NP | PA | QLL |
| PRAVACHOL | | NP | | QLL |
| pravastatin generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| prednicarbate ointment generic | | NP | PA | |
| prednisolone odt generic | | NP | PA | |
| prednisolone oral soln. 10mg/5ml | | NP | PA | |
| prednisolone oral soln. 15mg/5ml generic | P | | | |
| prednisolone oral soln. 20mg/5ml | | NP | PA | |
| prednisolone oral soln. 25mg/5ml generic | P | | | |
| prednisone generic | P | | | |
| PREFEST | P | | | |
| PREMARIN | P | | | QLL |
| PREMPHASE | P | | | QLL |
| PREMPRO | P | | | QLL |
| prenatal brand/generics (without DHA) | P | | | |
| prenatal brands/generics with DHA | P | | | |
| PREPOPIK | P | | | QLL |
| PRESTALIA | | NP | PA | QLL |
| PREVACID SOLUTAB | | NP | PA | QLL |
| PREVALITE PACKETS | | NP | PA | |
| PREVALITE POWDER | P | | | |
| PREZCOBIX | P | | PA | QLL |
| PREZISTA | P | | PA | |
| PRIFTIN | P | | | |
| PRIMAXIN | P | | PA | |
| primidone generic | P | | | |
| PRIMLEV | | NP | PA | |
| PRIVIGEN | P | | PA | |
| PROAIR HFA | | NP | PA | QLL |
| PROAIR RESPICLICK | | NP | PA | QLL |
| PROAMATINE | P | | | |
| probenecid generic | P | | | |
| probenecid/colchicine generic | P | | | |
| PROCARDIA, -XL | | NP | | QLL |
| PROCENTRA | | NP | PA | QLL |
| PROCORT | | NP | PA | |
| PROCRIT | P | | PA | |
| PROCTOFOAM-HC | P | | | |
| PROCYSBI | | NP | PA | |
| PROFILNINE | P | | | |
| progesterone caps generic | P | | | |
| PROGRAF | | NP | | |
| PROLASTIN-C | P | | PA | |
| PROLENSA | | NP | PA | QLL |
| PROLEUKIN | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------------------------|-----|
| PROMACTA | P | | PA | QLL |
| promethazine generic | P | | | |
| propafenone er generic | P | | | QLL |
| PROSCAR | | NP | | QLL |
| PROTONIX INJ | | NP | PA | QLL |
| PROTONIX PAK | | NP | PA | QLL |
| PROTOPIC | P | | | QLL |
| protriptyline generic | | NP | PA | |
| PROVENTIL FOR NEBULIZATION | | NP | | QLL |
| PROVENTIL HFA | P | | | QLL |
| PSORCON E | | NP | PA | |
| PULMICORT FLEXHALER | P | | | QLL |
| PULMICORT RESPULES | P | | | QLL |
| PULMOZYME | P | | | |
| PURINETHOL | P | | | |
| PURIXAN | P | | PA (≥ 12 years) | QLL |
| PYLERA | P | | PA | QLL |
| pyrazinamide generic | P | | | |
| pyridostigmine generic | | NP | PA | |
| pyridoxine (vitamin B-6) generic | P | | PA | |
| QBRELIS | P | | PA (≥12 years) | QLL |
| QNASL | | NP | PA | QLL |
| QUALAQUIN | | NP | PA | QLL |
| QUARTETTE | | NP | PA | QLL |
| quasense generic | P | | | QLL |
| QUDEXY XR | P | | PA | QLL |
| quetiapine generic 100mg, 200mg, 300mg, 400mg | P | | PA (<10 years) | QLL |
| quetiapine generic 25mg, 50mg | P | | PA ^{***} /PA (<10 years) | QLL |
| QUILLICHEW ER | P | | PA (≥ 21 years) | QLL |
| QUILLIVANT SUSP XR | P | | PA (≥ 21 years) | QLL |
| quinapril generic | P | | | QLL |
| quinapril HCTZ generic | P | | | QLL |
| quinine sulfate generic | | NP | PA | |
| QVAR | P | | | QLL |
| rabeprazole tabs generic | | NP | PA | QLL |
| RADIACARE | P | | | |
| RAGWITEK | | NP | PA | QLL |
| raloxifene generic | P | | | QLL |
| ramipril caps generic | P | | | QLL |
| RANEXA | | NP | PA | |
| ranitidine cap generic | | NP | PA | QLL |
| ranitidine syrup, tab generic | P | | | QLL |

PA^{**} Requires PA if automated protocols not met

PA^{***} Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|-------------------------------|---------------------------|---------------------------|-----------|------------|
| RAPAFLO | | NP | PA | QLL |
| RASUVO | | NP | PA | QLL |
| RAVICTI | | NP | PA | QLL |
| RAYALDEE | | NP | PA | QLL |
| RAYOS | | NP | PA | QLL |
| RAZADYNE, ER | | NP | | |
| REBETOL | | NP | | |
| REBETOL ORAL SOLUTION | P | | | |
| REBIF, REBIDOSE | P | | | QLL |
| RECOMBINATE | | NP | PA | |
| RECTIV OINT 0.4% | | NP | PA | QLL |
| REGANEX | P | | PA | QLL |
| RELENZA | P | | | QLL |
| RELISTOR | | NP | PA | QLL |
| RELPAK | P | | | QLL |
| REMODULIN | | NP | PA | |
| RENAGEL | P | | | QLL |
| REVELA PAK, TAB | | NP | PA | QLL |
| repaglinide generic | P | | | QLL |
| repaglinide-metformin generic | | NP | PA | QLL |
| REPATHA | | NP | PA | QLL |
| REPATHA PUSH INJ. | | NP | PA | QLL |
| REPREXAIN | | NP | PA | |
| REQUIP XL | | NP | PA | QLL |
| RESCRIPTOR | P | | | |
| RESTASIS | P | | | QLL |
| RETIN-A MICRO | | NP | PA | QLL |
| RETROVIR | | NP | | |
| REVATIO SUSPENSION | | NP | PA | QLL |
| REVLIMID | P | | | QLL |
| REXULTI | status based on diagnosis | status based on diagnosis | PA** | QLL |
| REYATAZ | P | | | |
| RIBAPAK | | NP | PA | |
| RIBASPHERE 400MG, 600MG | | NP | PA | |
| ribavirin 200mg generic | P | | | |
| RIDAURA | P | | | |
| rifabutin generic | P | | | QLL |
| RIFAMATE | P | | | |
| rifampin generic | P | | | |
| RIFATER | P | | | |
| riluzole generic | P | | | QLL |
| rimantadine generic | | NP | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----------------|-----|
| RIOMET | P | | | QLL |
| risedronate, -dr generic | | NP | PA | QLL |
| RISPERDAL CONSTA | P | | PA | QLL |
| risperidone generic | P | | PA (<10 years) | QLL |
| risperidone orally disintegrating tab generic | P | | PA (<10 years) | QLL |
| RITALIN LA 10mg | | NP | PA | QLL |
| rivastigmine caps generic | P | | | |
| rivastigmine patches generic | | NP | PA | QLL |
| RIXUBIS | | NP | PA | |
| rizatriptan odt generic | P | | | QLL |
| rizatriptan tab generic | P | | | QLL |
| ROCALTROL | P | | | |
| ropinirole er generic | | NP | PA | QLL |
| ropinirole generic | P | | | |
| ROSADAN KIT | | NP | PA | QLL |
| ROZEREM | | NP | PA | QLL |
| RUBRACA | P | | PA | QLL |
| RYDAPT | P | | PA | QLL |
| RYTARY | | NP | PA | QLL |
| RYVENT | | NP | PA | QLL |
| SABRIL | | NP | PA | QLL |
| SAFYRAL | | NP | PA | QLL |
| SAIZEN | | NP | PA | |
| SALAGEN | P | | | |
| SAMSCA | P | | | QLL |
| SANCUSO | | NP | PA | QLL |
| SANDOSTATIN LAR | P | | PA | |
| SANTYL | | NP | PA | |
| SAPHRIS | | NP | PA | QLL |
| SARAFEM | | NP | PA | QLL |
| SAVAYSA | | NP | PA | QLL |
| SAVELLA | | NP | PA | QLL |
| SEASONALE | | NP | | QLL |
| SEASONIQUE | P | | | QLL |
| SECONAL | | NP | PA | QLL |
| selegiline generic | P | | | |
| SELZENTRY | | NP | PA | |
| SEMPREX-D | P | | | |
| SENSIPAR | | NP | PA | |
| SEREVENT DISKUS | P | | | QLL |
| SEROQUEL XR | | NP | PA | QLL |
| SEROSTIM | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----------------|-----|
| sertraline generic | P | | | QLL |
| SFROWASA | | NP | PA | |
| SIGNIFOR, -LAR | | NP | PA | QLL |
| sildenafil generic | P | | PA | QLL |
| SILENOR | | NP | PA | QLL |
| SIMBRINZA | P | | | QLL |
| SIMPONI | | NP | PA | QLL |
| simvastatin 5mg, 10mg, 20mg, 40mg generic | P | | | QLL |
| simvastatin 80mg generic | P | | PA | QLL |
| sirolimus generic | P | | | |
| SIRTURO | P | | PA | QLL |
| SITAVIG | | NP | PA | QLL |
| SIVEXTRO | | NP | PA | QLL |
| SKELID | | NP | | |
| SKLICE | P | | | QLL |
| SMOFLIPID | | NP | PA | |
| sodium bicarbonate generic | P | | PA | |
| sodium phenylbutyrate generic | | NP | PA | QLL |
| SOLARAZE | | NP | | QLL |
| SOLIQUA | | NP | PA | QLL |
| SOLODYN | | NP | PA | QLL |
| SOMA 250mg | | NP | PA | QLL |
| SOMATULINE DEPOT | | NP | PA | |
| SOMAVERT | | NP | PA | QLL |
| SONATA | | NP | PA | QLL |
| SOOLANTRA | | NP | PA | QLL |
| SORIATANE | P | | | QLL |
| SORILUX | | NP | PA | QLL |
| SOTYLIZE | P | | PA (≥12 years) | QLL |
| SOVALDI | P | | PA | QLL |
| SPECTRACEF | | NP | PA | QLL |
| spinosad generic | | NP | PA | QLL |
| SPIRIVA HANDIHALER | P | | | QLL |
| SPIRIVA RESPIMAT | | NP | PA | QLL |
| spironolactone generic | P | | | QLL |
| SPORANOX ORAL SOLUTION | P | | PA | QLL |
| SPRYCEL | P | | PA | QLL |
| STALEVO | P | | | |
| STARLIX | P | | | QLL |
| stavudine | P | | | |
| STAVZOR | | NP | PA | |
| STELARA 90mg/ml | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| STIOLTO RESPIMAT | | NP | PA | QLL |
| STIVARGA | P | | PA | QLL |
| STRENSIQ | P | | PA | |
| STRIANT | | NP | PA | QLL |
| STRIBILD | | NP | PA | QLL |
| STRIVERDI RESPIMAT | | NP | PA | QLL |
| STROMEKTOL | | NP | PA | QLL |
| SUBOXONE | P | | | QLL |
| SUBSYS | | NP | PA | QLL |
| SUCLEAR | P | | | QLL |
| sulfacetamide ophthalmic drops generic | P | | | |
| sulfacetamide ophthalmic ointment generic | | NP | | |
| sulfacetamide sodium lotion/suspension generic | P | | | |
| sulfasalazine generic | P | | | |
| sumatriptan injection | P | | | QLL |
| sumatriptan nasal spray generic | P | | | QLL |
| sumatriptan tabs generic | P | | | QLL |
| SUMAVEL DOSEPRO | | NP | PA | QLL |
| SUMAXIN PADS | | NP | PA | QLL |
| SUMAXIN WASH | | NP | PA | QLL |
| SUPRAX 500MG/5ML SUSP., CHEW TABS | | NP | PA | QLL |
| SUPRAX CAPS | P | | PA | QLL |
| SUPREP | P | | | QLL |
| SURMONTIL | P | | | |
| SUSTIVA | P | | | |
| SUTENT | P | | PA | QLL |
| SYLATRON | P | | PA | |
| SYMBICORT | P | | | QLL |
| SYMBYAX | | NP | PA | QLL |
| SYMLINPEN | P | | PA | QLL |
| SYNAGIS | P | | PA | QLL |
| SYNALAR OINTMENT | | NP | PA | |
| SYNALAR TS KITS | | NP | PA | QLL |
| SYNALGOS-DC | | NP | PA | QLL |
| SYNAREL | P | | | |
| SYNDROS | | NP | PA | QLL |
| SYNJARDY, -XR | | NP | PA | QLL |
| SYNRIBO | P | | PA | QLL |
| SYNTHROID | | NP | | |
| SYPRINE | P | | | |
| TACLONEX | | NP | PA | QLL |
| tacrolimus generic | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| tacrolimus ointment generic | | NP | PA | QLL |
| TAFINLAR | P | | PA | QLL |
| TAGRISSO | P | | PA | QLL |
| TALTZ | | NP | PA | QLL |
| TAMIFLU | P | | | QLL |
| tamsulosin generic | P | | | QLL |
| TANZEUM | | NP | PA | QLL |
| TARCEVA | P | | PA | QLL |
| TARGRETIN CAP | P | | | QLL |
| TARGRETIN GEL | P | | | QLL |
| TASIGNA | P | | PA | QLL |
| TASMAR | P | | | |
| TAZORAC | P | | PA (≥ 30 years) | QLL |
| TECFIDERA | P | | | QLL |
| TECHNIVIE | P | | PA | QLL |
| TEFLARO | | NP | PA | QLL |
| TEGRETOL | | NP | | |
| TEGRETOL XR 100mg | P | | | QLL |
| TEGRETOL XR 200mg, 400mg | | NP | | QLL |
| TEKTURNA | | NP | PA | QLL |
| TEKTURNA HCT | | NP | PA | QLL |
| telmisartan generic | | NP | PA | QLL |
| telmisartan/amlodipine generic | | NP | PA | QLL |
| telmisartan/HCTZ generic | | NP | PA | QLL |
| temazepam 15mg, 30mg generic | P | | | QLL |
| temazepam 7.5mg, 22.5mg | | NP | PA | |
| temozolomide generic | P | | PA | QLL |
| terbinafine tab generic | P | | | |
| terconazole generic | P | | | QLL |
| TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Diabetic Supplies | n/a | n/a | n/a | n/a |
| TESTIM | | NP | PA | QLL |
| testosterone gel generic | | NP | PA | QLL |
| testosterone injection generic | P | | PA | |
| testosterone topical soln. generic | | NP | PA | QLL |
| TESTRED | | NP | PA | |
| tetrabenazine generics | | NP | PA | QLL |
| TEXACORT SOLN | | NP | PA | |
| THALOMID | P | | | |
| theophylline elixir generic | | NP | | |
| theophylline generic | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| THERABENZAPR PAK -60 | P | | | |
| thiamine (vitamin B-1) generic | P | | PA | |
| THIOGUANINE | P | | | |
| THYROLAR | P | | | |
| tiagabine generic | | NP | PA | |
| ticlopidine generic | P | | | |
| TIKOSYN | P | | | |
| timolol maleate generic | P | | | |
| TIMOPTIC OCUDOSE | | NP | PA | |
| TIMOPTIC/XE | | NP | | |
| tinidazole generic | | NP | PA | |
| TIROSINT | | NP | PA | |
| TIVICAY | P | | | QLL |
| TIVORBEX | | NP | PA | QLL |
| tizanidine caps generic | | NP | PA | |
| tizanidine tabs generic | P | | | |
| TOBI PODHALER | | NP | PA | QLL |
| TOBRADEX | P | | | QLL |
| TOBRADEX ST | P | | | QLL |
| tobramycin nebulizer generic | | NP | PA | QLL |
| tobramycin ophthalmic generic | P | | | |
| tobramycin/dexamethasone generic | | NP | PA | QLL |
| TOLAK | P | | | QLL |
| tolazamide generic | | NP | PA | |
| tolbutamide generic | | NP | PA | |
| tolcapone generic | | NP | PA | |
| tolmetin sodium generic | | NP | PA | |
| tolterodine, -er generic | | NP | PA | QLL |
| TONOCARD | P | | | |
| TOPAMAX sprinkles | | NP | | QLL |
| TOPAMAX tabs | | NP | | QLL |
| TOPICORT 0.05% OINTMENT, SPRAY | | NP | PA | QLL |
| topiramate er sprinkles generic | P | | PA | QLL |
| topiramate sprinkles generic | P | | | QLL |
| topiramate tabs generic | P | | | QLL |
| TOPROL XL | | NP | | QLL |
| TOUJEO | | NP | PA | QLL |
| TOVIAZ | P | | | QLL |
| TRACLEER | P | | | QLL |
| TRADJENTA | P | | | QLL |
| tramadol er (generic Conzip, Ultram ER, Ryzolt) | | NP | PA | QLL |
| tramadol generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|-----------------|-----|
| tramadol/acetaminophen generic | P | | | QLL |
| trandolapril generic | P | | | QLL |
| trandolapril/verapamil generic | P | | | QLL |
| tranexamic acid inj. | | NP | PA | |
| tranexamic acid tab generic | | NP | PA | QLL |
| TRANSDERM-SCOP | P | | | |
| tranylcypromine generic | | NP | PA | |
| TRAVATAN Z | P | | | QLL |
| travoprost generic | | NP | PA | |
| trazodone 300mg generic | | NP | PA | QLL |
| trazodone 50mg, 100mg, 150mg generic | P | | | QLL |
| TRECATOR | P | | | |
| TRELSTAR LA/-DEPOT | P | | PA | QLL |
| TRESIBA FLEX | | NP | PA | QLL |
| tretinoin caps generic | P | | | |
| tretinoin cream generic | P | | PA (≥ 21 years) | QLL |
| tretinoin gel generic | P | | PA (≥ 21 years) | QLL |
| tretinoin microsphere gel/gel pump generic | | NP | PA | QLL |
| TREXIMET | | NP | PA | QLL |
| triamcinolone acetonide spray generic | | NP | PA | |
| TRIANEX OINTMENT | | NP | PA | QLL |
| triazolam | P | | | QLL |
| TRIBENZOR | P | | PA | QLL |
| trifluridine generic | P | | | |
| TRIGLIDE | P | | | QLL |
| tri-legest/tilia fe generic | P | | | |
| trimethobenzamide generic | P | | | |
| trinessa lo generic | P | | | QLL |
| TRINTELLIX | P | | PA | QLL |
| TRIUMEQ | P | | | QLL |
| TRIZIVIR | P | | | QLL |
| TROKENDI XR | | NP | PA | QLL |
| tropium er generic | | NP | PA | QLL |
| tropium generic | | NP | PA | QLL |
| TROVAN | | NP | | |
| TRULICITY | | NP | PA | QLL |
| TRUSOPT | | NP | | |
| TRUVADA | P | | | |
| TUDORZA | | NP | PA | QLL |
| TWYNSTA | | NP | PA | QLL |
| TYBOST | P | | PA | QLL |
| TYGACIL | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|------------------------------------|-----------|---------------|--------------|-----|
| TYKERB | P | | | |
| TYVASO | | NP | PA | QLL |
| TYZEKA | | NP | | |
| UCERIS | | NP | PA | QLL |
| ULESFIA | | NP | PA | QLL |
| ULORIC | | NP | PA | QLL |
| ULTRACET | | NP | | QLL |
| ULTRAVATE X KIT | | NP | PA | QLL |
| ULTRESA | | NP | PA | |
| UMECTA PD | | NP | PA | QLL |
| UNASYN 15GM | | NP | PA | |
| UNIPHYL | | NP | | |
| UPTRAVI | | NP | PA | QLL |
| UR N-C | | NP | PA | |
| URAMAXIN | | NP | PA | |
| URAMAXIN 45% CREAM | | NP | | |
| urea cream/lotion/ointment generic | P | | | |
| urea gel/emulsion generic | | NP | PA | |
| urea nail kit generic | | NP | PA | QLL |
| URELLE | | NP | PA | |
| URIMAR-T | | NP | PA | |
| URIN D/S | P | | | |
| UROCIT-K 15 | | NP | PA | QLL |
| UROGESIC BLUE | | NP | PA | QLL |
| ursodiol generic | P | | | |
| valacyclovir generic | P | | | QLL |
| VALCHLOR GEL | P | | PA | QLL |
| VALCYTE SOLN | P | | PA (≥17 yrs) | QLL |
| VALCYTE TABS | P | | | |
| valganciclovir generic | | NP | PA | |
| valproic acid caps | | NP | PA | |
| valproic acid syrup | P | | | |
| valsartan generic | P | | | QLL |
| valsartan/hctz generic | P | | | QLL |
| vancomycin generic | P | | | QLL |
| VARUBI | | NP | PA | QLL |
| VASCEPA | | NP | PA | QLL |
| VECAMYL | | NP | PA | QLL |
| VECTICAL | | NP | PA | QLL |
| VELETRI | | NP | PA | |
| VELPHORO | | NP | PA | QLL |
| VELTASSA | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|--|-----------|---------------|----|-----|
| VELTIN | | NP | PA | QLL |
| VEMLIDY | | NP | PA | QLL |
| VENCLEXTA | P | | PA | QLL |
| venlafaxine ER caps generic | P | | | QLL |
| venlafaxine ER tabs generic | P | | | QLL |
| venlafaxine generic | P | | | QLL |
| VENOFER | P | | PA | |
| VENTAVIS | P | | PA | QLL |
| VENTOLIN HFA | | NP | PA | QLL |
| VERAMYST | | NP | PA | QLL |
| verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM) | | NP | PA | QLL |
| verapamil generic | P | | | QLL |
| VEREGEN OINTMENT | | NP | PA | |
| VERIPRED 20 SOL 20MG/5ML | | NP | PA | |
| VERSACLOZ SUSPENSION | | NP | PA | QLL |
| VERZENIO | P | | PA | |
| VESICARE | P | | | QLL |
| VEXOL | P | | | QLL |
| VFEND SUSP | | NP | PA | |
| VIBATIV | | NP | PA | |
| VIBERZI | | NP | PA | QLL |
| VIBRAMYCIN SYRUP | P | | | |
| VICTOZA | P | | PA | QLL |
| VIDEX | P | | | |
| VIDEX EC | | NP | | |
| VIEKIRA PAK, -XR | P | | PA | QLL |
| VIGAMOX | P | | | QLL |
| VIIBRYD | | NP | PA | QLL |
| VIMIZIM | P | | PA | |
| VIMOVO | | NP | PA | QLL |
| VIMPAT | P | | | QLL |
| VIMPAT INJ. | P | | PA | QLL |
| VIOKACE | | NP | PA | |
| VIRACEPT | P | | | |
| VIRAMUNE SUSPENSION | P | | | QLL |
| VIRAMUNE TABS | | NP | | QLL |
| VIRAMUNE XR | | NP | PA | QLL |
| VIREAD | P | | | QLL |
| vitamin B complex generic | P | | PA | |
| vitamin B-12 injection generic | P | | | |
| VITEKTA | | NP | PA | QLL |
| VITRASE | P | | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| VIVELLE DOT | P | | | QLL |
| VIVITROL | P | | PA | QLL |
| VIVLODEX | | NP | PA | QLL |
| VOGELXO | | NP | PA | QLL |
| VOLTAREN GEL | | NP | PA | |
| VONVENDI | | NP | PA | |
| voriconazole generic | | NP | PA | |
| VOTRIENT | P | | PA | QLL |
| VPRIV | P | | PA | |
| VRAYLAR | | NP | PA | QLL |
| VUSION | | NP | PA | |
| VYTORIN (except 10-80mg) | P | | | QLL |
| VYTORIN 10-80mg | P | | PA | QLL |
| VYVANSE | P | | PA (≥ 21 years) | QLL |
| warfarin sodium generic | P | | | |
| WELCHOL | | NP | PA | |
| WILATE | P | | | |
| wymza fe chew (generic for Femcon FE Chew) | | NP | PA | QLL |
| XALATAN | | NP | | QLL |
| XALKORI | P | | PA | QLL |
| XARELTO | P | | | QLL |
| XARTEMIS XR | | NP | PA | QLL |
| XATMEP | | NP | PA | QLL |
| XELJANZ, -XR | | NP | PA | QLL |
| XELODA | P | | | |
| XENAZINE | P | | PA | QLL |
| XENICAL (covered < 21 yrs old) | P | | PA (< 21 yrs) | |
| XERESE CREAM | | NP | PA | QLL |
| XERMELO | P | | PA | QLL |
| XIFAXAN | | NP | PA | QLL |
| XIGDUO XR | | NP | PA | QLL |
| XIIDRA | | NP | PA | |
| XODOL | | NP | | QLL |
| XOPENEX HFA | | NP | PA | QLL |
| XTANDI | P | | PA | QLL |
| xulane (norgestromin-ethinyl estradiol) generic | | NP | PA | QLL |
| XULTOPHY | | NP | PA | QLL |
| XYNTHA | P | | | |
| XYREM | | NP | PA | QLL |
| XYZAL SYRUP | | NP | | QLL |
| YASMIN | | NP | PA | |
| YAZ | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|-----------------|-----|
| yuvaferm (estradiol) vaginal tab generic | P | | | |
| zafirlukast generic | P | | PA | QLL |
| zaleplon generic | P | | | QLL |
| ZAMICET | | NP | PA | QLL |
| ZANAFLEX CAPS | | NP | PA | |
| zarah generic | | NP | PA | |
| ZARXIO | | NP | PA | QLL |
| ZAVESCA | P | | | QLL |
| ZEBUTAL | | NP | PA | |
| ZEGERID Rx CAP, -POWDER | | NP | PA | QLL |
| ZEJULA | P | | PA | QLL |
| ZELAPAR | | NP | PA | |
| ZELBORAF | P | | PA | QLL |
| ZEMAIRA | P | | PA | |
| ZEMBRACE SYMTOUCH INJ. | | NP | PA | QLL |
| zenchent fe chew (generic for Femcon FE Chew) | | NP | PA | QLL |
| ZENPEP | | NP | PA | QLL |
| ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg | | NP | PA | QLL |
| zeosa chew generic | | NP | PA | |
| ZEPATIER | P | | PA | QLL |
| ZERBAXA | | NP | PA | |
| ZERIT | | NP | | |
| ZETIA | P | | | QLL |
| ZETONNA | | NP | PA | QLL |
| ZIAGEN SOLN. | P | | | |
| ZIANA | P | | PA (≥ 21 years) | QLL |
| zidovudine generic | P | | | |
| ZINBRYTA | | NP | PA | QLL |
| ZIOPTAN | P | | | QLL |
| ziprasidone caps generic | P | | PA (<18 years) | QLL |
| ZIPSOR | | NP | PA | QLL |
| ZIRGAN | | NP | PA | QLL |
| ZITHROMAX SUSPENSION | | NP | | QLL |
| ZITHROMAX TABLETS | | NP | | QLL |
| ZMAX | | NP | PA | QLL |
| ZOCOR | | NP | | QLL |
| ZOHDRO ER | | NP | PA | QLL |
| ZOLINZA | P | | PA | |
| zolmitriptan, -odt generic | | NP | PA | QLL |
| zolpidem er generic | | NP | PA | QLL |
| zolpidem generic | P | | | QLL |
| zolpidem sl tab generic | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective December 1, 2017

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy limitation description are located in Part II of the Policies and Procedures for Pharmacy Services Manual located on the web portal, under Provider Manuals.

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|--------------|------------|
| ZOMACTON | | NP | PA | |
| ZOMIG NASAL SPRAY | P | | PA ≥18 years | QLL |
| ZOMIG, -ZMT | | NP | PA | QLL |
| ZONEGRAN | | NP | | |
| zonisamide generic | P | | | |
| ZONTIVITY | | NP | PA | QLL |
| ZORBTIVE | | NP | PA | |
| ZORTRESS | | NP | PA | QLL |
| ZORVOLEX | | NP | PA | QLL |
| ZOSYN | P | | | |
| zovia 1/50e (ethynodiol) generic | | NP | PA | |
| ZOVIRAX CREAM | P | | | QLL |
| z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%) | | NP | PA | QLL |
| ZUBSOLV | | NP | PA | QLL |
| ZUPLENZ | | NP | PA | QLL |
| ZURAMPIC | | NP | PA | QLL |
| ZYCLARA | | NP | PA | |
| ZYDELIG | P | | PA | QLL |
| ZYFLO CR, IR | | NP | PA | QLL |
| ZYKADIA | P | | PA | QLL |
| ZYLET | P | | | |
| ZYMAXID | | NP | PA | QLL |
| ZYPREXA INJECTABLE | | NP | | |
| ZYPREXA RELPREVV | P | | PA | QLL |
| ZYTIGA | P | | PA | QLL |
| ZYVOX IV SOLN., ORAL SUSP. | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose