

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>ANTIINFECTIVES</b>				
<b>ANTIBACTERIAL DRUGS</b>				
amoxicillin 775mg generic		NP	PA	QLL
amox/clavulanate chew tabs, IR tabs, susp generic	P			QLL
amox/clavulanate 250-125mg tabs generic		NP	PA	
amox/clavulanate ER tabs generic		NP	PA	QLL
amox/clavulanate 250-62.5mg/5ml susp generic		NP	PA	QLL
ampicillin/sulbactam inj. generic	P			
AUGMENTIN 250/5ML SUSP		NP	PA	QLL
AUGMENTIN XR		NP	PA	QLL
AVELOX		NP	PA	QLL
AVELOX ABC		NP	PA	QLL
AVYCAZ		NP	PA	QLL
AZACTAM		NP	PA	
azithromycin generic	P			QLL
aztreonam generic	P		PA	
BETHKIS		NP	PA	QLL
BIAXIN		NP		QLL
BIAXIN SUSPENSION		NP		QLL
BIAXIN XL		NP		QLL
CAYSTON	P			QLL
CEDAX		NP	PA	QLL
cefaclor er generic	P			QLL
cefaclor caps generic	P			QLL
cefaclor oral suspension generic		NP	PA	QLL
cefadroxil generic	P			QLL
cefdinir	P			QLL
cefditoren generic	P			QLL
cefixime suspension generic		NP	PA	QLL
ceftibuten generic		NP	PA	QLL
CEFTIN SUSPENSION	P			QLL
ceftriaxone generic	P			
cefprozil generic	P			QLL
cefuroxime generic tabs	P			QLL
cefuroxime generic susp	P			QLL
cephalexin 250mg, 500mg caps generic	P			QLL
cephalexin tabs generic		NP	PA	QLL
cephalexin 750mg generic		NP	PA	QLL
CIPRO SUSPENSION	P			QLL
ciprofloxacin/SR generic	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ciprofloxacin suspension generic		NP	PA	QLL
clarithromycin/ER generic	P			QLL
clarithromycin susp.	P			QLL
CLEOCIN 75MG CAPS	P			
CLEOCIN/D5W INJ.	P			
clindamycin caps generic	P			
clindamycin for oral solution generic	P			QLL
clindamycin in D5W injection generic		NP	PA	
clindamycin injection 150MG/ML (900MG/6ML) generic	P			
DIFICID		NP	PA	QLL
DORYX		NP	PA	QLL
doxycycline hyclate generic	P			
doxycycline hyclate delayed release tabs		NP	PA	QLL
doxycycline monohydrate 50mg, 100mg, 150mg caps, 75mg, 100mg, 150mg tabs generic	P			
doxycycline monohydrate 75 mg caps, 50 mg tabs generic		NP	PA	
doxycycline suspension generic		NP	PA	
DYNAPEN SUSP	P			
E.E.S. 400 TAB		NP	PA	QLL
E.E.S. GRANULES SUSPENSION	P		PA (≥12 yrs)	QLL
ERYPED		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
FACTIVE		NP	PA	QLL
FLAGYL CAPS		NP	PA	
FLAGYL ER		NP	PA	QLL
GANTRISIN PEDIATRIC	P			
KEFLEX 750mg	P			QLL
KETEK		NP	PA	QLL
KITABIS PAK	P			QLL
LEVAQUIN TABS		NP		QLL
levofloxacin injection 25mg/ml generic		NP	PA	QLL
levofloxacin in D5W (generic Levaquin Premix)	P			
levofloxacin solution generic		NP	PA	QLL
levofloxacin tabs generic	P			QLL
metronidazole IR tabs generic	P			
metronidazole caps generic		NP	PA	
minocycline caps generic	P			
minocycline IR, SR tab generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
MACRODANTIN 25mg	P			
MORGIDOX KIT		NP	PA	QLL
MOXATAG		NP	PA	QLL
moxifloxacin generic		NP	PA	QLL
nitrofurantoin 25mg cap generic		NP	PA	
nitrofurantoin generic	P			
NOROXIN		NP	PA	QLL
ofloxacin generic	P			QLL
OMNICEF		NP		QLL
OMNICEF SUSPENSION		NP		QLL
PCE		NP	PA	QLL
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic		NP	PA	
SOLODYN		NP	PA	QLL
SPECTRACEF		NP	PA	QLL
SUPRAX CAPS	P		PA	QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
TOBI PODHALER		NP	PA	QLL
tobramycin nebulizer generic		NP	PA	QLL
TROVAN		NP		
UNASYN 15GM		NP	PA	
VIBRAMYCIN SYRUP, SUSPENSION	P			
ZERBAXA		NP	PA	
ZITHROMAX SUSPENSION		NP		QLL
ZITHROMAX TABLETS		NP		QLL
ZOSYN	P			
ZMAX		NP	PA	QLL
<b>TOPICAL ANTIBACTERIAL DRUGS</b>				
ALTABAX		NP	PA	QLL
BACTROBAN CREAM	P			QLL
BACTROBAN NASAL	P			QLL
BACTROBAN OINTMENT		NP		QLL
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
<b>ANTIMYCOBACTERIAL DRUGS</b>				
cycloserine generic	P			
ethambutol generic	P			
isoniazid generic	P			
PRIFTIN	P			
pyrazinamide generic	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
SIRTURO	P		PA	QLL
TRECTOR	P			
<b>ORAL ANTIFUNGAL DRUGS</b>				
clotrimazole troche generic	P			
CRESEMBA CAPS		NP	PA	QLL
DIFLUCAN		NP		
fluconazole generic	P			
DIFLUCAN 150MG TAB		NP		QLL
fluconazole 150mg tab generic	P			QLL
flucytosine generic	P			
griseofulvin oral susp generic	P			
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin ultramicrosize tab generic	P			QLL
itraconazole generic	P		PA	QLL
NOXAFIL		NP	PA	QLL
ONMEL		NP	PA	QLL
ORAVIG		NP	PA	QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
terbinafine tab generic	P			
TERBINEX KIT		NP	PA	QLL
VFEND IV, SUSP		NP	PA	
voriconazole generic		NP	PA	
<b>TOPICAL ANTIFUNGALS</b>				
CICLODAN KIT		NP	PA	QLL
ciclopirox 0.77% cream, suspension generic	P			
ciclopirox gel/shampoo generic		NP	PA	
ciclopirox nail lacquer	P		PA	
ciclopirox 8% and vitamin E 5% kit		NP	PA	
CNL8 NAIL KIT		NP	PA	QLL
econazole generic	P			
ERTACZO		NP		
EXELDERM		NP		
EXTINA		NP	PA	QLL
GYNAZOLE	P			
JUBLIA SOLN. 10%		NP	PA	QLL
KERYDIN		NP	PA	QLL
ketoconazole aer 2% foam generic		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ketoconazole cream, shampoo	P			
ketocon plus kit generic		NP	PA	QLL
KETODAN KIT		NP	PA	QLL
LAMISIL SOLUTION		NP		
LOPROX SHAMPOO		NP	PA	
LUZU		NP	PA	QLL
MENTAX		NP		
miconazole generic	P			QLL
MONISTAT 1	P			QLL
NAFTIN		NP	PA	QLL
naftifine generic		NP	PA	QLL
nystatin cream	P			
nystatin/triamcinolone cream, ointment generic		NP	PA	
OXISTAT		NP		
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
PEDIPIROX-4 KIT NAIL		NP	PA	QLL
terconazole generic	P			QLL
<b>ANTIRETROVIRALS &amp; PROTEASE INHIBITORS</b>				
abacavir tabs generic	P			QLL
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
APTIVUS	P		PA	
ATRIPLA	P			
COMPLERA	P		PA	QLL
CRIVIVAN	P			
didanosine delayed-release caps generic	P			
EDURANT	P		PA	QLL
EMTRIVA	P			
EPIVIR SOLN	P			QLL
EPZICOM	P			
EVOTAZ	P		PA	QLL
FUZEON	P		PA	QLL
GENVOYA	P			QLL
INTELENCE	P		PA	QLL
INVIRASE	P			
ISENTRESS	P		PA	QLL
KALETRA	P			QLL
lamivudine soln. generic		NP	PA	QLL
lamivudine generic	P			QLL
lamivudine/zidovudine generic	P			QLL
LEXIVA	P			
nevirapine suspension generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
nevirapine tabs generic	P			QLL
nevirapine er generic		NP	PA	QLL
NORVIR CAPS, SOLN, TABS	P			
PREZCOBIX	P		PA	QLL
PREZISTA	P		PA	
RESCRIPTOR	P			
RETROVIR		NP		
REYATAZ	P			
SELZENTRY	P		PA	
stavudine	P			
STRIBILD	P			QLL
SUSTIVA	P			
TIVICAY	P			QLL
TRIUMEQ	P			QLL
TRIZIVIR	P			QLL
TRUVADA	P			
TYBOST	P		PA	QLL
VIDEX	P			
VIDEX EC		NP		
VIRACEPT	P			
VIRAMUNE SUSPENSION	P			QLL
VIRAMUNE TABS		NP		QLL
VIRAMUNE XR		NP	PA	QLL
VIREAD	P			QLL
VITEKTA	P		PA	QLL
ZERIT		NP		
ZIAGEN SOLN.	P			
zidovudine generic	P			
<b>HEPATITIS AGENTS</b>				
adefovir generic		NP	PA	QLL
BARACLUDE	P			QLL
COPEGUS		NP	PA	
DAKLINZA		NP	PA	QLL
entecavir generic		NP	PA	
HARVONI	P		PA	QLL
HEPSERA	P			QLL
MODERIBA		NP	PA	
OLYSIO		NP	PA	QLL
PEGASYS, -PROCLICK	P			QLL
PEG-INTRON	P			QLL
REBETOL		NP		

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
REBETOL ORAL SOLUTION	P			
RIBAPAK		NP	PA	
RIBASPHERE 400MG, 600MG		NP	PA	
ribavirin 200mg generic	P			
SOVALDI	P		PA	QLL
TECHNIVIE	P		PA	QLL
TYZEKA		NP		
VIEKIRA PAK		NP	PA	QLL
<b>OTHER ANTIVIRAL DRUGS</b>				
acyclovir generic	P			
CYTOVENE	P		PA	
EPIVIR HBV	P			
lamivudine HBV generic		NP	PA	QLL
famciclovir generic	P			QLL
FAMVIR		NP		QLL
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
RELENZA	P			QLL
rimantadine generic		NP		
SITAVIG		NP	PA	QLL
TAMIFLU	P			QLL
valacyclovir generic	P			QLL
valganciclovir generic		NP	PA	
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
VALCYTE TABS	P			
<b>TOPICAL ANTIVIRAL DRUGS</b>				
acyclovir ointment generic		NP	PA	QLL
DENAVIR CREAM		NP	PA	
VEREGEN OINTMENT		NP	PA	
XERESE CREAM		NP	PA	QLL
ZOVIRAX CREAM	P			QLL
<b>ANTIINFECTIVES SPECIALIZED INDICATIONS</b>				
ALINIA	P			QLL
atovaquone generic		NP	PA	
atovaquone-proguanil generic		NP	PA	
COARTEM		NP	PA	QLL
CUBICIN	P		PA	
DALVANCE		NP	PA	QLL
DAPSONE	P			
DARAPRIM	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
DORIBAX		NP	PA	QLL
imipenem-cilastatin generic		NP	PA	
INVANZ	P		PA	
ivermectin generic		NP	PA	
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL
MALARONE		NP	PA	QLL
MEPRON	P			QLL
meropenem generic	P		PA	
meropenem/sodium chloride IV soln. generic		NP	PA	
MERREM	P		PA	
MINTEZOL	P			
NEBUPENT	P			QLL
PRIMAXIN	P		PA	
QUALAQUIN		NP	PA	QLL
quinine sulfate generic		NP	PA	
rifabutin generic	P			QLL
SIVEXTRO		NP	PA	QLL
STROMEKTOL	P			QLL
TEFLARO		NP	PA	QLL
TINDAMAX		NP	PA	
tinidazole generic		NP	PA	
TYGACIL		NP	PA	
vancomycin generic	P			QLL
VIBATIV		NP	PA	
XIFAXAN		NP	PA	QLL
ZYVOX IV SOLN., ORAL SUSP.	P		PA	QLL
<b>ANTINEOPLASTIC/</b>				
<b>IMMUNOSUPPRESSANT DRUGS</b>				
AFINITOR	P		PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AGRYLIN	P			
ALECENSA	P		PA	
ALKERAN tablets	P			
anastrozole generic	P			QLL
ARAVA		NP		QLL
ARCALYST	P		PA	QLL
ARIMIDEX		NP		QLL
AROMASIN		NP		QLL
ASTAGRAF XL		NP	PA	QLL
bexarotene generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
bicalutamide	P			QLL
BOSULIF	P		PA	QLL
capecitabine generic		NP	PA	
CAPRELSA		NP	PA	QLL
CASODEX		NP		QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CIMZIA		NP	PA	QLL
COMETRIQ	P		PA	QLL
COTELLIC	P		PA	QLL
cyclophosphamide generic	P			
cyclosporine generic	P			
DEPO-PROVERA 400mg/ml	P			
ELIGARD	P			
EMCYT	P			
ENBREL	P		PA	QLL
ERIVEDGE	P		PA	QLL
etoposide capsules generic	P			
exemestane generic	P			QLL
FARESTON	P			
FARYDAK	P		PA	QLL
FEMARA	P			QLL
FIRMAGON	P		PA	QLL
GLEEVEC	P			
GLEOSTINE	P			
GILOTRIF	P		PA	QLL
HUMIRA	P		PA	QLL
HYCANTIN	P			
IBRANCE	P		PA	QLL
IRESSA	P		PA	QLL
ICLUSIG	P		PA	QLL
ILARIS	P		PA	QLL
IMBRUVICA	P		PA	QLL
INLYTA	P		PA	QLL
JAKAFI	P			QLL
KINERET		NP	PA	QLL
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic		NP	PA	QLL
LEUKERAN	P			
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
LONSURF	P		PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
LUPRON DEPOT 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG	P			QLL
LUPRON DEPOT 45MG		NP	PA	QLL
LUPRON DEPOT PEDIATRIC 7.5MG, 15MG	P			
LUPRON DEPOT PEDIATRIC 11.25MG, 30MG		NP	PA	QLL
LYNPARZA	P		PA	QLL
LYSODREN	P			
MATULANE	P			
MEKINIST	P		PA	QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic		NP	PA	QLL
MYFORTIC	P			QLL
MYLERAN	P			
NEXAVAR	P			QLL
NINLARO	P		PA	
octreotide generic	P		PA	
ODOMZO	P		PA	QLL
ORENCIA 125MG/ML		NP	PA	QLL
POMALYST	P		PA	QLL
PROGRAF		NP		
PURINETHOL	P			
PURIXAN	P		PA (≥ 12 years)	QLL
REVLIMID	P			QLL
RIDAURA	P			
SANDOSTATIN LAR	P		PA	
SIMPONI		NP	PA	QLL
sirolimus generic	P			
SOMATULINE DEPOT		NP	PA	
SOMAVERT	P			QLL
SPRYCEL	P		PA	QLL
SYNRIBO	P		PA	QLL
SUTENT	P		PA	QLL
STIVARGA	P		PA	QLL
tacrolimus generic	P			
TAFINLAR	P		PA	QLL
TAGRISSO	P		PA	QLL
TARCEVA	P		PA	QLL
TARGRETIN CAP	P			QLL
TARGRETIN GEL	P			QLL
TASIGNA	P		PA	QLL
temozolomide generic	P		PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
THALOMID	P			
THIOGUANINE	P			
TRELSTAR LA/DEPOT	P		PA	QLL
tretinoin caps generic	P			
TYKERB	P			
UCERIS		NP	PA	QLL
VOTRIENT	P		PA	QLL
XALKORI	P		PA	QLL
XELODA	P			
XTANDI	P		PA	QLL
ZELBORAF	P		PA	QLL
ZOLINZA	P		PA	
ZORTRESS		NP	PA	QLL
ZYDELIG	P		PA	QLL
ZYKADIA	P		PA	QLL
ZYTIGA	P		PA	QLL
<b><i>CARDIOVASCULAR MEDICATIONS</i></b>				
<b>CALCIUM ANTAGONISTS</b>				
ADALAT CC		NP		QLL
afeditab cr generic	P			QLL
amlodipine	P			QLL
CALAN		NP		QLL
CALAN SR		NP		QLL
CARDENE SR		NP	PA	QLL
CARDIZEM LA 120mg	P			QLL
DILACOR XR		NP		QLL
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, diltzac, taztia xt caps (generic Tiazac)		NP	PA	QLL
diltiazem er, dilt-xr (generic Dilacor XR)	P			QLL
DYNACIRC CR	P			QLL
felodipine er generic		NP	PA	QLL
ISOPTIN SR		NP		QLL
isradipine generic		NP	PA	QLL
matzim la (generic Cardizem LA)	P			QLL
nicardipine generic		NP	PA	QLL
nifediac cc generic	P			QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL
nisoldipine sr generic		NP	PA	QLL
NORVASC		NP		QLL
PROCARDIA, -XL		NP		QLL
TIAZAC	P			QLL
verapamil generic	P			QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
<b>CARDIAC GLYCOSIDES</b>				
digoxin generic	P			
LANOXIN 0.0625MG, 0.1875MG		NP	PA	
LANOXIN INJ	P			
<b>BETA-ADRENERGIC ANTAGONIST DRUGS</b>				
all beta-adrenergic antagonists generics are preferred	P			QLL
BETAPACE, -AF		NP		QLL
BYSTOLIC		NP	PA	QLL
COREG		NP		QLL
COREG CR		NP	PA	QLL
CORZIDE	P			QLL
DUTOPROL	P			QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
INNOPRAN XL		NP	PA	QLL
LEVATOL	P			QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
nadolol generic	P			
nadolol/bendroflumethiazide generic		NP	PA	QLL
SOTYLIZE	P		PA (≥12 years)	QLL
TOPROL XL		NP		QLL
<b>CENTRALLY ACTING ANTIHYPERTENSIVES</b>				
CATAPRES-TTS	P			QLL
clonidine patch		NP	PA	QLL
<b>ANGIOTENSIN CONVERTING ENZYME INHIBITORS &amp; COMBOS</b>				
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
captopril generic	P			QLL
captopril HCTZ generic	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
enalapril generic	P			QLL
enalapril HCTZ generic	P			QLL
enalaprilat generic	P			QLL
EPANED	P		PA (≥12 years)	QLL
fosinopril generic	P			QLL
fosinopril HCTZ generic	P			QLL
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL
perindopril generic		NP	PA	QLL
quinapril generic	P			QLL
quinapril HCTZ generic	P			QLL
ramipril caps generic	P			QLL
trandolapril generic	P			QLL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS &amp; COMBOS</b>				
amlodipine/valsartan generic		NP	PA	QLL
amlodipine/valsartan/hctz generic		NP	PA	QLL
ATACAND		NP	PA	QLL
ATACAND HCT		NP	PA	QLL
AZOR	P		PA	QLL
BENICAR	P			QLL
BENICAR HCT	P			QLL
candesartan generic		NP	PA	QLL
candesartan/hctz generic		NP	PA	QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
ENTRESTO		NP	PA	QLL
eprosartan generic		NP	PA	QLL
EXFORGE	P		PA	QLL
EXFORGE HCT	P		PA	QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
MICARDIS	P			QLL
MICARDIS HCT	P			QLL
telmisartan generic		NP	PA	QLL
telmisartan/HCTZ generic		NP	PA	QLL
telmisartan/amlodipine generic		NP	PA	QLL
TEVETEN		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
TEVETEN HCT		NP	PA	QLL
TRIBENZOR	P		PA	QLL
TWYNSTA		NP	PA	QLL
valsartan generic	P			QLL
valsartan/hctz generic	P			QLL
<b>OTHER ANTIHYPERTENSIVES</b>				
amlodipine/benazepril generic	P			QLL
AMTURNIDE		NP	PA	QLL
chlorthalidone generic	P			
chlorothiazide 500mg injection generic	P			
hydrochlorothiazide generic	P			
phenoxybenzamine generic		NP	PA	
TEKAMLO		NP	PA	QLL
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
trandolapril/verapamil generic	P			QLL
VECAMYL		NP	PA	QLL
<b>NITRATES</b>				
isosorbide generic	P			
nitroglycerin patches generic	P			QLL
nitroglycerin lingual spray aerosol (generic Nitromist)	P			QLL
nitroglycerin lingual spray soln (generic Nitrolingual)		NP		QLL
NITROLINGUAL SPRAY	P			QLL
NITROMIST SPRAY		NP	PA	QLL
<b>ANTIDYSRHYTHMIC DRUGS</b>				
amiodarone/pacerone generic	P			
MULTAQ		NP	PA	QLL
propafenone er generic		NP	PA	
RYTHMOL SR	P			QLL
TONOCARD	P			
<b>ANTILIPIDEMIC DRUGS</b>				
ADVICOR		NP	PA	QLL
ALTOPREV		NP	PA	QLL
amlodipine/atorvastatin generic		NP	PA	QLL
atorvastatin generic	P			QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
CRESTOR		NP	PA	QLL
fluvastatin generic		NP	PA	QLL
fluvastatin er generic		NP	PA	QLL
JUXTAPID		NP	PA	QLL
KYNAMRO		NP	PA	QLL
LESCOL, -XL	P			QLL
LIPITOR		NP		QLL
LIPTRUZET		NP	PA	QLL
LIVALO		NP	PA	QLL
lovastatin generic	P			QLL
LOVAZA		NP	PA	QLL
MEVACOR		NP		QLL
niacin er generic	P			QLL
NIACOR		NP	PA	
omega-3-acid generic		NP	PA	QLL
PRALUENT		NP	PA	QLL
PRAVACHOL		NP		QLL
pravastatin generic	P			QLL
PREVALITE PACKETS		NP	PA	
PREVALITE POWDER	P			
REPATHA		NP	PA	QLL
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
SIMCOR	P			QLL
VASCEPA		NP	PA	QLL
VYTORIN (except 10-80mg)	P			QLL
VYTORIN 10-80mg	P		PA	QLL
WELCHOL		NP	PA	
XENICAL (covered < 21 yrs old)	P		PA (< 21 yrs)	
ZETIA		NP	PA	QLL
ZOCOR		NP		QLL
<b>FIBRIC ACID DERIVATIVES</b>				
ANTARA		NP	PA	QLL
fenofibrate generic	P			QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
FIBRICOR		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
gemfibrozil generic	P			QLL
LIPOFEN		NP	PA	QLL
TRIGLIDE	P			QLL
<b>OTHER CARDIOVASCULAR DRUGS</b>				
BIDIL		NP	PA	QLL
CORLANOR		NP	PA	QLL
eplerenone generic		NP	PA	QLL
LOVAZA (formerly OMACOR)		NP	PA	
milrinone generic	P		PA	
NORTHERA		NP	PA	QLL
PROAMATINE	P			
RANEXA		NP	PA	
spironolactone generic	P			QLL
<b>DRUGS FOR PULMONARY HYPERTENSION</b>				
ADCIRCA	P		PA	QLL
ADEMPAS		NP	PA	QLL
epoprostenol	P			
FLOLAN		NP	PA	
LETAIRIS	P			QLL
OPSUMIT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
REMODULIN	P			
REVATIO SUSPENSION		NP	PA	QLL
sildenafil generic	P		PA	QLL
TRACLEER	P			QLL
TYVASO		NP	PA	QLL
VELETRI		NP	PA	
VENTAVIS	P		PA	QLL
<b>DRUGS FOR PHEOCHROMOCYTOMA</b>				
DEMSER	P			
<b>AUTONOMIC AND CNS MEDICATIONS</b>				
<b>NARCOTIC ANALGESICS</b>				
ABSTRAL		NP	PA	QLL
ACTIQ		NP	PA	QLL
AVINZA		NP	PA	QLL
BELBUCA		NP	PA	QLL
butalbital/acetaminophen 300mg/caffeine/codeine generic		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
butalbital/acetaminophen 325mg/caffeine/codeine generic	P			QLL
butorphanol nasal generic	P			QLL
BUTRANS	P			QLL
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine/aspirin/caffeine cap (generic Synalgos-DC)		NP	PA	QLL
DILAUDID-5 1mg/ml	P			
DURAGESIC		NP		QLL
EMBEDA		NP	PA	QLL
EXALGO		NP	PA	QLL
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
FENTORA		NP	PA	QLL
FIORICET (300mg APAP)		NP	PA	QLL
FIORICET W/CODEINE (300mg APAP)		NP	PA	QLL
HYCET		NP	PA	QLL
hydrocodone-APAP 7.5mg/325mg/15mL soln. generic	P			QLL
hydrocodone-APAP 10mg/325mg/15mL soln. generic		NP	PA	QLL
hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic	P			QLL
hydrocodone/ibuprofen generic		NP	PA	
hydromorphone er tabs generic		NP	PA	QLL
hydromorphone ir generic	P			
hydromorphone liquid 1mg/ml generic		NP	PA	
HYSINGLA ER		NP	PA	QLL
ibudone generic	P			
KADIAN 10MG, 20MG, 30MG, 50MG, 60MG, 100MG	P			QLL
KADIAN 40MG, 70MG, 80MG, 130MG, 150MG, 200MG		NP	PA	QLL
LAZANDA		NP	PA	
LORTAB ELIXIR	P			QLL
meperidine generic	P			
morphine ir generic	P			
morphine sulfate sa caps (generic Kadian)		NP	PA	QLL
morphine sulfate er caps (generic Avinza)		NP	PA	QLL
morphine sulfate sa tabs generic	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
MS CONTIN		NP		QLL
NUCYNTA		NP	PA	QLL
NUCYNTA ER		NP	PA	QLL
ONSOLIS		NP	PA	QLL
OPANA/ER		NP	PA	QLL
oxycodone er generic		NP	PA	QLL
oxycodone ir generic	P			QLL
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
PRIMLEV		NP	PA	
REPREXAIN		NP	PA	
SUBSYS		NP	PA	QLL
SYNALGOS-DC		NP	PA	QLL
XARTEMIS XR		NP	PA	QLL
XODOL		NP		QLL
ZAMICET		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
<b>OTHER ANALGESICS</b>				
BUPAP		NP	PA	
bupropion/acetaminophen tabs generic	P			
bupropion/acetaminophen-caffeine capsule generic		NP	PA	
bupropion/acetaminophen-caffeine tabs generic	P			
bupropion-aspirin-caffeine capsule		NP	PA	
CONZIP		NP	PA	QLL
GRALISE		NP	PA	QLL
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
SAVELLA		NP	PA	QLL
tramadol generic	P			QLL
tramadol/acetaminophen generic	P			QLL
tramadol er (generic Conzip, Ultram ER, Ryzolt)		NP	PA	QLL
ULTRACET		NP		QLL
ZEBUTAL		NP	PA	
<b>DRUGS TO PREVENT AND TREAT HEADACHES</b>				
almotriptan generic		NP	PA	QLL
AMERGE		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
AXERT		NP	PA	QLL
CAMBIA		NP	PA	QLL
dihydroergotamine spray generic		NP	PA	QLL
FROVA		NP	PA	QLL
IMITREX INJECTION	P			QLL
IMITREX NASAL SPRAY	P			QLL
IMITREX tabs		NP		QLL
MAXALT		NP		QLL
MAXALT MLT		NP	PA	QLL
MIGRANAL NS		NP	PA	QLL
naratriptan generic	P			QLL
RELPAK	P			QLL
rizatriptan odt generic		NP	PA	QLL
rizatriptan tab generic	P			QLL
sumatriptan injection		NP	PA	QLL
sumatriptan nasal spray generic		NP	PA	QLL
sumatriptan tabs generic	P			QLL
SUMAVEL DOSEPRO		NP	PA	QLL
TREXIMET		NP	PA	QLL
ZECURITY		NP	PA	QLL
zolmitriptan, -odt generic		NP	PA	QLL
ZOMIG NASAL SPRAY	P		PA ≥18 years	QLL
ZOMIG, -ZMT		NP	PA	QLL
<b>ANXIOLYTICS</b>				
alprazolam generic	P			QLL
alprazolam er, odt generic		NP	PA	
buspirone generic	P			
chlordiazepoxide generic	P			QLL
clorazepate dipotassium generic	P			QLL
diazepam generic	P			QLL
lorazepam generic	P			QLL
oxazepam generic	P			QLL
<b>SEDATIVE/HYPNOTIC DRUGS</b>				
AMBIEN		NP	PA	QLL
AMBIEN CR		NP	PA	QLL
BELSOMRA		NP	PA	QLL
DORAL		NP	PA	
EDLUAR		NP	PA	QLL
eszopiclone generic		NP	PA	QLL
estazolam generic	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
flurazepam generic	P			QLL
HETLIOZ		NP	PA	QLL
INTERMEZZO		NP	PA	QLL
LUNESTA		NP	PA	QLL
midazolam generic		NP	PA	
ROZEREM		NP	PA	QLL
phenobarbital generic	P			
SECONAL		NP	PA	QLL
SILENOR		NP	PA	QLL
SONATA		NP	PA	QLL
temazepam 7.5mg, 22.5mg		NP	PA	
temazepam 15mg, 30mg generic	P			QLL
triazolam	P			QLL
zaleplon generic	P			QLL
zolpidem generic	P			QLL
zolpidem er generic		NP	PA	QLL
<b>ANTIMANIA DRUGS</b>				
lithium carbonate generic	P			
<b>ANTICONVULSANT DRUGS</b>				
APTIOM		NP	PA	QLL
BANZEL TABS	P		PA	QLL
BANZEL SUSPENSION		NP	PA	QLL
carbamazepine ir generic	P			
carbamazepine er/sr 200mg, 400mg generic	P			QLL
carbamazepine sr 12 hr (generic Carbatrol)		NP	PA	
CARBATROL	P			
CELONTIN	P			
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
DEPAKOTE sprinkles	P			
DIASTAT	P		PA (≥ 21 yrs)	QLL
diazepam rectal gel generic		NP	PA	QLL
DILANTIN		NP		
DILANTIN INFATAB		NP		
divalproex sprinkles generic		NP	PA	
divalproex DR, -ER generic	P			
felbamate generic		NP	PA	QLL
felbamate suspension generic		NP	PA	
FELBATOL		NP	PA	QLL
FYCOMPA		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
gabapentin caps generic	P			
gabapentin solution generic	P			
gabapentin tabs generic		NP	PA	
GABITRIL		NP	PA	QLL
KEPPRA TABS		NP		
KEPPRA INJECTION		NP		QLL
LAMICTAL KITS (immediate release)		NP	PA	
LAMICTAL ODT TABS, KITS		NP	PA	
LAMICTAL XR KITS		NP	PA	
lamotrigine chewable dispersable tab generic	P			
lamotrigine kits (immediate release and odt)		NP	PA	QLL
lamotrigine odt generic		NP	PA	
lamotrigine tabs generic	P			
lamotrigine er tabs generic		NP	PA	
levetiracetam solution/tabs generic	P			
levetiracetam tabs er generic		NP	PA	QLL
levetiracetam injection generic	P			QLL
LYRICA	P			QLL
LYRICA SOLN.		NP	PA	QLL
NEURONTIN SOLN.		NP		
NEURONTIN TABS/CAPS		NP		
ONFI	P		PA	QLL
ONFI SUSPENSION		NP	PA	QLL
oxcarbazepine susp., tabs generic	P			QLL
OXTELLAR XR	P		PA	QLL
PHENYTEK		NP		
phenytoin generic	P			
POTIGA		NP	PA	QLL
QUDEXY XR	P		PA	QLL
SABRIL		NP	PA	QLL
STAVZOR		NP	PA	
TEGRETOL		NP		
TEGRETOL XR 100mg	P			QLL
TEGRETOL XR 200mg, 400mg		NP		QLL
tiagabine generic		NP	PA	
TOPAMAX sprinkles		NP		QLL
TOPAMAX tabs		NP		QLL
topiramate sprinkles generic	P			QLL
topiramate er sprinkles generic	P		PA	QLL
topiramate tabs generic	P			QLL
TROKENDI XR		NP	PA	QLL
valproic acid caps		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
valproic acid syrup	P			
VIMPAT	P			QLL
VIMPAT INJ.	P		PA	QLL
ZONEGRAN		NP		
zonisamide generic	P			
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>				
citalopram generic	P			QLL
escitalopram soln., tabs generic	P			QLL
fluoxetine generic	P			QLL
fluoxetine 90mg caps generic		NP	PA	QLL
fluoxetine 10mg, 20mg tabs generic		NP	PA	QLL
fluoxetine 60mg tab generic		NP		
fluvoxamine generic	P			QLL
fluvoxamine er generic		NP	PA	QLL
LUVOX CR		NP	PA	QLL
paroxetine generic	P			QLL
paroxetine er		NP	PA	QLL
PEXEVA		NP	PA	QLL
PROZAC WEEKLY		NP	PA	QLL
SARAFEM		NP	PA	QLL
sertraline generic	P			QLL
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS</b>				
desvenlafaxine er tabs generic		NP	PA	QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
FETZIMA		NP	PA	QLL
IRENKA		NP	PA	QLL
KHEDEZLA		NP	PA	QLL
PRISTIQ		NP	PA	QLL
venlafaxine generic	P			QLL
venlafaxine ER tabs generic		NP	PA	QLL
venlafaxine ER caps generic	P			QLL
<b>MODIFIED CYCLICS</b>				
BRINTELLIX	P		PA	QLL
nefazodone generic	P			QLL
OLEPTRO		NP	PA	QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
trazodone 300mg generic		NP	PA	QLL
VIIBRYD		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>MAO INHIBITORS</b>				
EMSAM		NP	PA	QLL
MARPLAN	P			
PARNATE	P			
phenelzine generic	P			QLL
tranylcypromine generic	P			
<b>TRICYCLIC ANTIDEPRESSANTS</b>				
amitriptyline generic	P			
amoxapine generic	P			
clomipramine generic	P			
desimpramine generic	P			
doxepin generic	P			
imipramine tabs generic	P			
imipramine caps generic		NP	PA	
nortriptyline generic	P			
protriptyline generic		NP	PA	
SURMONTIL	P			
tranylcypromine generic		NP	PA	
<b>ALPHA-2 RECEPTOR ANTAGONISTS</b>				
mirtazapine, -odt generic	P			QLL
<b>MISCELLANEOUS ANTIDEPRESSANTS</b>				
APLENZIN		NP	PA	QLL
budeprion XL	P			QLL
bupropion IR generic	P			QLL
bupropion ER & SR 100mg, 150mg generic	P			QLL
bupropion SR 200mg generic	P			QLL
FORFIVO XL		NP	PA	QLL
maprotiline generic	P			QLL
<b>ANTIVERTIGO AND ANTIEMETIC DRUGS</b>				
AKYNZEO		NP	PA	QLL
ANZEMET TABS		NP	PA	QLL
ANZEMET INJECTION		NP	PA	
CESAMET		NP	PA	QLL
DICLEGIS		NP		QLL
dronabinol generic	P		PA	
EMEND CAPS		NP		QLL
granisetron generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
meclizine generic	P			
promethazine generic	P			
ondansetron generic	P			QLL
ondansetron inj. generic	P		PA	
SANCUSO		NP	PA	QLL
TRANSDERM-SCOP	P			
trimethobenzamide generic	P			
VARUBI		NP	PA	QLL
ZUPLENZ		NP	PA	QLL
<b>ANTIPARKINSON DRUGS</b>				
APOKYN	P			
AZILECT		NP		
bromocriptine generic	P			
carbidopa generic	P			QLL
carbidopa/levodopa generic	P			
carbidopa/levodopa disintegrating tablets generic		NP	PA	
carbidopa/levodopa/entacapone generic		NP	PA	
COMTAN	P			QLL
DUOPA	P			
entacapone generic		NP	PA	
MIRAPEX ER		NP	PA	QLL
NEUPRO		NP	PA	QLL
pramipexole generic	P			QLL
pramipexole er generic		NP	PA	QLL
REQUIP XL		NP	PA	QLL
ropinirole generic	P			
ropinirole er generic		NP	PA	QLL
RYTARY		NP	PA	QLL
selegiline generic	P			
STALEVO	P			
TASMAR	P			
tolcapone generic		NP	PA	
ZELAPAR		NP	PA	
<b>ATYPICAL ANTIPSYCHOTIC DRUGS</b>				
ABILIFY injection		NP		
ABILIFY	P		PA	QLL
ABILIFY DISCMELT		NP	PA	QLL
aripiprazole odt, tabs generic		NP	PA	QLL
aripiprazole oral soln. generic	P		PA	QLL
clozapine generic		NP	PA (<18 years)	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
clozapine odt generic		NP	PA	QLL
FANAPT		NP	PA	QLL
FAZACLO		NP	PA (<18 years)	QLL
GEODON capsules		NP		QLL
GEODON inj	P			
INVEGA		NP	PA	QLL
LATUDA	P		PA	QLL
olanzapine, -odt generic	P		PA (<13 years)	QLL
olanzapine inj. (short-acting) generic		NP	PA	
olanzapine/fluoxetine generic		NP	PA	QLL
paliperidone er generic		NP	PA	QLL
quetiapine generic 25mg, 50mg	P		PA***/PA (<10 years)	QLL
quetiapine generic 100mg, 200mg, 300mg, 400mg	P		PA (<10 years)	QLL
REXULTI		NP	PA	QLL
RISPERDAL M-TAB		NP		QLL
RISPERDAL TABS & SOLN		NP		QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
SAPHRIS		NP	PA	QLL
SEROQUEL		NP		QLL
SEROQUEL XR		NP	PA	QLL
SYMBYAX		NP	PA	QLL
VERSACLOZ SUSPENSION		NP	PA	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ZYPREXA		NP		QLL
ZYPREXA INJECTABLE		NP		
ZYPREXA ZYDIS		NP		QLL
<b>ATYPICAL ANTIPSYCHOTIC LONG ACTING INJECTABLES</b>				
ABILIFY MAINTENA		NP	PA	QLL
ARISTADA		NP	PA	QLL
INVEGA SUSTENNA, -TRINZA		NP	PA	QLL
RISPERDAL CONSTA		NP	PA	QLL
ZYPREXA RELPREVV		NP	PA	QLL
<b>OTHER ANTIPSYCHOTIC DRUGS</b>				
EQUETRO	P			
fluphenazine decanoate vial generic	P			QLL
haloperidol decanoate vial generic	P			QLL
molindone generic	P			
<b>CNS STIMULANT DRUGS</b>				

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ADDERALL XR		NP	PA	QLL
amphetamine salt combination generic	P		PA (≥ 21 years)	QLL
amphetamine salt combination ER generic		NP	PA	QLL
APTENSIO XR		NP	PA	QLL
DAYTRANA		NP	PA	QLL
DESOXYN		NP	PA	QLL
DEXEDRINE CAPS	P		PA (≥ 21 years)	QLL
dexmethylphenidate, -er generic		NP	PA	QLL
dextroamphetamine generic	P		PA (≥ 21 years)	QLL
dextroamphetamine er generic		NP	PA	QLL
dextroamphetamine soln. generic		NP	PA	QLL
EVEKEO		NP	PA	QLL
FOCALIN	P		PA (≥ 21 years)	QLL
FOCALIN XR	P		PA (≥ 21 years)	QLL
METADATE CD	P		PA (≥ 21 years)	QLL
METADATE ER	P		PA (≥ 21 years)	QLL
methamphetamine generic		NP	PA	QLL
METHYLIN CHEW TABS	P		PA (≥ 21 years)	QLL
METHYLIN SOLN		NP	PA	QLL
METHYLIN TABS	P		PA (≥ 21 years)	QLL
METHYLIN ER	P		PA (≥ 21 years)	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate cd (generic for Metadate CD)		NP	PA	
methylphenidate chew tabs generic		NP	PA	QLL
methylphenidate er/sr (generic for Ritalin SR)	P		PA (≥ 21 years)	QLL
methylphenidate er (generic for Ritalin LA)		NP	PA	QLL
methylphenidate sa osm (generic for Concerta; preferred manufacturer: Actavis/Watson)	P		PA (≥ 21 years)	QLL
methylphenidate solution generic		NP	PA	QLL
modafinil generic		NP	PA	QLL
NUVIGIL		NP	PA	QLL
PROCENTRA		NP	PA	QLL
PROVIGIL		NP	PA	QLL
QUILLIVANT SUSP XR	P		PA (≥ 21 years)	QLL
RITALIN LA		NP	PA	QLL
STRATTERA	P		PA (≥ 21 years)	QLL
VYVANSE	P		PA (≥ 21 years)	QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
<b>OTHER CNS/AUTONOMIC DRUGS</b>				
BUNAVAIL		NP	PA	QLL
buprenorphine generic	P		PA	QLL
buprenorphine/naloxone sl tabs generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
caffeine citrate injection 60mg/3ml generic	P			
clonidine 0.1mg er generic		NP	PA	QLL
EVZIO		NP	PA	QLL
guanfacine er generic		NP	PA	QLL
HORIZANT		NP	PA	QLL
INTUNIV	P		PA (≥ 21 years)	QLL
KAPVAY		NP	PA	QLL
MESTINON	P			
nimodipine generic	P			QLL
NYMALIZE	P		PA	QLL
ORAP	P			
pimozide generic		NP	PA	
pyridostigmine generic		NP	PA	
SUBOXONE	P		PA	QLL
VIVITROL	P		PA	QLL
XYREM		NP	PA	QLL
ZUBSOLV		NP	PA	QLL
<b>ANTIDEMENTIA DRUGS</b>				
ARICEPT, -ODT 5MG, 10MG		NP		QLL
ARICEPT 23MG		NP	PA	QLL
donepezil, -ODT generic	P			QLL
donepezil 23mg generic		NP	PA	QLL
EXELON PATCHES	P			QLL
galantamine, -er generic	P			
galantamine soln. generic		NP	PA	
memantine soln., titration pak generic		NP	PA	QLL
memantine tabs generic	P			QLL
NAMENDA SOLN., TITRATION PAK	P			QLL
NAMENDA XR		NP	PA	QLL
NAMZARIC		NP	PA	QLL
RAZADYNE, ER		NP		
RAZADYNE SOLN.	P			
rivastigmine caps generic	P			
rivastigmine patches generic		NP	PA	QLL
<b>DRUGS TO TREAT MULTIPLE SCLEROSIS</b>				
AMPYRA	P		PA	QLL
AUBAGIO		NP	PA	QLL
AVONEX	P			QLL
BETASERON		NP	PA	QLL
COPAXONE KIT 20MG/ML	P			QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
COPAXONE 40MG/ML		NP	PA	QLL
EXTAVIA	P			QLL
GILENYA		NP	PA	QLL
GLATOPA		NP	PA	QLL
PLEGRIDY		NP	PA	QLL
REBIF, REBIDOSE	P			QLL
TECFIDERA	P			QLL
<b>SMOKING CESSATION DRUGS</b>				
buproban/bupropion sr 150mg (generic Zyban)	P		PA	QLL
CHANTIX		NP	PA	QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
<b>MISCELLANEOUS</b>				
acamprosate generic		NP	PA	QLL
ACTHAR HP	P		PA	
AMPHADASE	P		PA	
BRISDELLE		NP	PA	QLL
CAMPRAL	P			QLL
CUVPOSA		NP	PA	QLL
disulfiram generic	P			QLL
HYLENEX	P		PA	
NUDEXTA		NP	PA	QLL
tetrabenazine (all generics except oceanside)		NP	PA	QLL
tetrabenazine (oceanside) generic	P		PA	QLL
VITRASE	P		PA	
<b>DERMATOLOGICAL MEDICATIONS</b>				
<b>TOPICAL CORTICOSTEROID</b>				
all topical corticosteroid generics (unless listed otherwise)	P			
alclometasone cream/oint. generic		NP	PA	
amcinonide lotion, ointment generic		NP	PA	
APEXICON E CREAM		NP	PA	
betamethasone dipropionate gel, ointment generic		NP	PA	
betamethasone dipropionate (augmented) cream, lotion, ointment generic		NP	PA	
betamethasone valerate aerosol foam 0.12%, lotion generic		NP	PA	
CAPEX SHAMPOO		NP	PA	
clobetasol emulsion foam (generic OLUX-E)		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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 emollient cream		NP	PA	
clobetasol foam (generic OLUX)		NP	PA	QLL
clobetasol cream, lotion, shampoo generic		NP	PA	
clobetasol spray generic		NP	PA	QLL
CLOBEX LOTION, -SHAMPOO		NP	PA	
CLOBEX SPRAY		NP	PA	QLL
CLODAN KIT		NP	PA	QLL
CLODERM		NP	PA	QLL
clocortolone generic		NP	PA	QLL
CORDRAN		NP	PA	QLL
CUTIVATE CREAM, OINT.		NP	PA	
DESONATE		NP	PA	
desoximetasone cream, gel, ointment generic		NP	PA	QLL
diflorasone diacetate cream and ointment generic		NP	PA	
DIPROLENE OINT		NP		
DIPROLENE LOTION		NP	PA	
DIPROLENE AF		NP		
ELOCON		NP		QLL
fluocinolone acetonide cream, ointment, scalp/body oil, solution generic		NP	PA	
fluocinonide cream 0.1% generic	P			QLL
fluocinonide ointment generic		NP	PA	
fluticasone cream, lotion, ointment generic		NP	PA	
HALOG, -E		NP	PA	
HALONATE KIT		NP	PA	QLL
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream generic		NP	PA	
hydrocortisone valerate cream, ointment generic		NP	PA	
KENALOG AEROSOL		NP	PA	
KENALOG-10,40 INJ	P			
LUXIQ		NP	PA	QLL
NEO-SYNALAR KIT		NP	PA	QLL
OLUX		NP		QLL
OLUX-E		NP	PA	QLL
PANDEL		NP	PA	
PEDIADERM HC KIT (covered < 21 yrs old)		NP	PA	QLL
PEDIADERM TA KIT (covered < 21 yrs old)		NP	PA	QLL
prednicarbate ointment generic		NP	PA	
PSORCON E		NP	PA	
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
TEXACORT SOLN		NP	PA	
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
triamcinolone acetonide spray generic		NP	PA	
TRIANEX OINTMENT		NP	PA	QLL
U-CORT		NP	PA	
ULTRAVATE X KIT		NP	PA	QLL
VERDESO		NP	PA	
<b>TOPICAL ANTIACNE DRUGS</b>				
ACANYA GEL		NP	PA	QLL
ACZONE GEL		NP	PA	
adapalene gel, cream, lotion generic		NP	PA	QLL
ATRALIN GEL	P		PA (≥ 21 years)	QLL
AZELEX	P		PA (≥ 21 years)	
AVITA	P		PA (≥ 21 years)	QLL
BENZACLIN	P			QLL
BENZAMYCIN PAK		NP	PA	
BENZEFOAM		NP	PA	QLL
benzoyl peroxide cream 5.5% generic		NP	PA	QLL
benzoyl peroxide pads generic		NP	PA	
benzoyl peroxide cleanser generic	P			
bpo, se bpo cloths generic		NP	PA	QLL
BPS gel	P			
CLINDACIN KIT PAC 1%		NP	PA	QLL
CLINDAGEL		NP	PA	
clindamycin aer 1% generic		NP	PA	
clindamycin 1% gel, lotion, topical solution generic	P			
clindamycin pads/swabs generic		NP	PA	
clindamycin-benzoyl peroxide gel 1-5% (generic for Benzacilin)		NP	PA	QLL
clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac)		NP	PA	
DIFFERIN		NP	PA (≥ 21 years)	QLL
DUAC	P			QLL
EPIDUO	P		PA (≥ 21 years)	QLL
EPIDUO FORTE		NP	PA	QLL
ERY PAD 2%		NP	PA	
erythromycin pads generic		NP	PA	
erythromycin/benzoyl peroxide gel (generic Benzamycin)	P			
EVOCLIN		NP	PA	
FABIOR AER 0.1%		NP	PA	QLL
FINACEA		NP	PA	QLL
INOVA KITS		NP	PA	QLL
KLARON	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
METROCREAM		NP		
metronidazole cream, 1% gel, lotion generic		NP	PA	
METROGEL	P			QLL
METROGEL PUMP		NP	PA	QLL
METROLOTION		NP		
NORITATE		NP		
NEUAC KIT		NP	PA	QLL
ONEXTON		NP	PA	QLL
OSCION		NP	PA	
RETIN-A GEL	P		PA (≥ 21 years)	QLL
RETIN-A MICRO		NP	PA	QLL
ROSADAN KIT		NP	PA	QLL
ROSANIL		NP	PA	
sulfacetamide sodium lotion/suspension generic		NP	PA	
SUMAXIN PADS		NP	PA	QLL
SUMAXIN WASH		NP	PA	QLL
TAZORAC	P		PA (≥ 30 years)	QLL
tretinoin cream generic	P		PA (≥ 21 years)	QLL
tretinoin gel generic		NP	PA	QLL
tretinoin microsphere gel/gel pump generic		NP	PA	QLL
VELTIN		NP	PA	QLL
ZIANA	P		PA (≥ 21 years)	QLL
<b>ORAL ANTIACNE DRUGS</b>				
ABSORICA		NP	PA	QLL
isotretinoin generic	P		PA	QLL
<b>ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>				
acitretin generic		NP	PA	QLL
calcipotriene cream generic	P			QLL
calcipotriene oint. generic		NP	PA	
calcipotriene scalp soln. generic	P			
calcitriol ointment generic		NP	PA	QLL
calcipotriene-betamethasone ointment generic		NP	PA	QLL
COSENTYX	P		PA	QLL
methoxsalen generic		NP	PA	
OXSORALEN-UL	P			
SORIATANE	P			QLL
SORILUX		NP	PA	QLL
STELARA		NP	PA	QLL
TACLONEX		NP	PA	QLL
VECTICAL		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>OTHER TOPICAL DERMATOLOGICAL DRUGS</b>				
ALDARA	P			
CARAC	P			QLL
CONDYLOX GEL	P			
diclofenac gel generic		NP	PA	QLL
EFUDEX		NP		
ELIDEL	P		PA	QLL
fluorouracil 0.5% cream generic		NP	PA	
fluorouracil 5% cream, inj., soln. generic	P			
imiquimod 5% generic	P			
latrix xm generic		NP	PA	QLL
KERAFOAM		NP	PA	
PANRETIN	P		PA	
PICATO		NP	PA	QLL
podofilox soln. generic	P			
PROTOPIC	P		PA	QLL
REGRANEX	P		PA	QLL
SANTYL		NP	PA	
SOLARAZE		NP		QLL
tacrolimus ointment generic		NP	PA	QLL
UMECTA PD		NP	PA	QLL
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
VALCHLOR GEL	P		PA	QLL
VUSION		NP	PA	
ZYCLARA		NP	PA	
<b>PEDICULOCIDES and SCABICIDES</b>				
EURAX CREAM		NP	PA	QLL
EURAX LOTION		NP	PA	QLL
LINDANE LOTION, SHAMPOO		NP	PA	QLL
malathion lotion		NP	PA	QLL
NATROBA	P		PA	QLL
OVIDE		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
SKLICE	P		PA	QLL
spinosad generic		NP	PA	QLL
ULESFIA		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>ROSACEA AGENTS</b>				
doxycycline (rosacea) 40mg cap generic		NP	PA	QLL
ORACEA		NP	PA	QLL
FINACEA		NP	PA	
FINACEA KIT		NP	PA	QLL
SOOLANTRA		NP	PA	QLL
<b>EAR-NOSE-THROAT MEDICATIONS</b>				
<b>DRUGS AFFECTING THE EAR</b>				
CERUMENEX	P			
CIPRODEX	P			QLL
CIPRO HC	P			
ciprofloxacin otic generic		NP	PA	
DERMOTIC		NP	PA	
fluocinolone (otic) oil 0.01%	P			
neomycin/polymyxin/hc generic	P			QLL
ofloxacin otic	P			
<b>DRUGS AFFECTING THE NOSE</b>				
ASTEPRO 0.15%		NP	PA	QLL
azelastine 137mcg (0.1%) generic	P			QLL
azelastine 0.15% generic		NP	PA	QLL
BECONASE AQ		NP	PA	QLL
budesonide nasal susp. generic		NP	PA	QLL
DYMISTA		NP	PA	QLL
flunisolide generic		NP	PA	QLL
fluticasone generic	P			QLL
ipratropium nasal spray generic	P			QLL
NASONEX	P			QLL
olopatadine generic		NP	PA	QLL
OMNARIS		NP	PA	QLL
PATANASE		NP	PA	QLL
QNASL		NP	PA	QLL
triamcinolone nasal spray generic		NP	PA	QLL
VERAMYST		NP	PA	QLL
ZETONNA		NP	PA	QLL
<b>DRUGS AFFECTING THE THROAT AND MOUTH</b>				
cevimeline generic	P			
pilocarpine tabs generic	P			
RADIACARE	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
SALAGEN	P			
<b>ENDOCRINE MEDICATIONS</b>				
<b>BONE OSSIFICATION AGENTS</b>				
ACTONEL		NP	PA	QLL
alendronate generic	P			QLL
alendronate oral soln generic		NP	PA	QLL
ATELVIA		NP	PA	QLL
BINOSTO		NP	PA	QLL
calcitonin nasal solution generic	P			QLL
etidronate disodium generic	P			QLL
FORTEO		NP	PA	
FORTICAL		NP	PA	QLL
FOSAMAX-D		NP	PA	QLL
FOSAMAX SOLUTION		NP	PA	QLL
ibandronate -inj., -tabs generic		NP	PA	QLL
MIACALCIN INJECTION		NP	PA	QLL
risedronate, -dr generic		NP	PA	QLL
<b>INSULIN</b>				
AFREZZA		NP	PA	
APIDRA		NP	PA	QLL
APIDRA SOLOSTAR		NP	PA	QLL
HUMALOG	P			QLL
HUMALOG KWIKPEN 200 units/ml		NP	PA	QLL
HUMALOG pens and cartridges	P		PA (≥ 21 years)	QLL
HUMALOG MIX 50/50	P			QLL
HUMALOG MIX 75/25	P			QLL
HUMULIN 70/30	P			QLL
HUMULIN N	P			QLL
HUMULIN R 100, U-500	P			QLL
HUMULIN pens and cartridges	P		PA (≥ 21 years)	QLL
LANTUS	P			QLL
LANTUS pens and cartridges	P		PA (≥ 21 years)	QLL
LEVEMIR	P			QLL
LEVEMIR FLEXPEN	P		PA (≥ 21 years)	QLL
NOVOLIN		NP	PA	QLL
NOVOLOG		NP	PA	QLL
NOVOLOG MIX		NP	PA	QLL
NOVOLOG pens and cartridges		NP	PA	QLL
TOUJEO		NP	PA	QLL
TRESIBA FLEX		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>ORAL ANTIDIABETIC AGENTS</b>				
acarbose	P			
ACTOPLUS MET XR		NP	PA	QLL
AVANDIA		NP	PA	QLL
AVANDAMET		NP	PA	QLL
chlorpropamide generic		NP	PA	
CYCLOSET		NP	PA	QLL
DUETACT		NP	PA	QLL
FARXIGA		NP	PA	QLL
FORTAMET ER		NP	PA	QLL
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
GLYSET	P			
GLYXAMBI		NP	PA	QLL
INVOKANA		NP	PA	QLL
INVOKAMET		NP	PA	QLL
JANUMET		NP	PA	QLL
JANUMET XR		NP	PA	QLL
JANUVIA		NP	PA	QLL
JARDIANCE		NP	PA	QLL
JENTADUETO	P		PA	QLL
KAZANO		NP	PA	QLL
KOMBIGLYZE	P		PA	QLL
metformin generic	P			QLL
metformin er (generic for Glucophage XR)	P			
metformin er osmotic (generic for Fortamet ER)		NP	PA	QLL
nateglinide generic		NP	PA	QLL
NESINA		NP	PA	QLL
ONGLYZA	P		PA	QLL
OSENI		NP	PA	QLL
pioglitazone generic	P			QLL
pioglitazone/glimepiride generic		NP	PA	QLL
pioglitazone/metformin generic		NP	PA	QLL
PRANDIMET		NP	PA	QLL
PRANDIN	P			QLL
repaglinide generic		NP	PA	QLL
repaglinide-metformin generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
STARLIX	P			QLL
SYNJARDY		NP	PA	QLL
tolazamide generic		NP	PA	
tolbutamide generic		NP	PA	
TRADJENTA	P		PA	QLL
XIGDUO XR		NP	PA	QLL
<b>MISC. ANTIDIABETIC AGENTS</b>				
BYDUREON	P		PA	QLL
BYETTA		NP	PA	QLL
SYMLINPEN	P		PA	QLL
TANZEUM	P		PA	QLL
TRULICITY		NP	PA	QLL
VICTOZA		NP	PA	QLL
<b>THYROID SUPPLEMENTS</b>				
ARMOUR THYROID	P			
CYTOMEL	P			
levothyroxine tabs generic	P			
levothyroxine inj. generic	P		PA	QLL
liothyronine tabs generic		NP	PA	
np thyroid 30mg, 60mg 90mg tab generic	P			
SYNTHROID		NP		
THYROLAR	P			
TIROSINT		NP	PA	
<b>MISC. ENDOCRINE DRUGS</b>				
BUPHENYL	P			QLL
CEREZYME	P		PA	
cortisone generic	P			
CERDELGA	P		PA	QLL
DDAVP NASAL	P			
DDAVP TAB		NP		
desmopressin generic	P			
dexamethasone generic	P			
DEXPAK	P			
DOSTINEX	P			QLL
ELAPRASE	P		PA	
ELELYSO	P		PA	
FLO-PRED SUSPENSION		NP	PA	
FORTEO		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
hydrocortisone generic	P			
KORLYM	P		PA	QLL
MEDROL 2mg	P			
methylprednisolone generic	P			
MILLIPRED ORAL SOLN., TABS		NP	PA	
MYALEPT	P		PA	QLL
NATPARA		NP		QLL
ORAPRED ODT		NP	PA	
ORFADIN	P			QLL
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 25mg/5ml generic	P			
prednisolone odt generic		NP	PA	
prednisone generic	P			
raloxifene generic	P			QLL
RAVICTI		NP	PA	QLL
RAYOS		NP	PA	QLL
SIGNIFOR, -LAR		NP	PA	QLL
SKELID		NP		
sodium phenylbutyrate generic		NP	PA	QLL
STRENSIQ	P		PA	
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VIMIZIM	P		PA	
VPRIV	P		PA	
ZAVESCA	P			QLL
<b>ANABOLIC STEROIDS</b>				
ANADROL-50	P		PA	
oxandrolone	P		PA	QLL
<b>GASTROINTESTINAL MEDICATIONS</b>				
<b>ANTIULCER DRUGS</b>				
cimetidine generic	P			QLL
famotidine tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
ranitidine cap generic		NP	PA	QLL
ranitidine syrup, tab generic	P			QLL
<b>PROTON PUMP INHIBITORS (PPI)</b>				
ACIPHEX TABS, SPRINKLES		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
DEXILANT		NP	PA	QLL
esomeprazole inj. generic		NP	PA	QLL
esomeprazole magnesium cap (generic Nexium)		NP	PA	QLL
esomeprazole strontium cap generic		NP	PA	QLL
lansoprazole generic		NP	PA	QLL
NEXIUM		NP	PA	QLL
NEXIUM INJ		NP	PA	QLL
omeprazole generic	P		PA	QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL
pantoprazole generic	P		PA	QLL
pantoprazole inj. generic		NP	PA	QLL
PREVACID CAPSULES		NP	PA	QLL
PREVACID SOLUTAB		NP	PA	QLL
PRILOSEC		NP	PA	QLL
PROTONIX		NP		QLL
PROTONIX INJ		NP	PA	QLL
PROTONIX PAK		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL
<b>HELICOBACTER PYLORI DRUGS</b>				
HELIDAC		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
PYLERA	P		PA	QLL
<b>OTHER GI DRUGS</b>				
ACTIGALL	P			
alosetron generic		NP	PA	QLL
AMITIZA		NP	PA	QLL
APRISO	P			
ASACOL HD		NP	PA	
AZULFIDINE EN-TAB	P			
balsalazide generic	P			
budesonide SR caps generic	P			QLL
CANASA	P			
CHOLBAM	P		PA	QLL
COLYTE	P			QLL
CORTIFOAM	P			
CREON	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
DELZICOL	P			QLL
diphenoxylate-atropine generic	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ENTOCORT EC		NP		QLL
FULYZAQ		NP	PA	QLL
GATTEX		NP	PA	QLL
GIAZO		NP	PA	QLL
GOLYTELY	P			QLL
GLYCATE		NP	PA	QLL
glycopyrrolate generic	P			
hydrocortisone acetate cream generic	P			QLL
IB STAT ORAL SPRAY		NP		QLL
KRISTALOSE		NP	PA	QLL
lactulose generic	P			
LIALDA		NP	PA	
LINZESS		NP	PA	QLL
LOTRONEX		NP		QLL
mesalamine enema generic	P			
mesalamine kit generic	P			QLL
metoclopramide generic	P			
metoclopramide odt generic		NP	PA	QLL
METOSOLV		NP	PA	QLL
MOVANTI		NP	PA	QLL
MOVIPREP	P			QLL
NULYTELY	P			QLL
pancrelipase generic	P			QLL
PANCREAZE		NP	PA	QLL
PENTASA	P			
PERTZYE		NP	PA	
polyethylene glycol generic	P			QLL
pramcort cream 1-1% generic		NP	PA	
PRAMOSONE CREAM 1%		NP	PA	
PREPOIK	P			QLL
PROCTOFOAM-HC	P			
RECTIV OINT 0.4%		NP	PA	QLL
RELISTOR	P			QLL
SFROWASA		NP	PA	
SUCLEAR	P			QLL
sulfasalazine generic	P			
SUPREP	P			QLL
ULTRESA		NP	PA	
URSO, -FORTE	P			
ursodiol generic		NP	PA	
VIKACE		NP	PA	
ZENPEP		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
<b>IMMUNOLOGICALS</b>				
ACTIMMUNE	P			
ALFERON N	P			
ARANESP		NP	PA	QLL
BIVIGAM	P		PA	
CARIMUNE NF	P		PA	
CYTOGAM	P		PA	
EPOGEN	P		PA	
FLEBOGAMMA/DIF	P		PA	
GAMASTAN	P		PA	
GAMMAGARD/SD	P		PA	
GAMMAKED	P		PA	
GAMMAPLEX	P		PA	
GAMUNEX-C	P		PA	
GRANIX		NP	PA	QLL
HEPAGAM B		NP	PA	
HIZENTRA	P		PA	
HYQVIA	P		PA	
INTRON A	P			
LEUKINE	P		PA	QLL
MOZOBIL	P		PA	
NEULASTA	P		PA	QLL
NEUMEGA	P			QLL
NEUPOGEN	P		PA	QLL
NPLATE	P		PA	
OCTAGAM	P		PA	
PRIVIGEN	P		PA	
PROCRIT	P		PA	
PROLEUKIN	P			
PROMACTA	P		PA	QLL
SYLATRON	P		PA	
SYNAGIS	P		PA	QLL
ZARXIO		NP	PA	QLL
<b>GROWTH HORMONES</b>				
EGRIFTA		NP	PA	QLL
GENOTROPIN	P		PA	
HUMATROPE		NP	PA	
NORDITROPIN, -FLEXPRO	P		PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
NUTROPIN, -AQ, -NUSPIN	P		PA	
OMNITROPE		NP	PA	
SAIZEN		NP	PA	
SEROSTIM		NP	PA	
TEV-TROPIN		NP	PA	
ZORBTIVE		NP	PA	
<b>GROWTH FACTORS</b>				
INCRELEX		NP	PA	
<b>MUSCULOSKELETAL MEDICATIONS</b>				
<b>NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>				
ARTHROTEC		NP	PA	QLL
celecoxib generic		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
DUEXIS		NP	PA	QLL
etodolac er tab generic		NP	PA	
fenoprofen calcium cap, tab generic		NP	PA	QLL
FLECTOR PAD		NP	PA	
generic NSAIDs (unless listed otherwise)	P			QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			
ketoprofen, -er generic		NP	PA	
meclofenamate sodium cap generic		NP	PA	
mefenamic acid generic		NP	PA	QLL
meloxicam suspension generic		NP	PA	QLL
meloxicam tablets generic	P			QLL
MOBIC SUSPENSION		NP	PA	QLL
NALFON		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			
oxaprozin tab generic		NP	PA	
PENNSAID		NP	PA	QLL
SPRIX		NP	PA	QLL
TIVORBEX		NP	PA	QLL
tolmetin sodium generic		NP	PA	
VIMOVO		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
VIVLODEX		NP	PA	QLL
VOLTAREN GEL		NP	PA	
ZIPSOR		NP	PA	QLL
ZORVOLEX		NP	PA	QLL
<b>OTHER DRUGS FOR ARTHRITIS</b>				
ACTEMRA		NP	PA	QLL
CUPRIMINE	P			
OTEZLA		NP	PA	QLL
OTREXUP		NP	PA	QLL
RASUVO		NP	PA	QLL
XELJANZ		NP	PA	QLL
<b>DRUGS FOR GOUT</b>				
allopurinol generic	P			
colchicine generic	P			QLL
COLCRYS		NP	PA	QLL
probenecid generic	P			
probenecid/colchicine generic	P			
ULORIC		NP	PA	QLL
<b>SKELETAL MUSCLE RELAXANTS</b>				
AMRIX		NP	PA	QLL
baclofen generic	P			
carisoprodol 250mg generic		NP	PA	QLL
carisoprodol 350mg generic	P			QLL
carisoprodol w/aspirin generic	P			
carisoprodol w/aspirin and codeine generic		NP	PA	
chlorzoxazone generic	P			
cyclobenzaprine 5mg, 10mg generic	P			QLL
cyclobenzaprine 7.5mg generic		NP	PA	QLL
dantrolene sodium generic	P			
FEXMID		NP	PA	QLL
GABLOFEN INJ.	P			
LIORESAL INJ.	P			
LORZONE		NP	PA	QLL
metaxalone generic		NP		QLL
methocarbamol generic	P			
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
SOMA 250mg		NP	PA	QLL
THERABENZAPR PAK -60	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
ZANAFLEX CAPS		NP	PA	
<b>NEUROMUSCULAR AGENTS</b>				
riluzole generic	P			QLL
<b>NUTRITION / BLOOD MODIFIERS / ELECTROLYTES</b>				
<b>END STAGE RENAL DISEASE</b>				
aluminum hydroxide generic	P		PA	
AURYXIA		NP	PA	QLL
calcitriol generic	P			
calcium acetate caps, tabs	P			
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
DEXFERRUM	P		PA	
DIALYVITE/ZINC	P		PA	
DIALYVITE SUPREME D		NP	PA	
docusate sodium/calcium	P		PA	
doxercalciferol generic		NP	PA	
ergocalciferol generic	P			
FERAHEME		NP	PA	
FERRETTES FE CHEW TABS	P			
ferric gluconate injection generic	P			
FERRLECIT		NP	PA	
folic acid 1mg generic	P			QLL
FOSRENOL		NP	PA	
HECTOROL		NP	PA	
INFED	P		PA	
INJECTAFER		NP	PA	QLL
KABIVEN		NP	PA	
levocarnitine generic	P			
magnesium carbonate generic	P		PA	
MAGNEBIND	P		PA	
NEPHPLEX RX		NP	PA	
NEPHROCAPS QT	P		PA	QLL
NEPHRON FA	P		PA	
niacin generic	P		PA	
paricalcitol generic		NP	PA	
PERIKABIVEN		NP	PA	
PHOSLYRA	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
pyridoxine (vitamin B-6) generic	P		PA	
RENAGEL	P			QLL
REVELA PAK, TAB		NP	PA	QLL
ROCALTROL	P			
sevelamer generic		NP	PA	QLL
SENSIPAR		NP	PA	
sodium bicarbonate generic	P		PA	
thiamine (vitamin B-1) generic	P		PA	
VELPHORO		NP	PA	QLL
VENOFER	P		PA	
vitamin B complex generic	P		PA	
vitamin B-12 injection generic	P			
ZEMPLAR CAPS		NP	PA	
<b>ORAL ANTICOAGULANTS, VITAMIN K</b>				
COUMADIN TABS	P			
COUMADIN INJ	P			
ELIQUIS		NP	PA	QLL
MEPHYTON	P			
PRADAXA		NP	PA	QLL
SAVAYSA		NP	PA	QLL
warfarin sodium generic	P			
XARELTO		NP	PA	QLL
<b>HEPARIN AND HEPARIN ANTAGONISTS</b>				
ARIXTRA		NP	PA	QLL
enoxaparin generic	P			QLL
fondaparinux generic		NP	PA	QLL
FRAGMIN	P			QLL
heparin generic	P			
<b>ANTIPLATELET DRUGS</b>				
AGGRENOX	P			
aspirin (enteric coated)	P			
aspirin/dipyridamole generic		NP	PA	
BRILINTA	P			QLL
cilostazol generic	P			
clopidogrel 75mg generic	P			QLL
clopidogrel 300mg generic		NP	PA	QLL
dipyridamole generic	P			
DURLAZA		NP	PA	
EFFIENT		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ticlopidine generic	P			
PLAVIX 75mg		NP		QLL
PLAVIX 300mg	P			QLL
ZONTIVITY		NP	PA	QLL
<b>CHELATING AGENT</b>				
EXJADE	P			
FERRIPROX		NP	PA	QLL
JADENU		NP	PA	QLL
SYPRINE	P			
<b>ANTIHEMOPHILIC FACTOR DRUGS</b>				
ADVATE	P			
ADYNOVATE		NP	PA	
ALPHANATE	P			
ALPHANINE	P			
ALPROLIX	P			
BEBULINE	P			
BENEFIX	P			
ELOCTATE		NP	PA	
HELIXATE	P			
HEMOFIL	P			
IXINITY		NP	PA	
KOATE	P			
KOGENATE	P			
MONOCLATE	P			
MONONINE	P			
NOVOEIGHT		NP	PA	
NUWIQ		NP	PA	
PROFILNINE	P			
RECOMBINATE	P			
RIXUBIS	P			
WILATE	P			
XYNTHA	P			
<b>PRENATAL VITAMINS</b>				
PREFERA OB TAB	P			
prenatal brands/generics with DHA (except PRENATE DHA, PRENATE ENHANCE, PRENATE ESSENTIAL, PRENATE MINI, PRENATE PIXIE, PRENATE RESTORE)		NP	PA	
prenatal brand/generics (without DHA)	P			
PRENATE DHA	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
PRENATE ELITE	P			
PRENATE ENHANCE	P			
PRENATE ESSENTIAL	P			
PRENATE MINI	P			
PRENATE PIXIE	P			
PRENATE RESTORE	P			
PRENATE STAR	P			
<b>VITAMIN AND MINERAL PRODUCTS (covered &lt;21 years old)</b>				
CORVITE	P			QLL
corvita generic		NP	PA	QLL
FERIVA	P			
FERRALET 90	P			
FUSION PLUS	P			
HEMOCYTE-F	P			
HEMOCYTE PLS	P			
INTEGRA F	P			
INTEGRA PLUS	P			
MAXARON FORTE	P			
<b>OTHER</b>				
AMICAR	P			
aminocaproic acid tabs generic	P			
BERINERT	P			
CARBAGLU	P		PA	
CINRYZE	P			
CYKLOKAPRON		NP	PA	
FIRAZYR	P			QLL
KALBITOR		NP		
KEVEYIS	P		PA	QLL
KLOR-CON	P			
KUVAN	P			
potassium chloride generic	P			
potassium citrate 5meq, 10meq generic	P			QLL
potassium citrate 15meq generic		NP	PA	QLL
SAMSCA	P			QLL
tranexamic acid inj.		NP	PA	
UROCIT-K 15		NP	PA	QLL
VELTASSA		NP	PA	QLL
<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>				
<b>MISCELLANEOUS OB/GYN DRUGS</b>				

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
CLEOCIN SUPPOSITORY		NP	PA	
clindamycin 2% cream generic	P			
CLINDESSE		NP	PA	QLL
methylergonovine generic	P			QLL
NUVESSA		NP	PA	QLL
SYNAREL	P			
tranexamic acid tab generic		NP	PA	QLL
<b>ANDROGEN DRUGS</b>				
ANADROL-50	P		PA	
ANDRODERM PATCH	P		PA	QLL
ANDROGEL GEL, PACKETS 1.62%, PUMP	P		PA	QLL
ANDROID		NP	PA	
ANDROXY	P		PA	
AXIRON		NP	PA	QLL
danazol	P		PA	
DELATESTRYL	P		PA	
DEPO-TESTOSTERONE	P		PA	
FORTESTA GEL		NP	PA	QLL
METHITEST	P		PA	
methyltestosterone cap generic		NP	PA	QLL
oxandrolone generic	P		PA	QLL
NATESTO		NP	PA	QLL
STRIANT		NP	PA	QLL
TESTRED		NP	PA	
TESTIM		NP	PA	QLL
testosterone gel generic		NP	PA	QLL
testosterone injection generic	P		PA	
VOGELXO		NP	PA	QLL
<b>ESTROGEN DRUGS</b>				
ALORA	P			QLL
CENESTIN	P			
CLIMARA	P			QLL
DIVIGEL		NP	PA	
ELESTRIN		NP	PA	
ENJUVIA	P			QLL
ESTRACE CREAM	P			QLL
estradiol patch generic		NP	PA	QLL
estradiol tabs generic	P			
ESTRASORB		NP	PA	
ESTROGEL		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
EVAMIST		NP	PA	
MENEST	P			
MINIVELLE		NP	PA	
PREMARIN	P			QLL
VIVELLE DOT	P			QLL
<b>ESTROGEN COMBINATIONS</b>				
ACTIVELLA	P			QLL
ANGELIQ	P			QLL
CLIMARA PRO PATCH	P			QLL
COMBIPATCH	P			
DUAVEE		NP	PA	QLL
estradiol/norethindrone generic		NP	PA	QLL
FEMHRT	P			QLL
FEMRING		NP		QLL
jinteli (norethindrone/estradiol 1mg-5mcg) generic	P			
norethindrone/estradiol 0.5mg-2.5mcg generic		NP	PA	QLL
PREFEST	P			
PREMPHASE	P			QLL
PREMPRO	P			QLL
<b>PROGESTIN DRUGS</b>				
CRINONE GEL		NP	PA	
MAKENA	P		PA	QLL
MEGACE ES		NP	PA	
megestrol 40mg/ml susp generic	P			
megestrol 625mg/5ml susp generic		NP	PA	
progesterone caps generic	P			
<b>CONTRACEPTIVES</b>				
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
aranelle (generic Tri-Norinyl)		NP	PA	
BEYAZ		NP	PA	QLL
camrese, -lo generic		NP	PA	QLL
CYCLESSA		NP		
DEPO-SQ PROVERA 104		NP		QLL
ELLA	P			QLL
ESTROSTEP FE	P			
FEMCON FE CHEW	P			QLL
GENERESS FE CHEW		NP	PA	QLL
gildess 24 fe generic	P			

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
gianvi generic		NP	PA	QLL
jolessa generic	P			QLL
junel fe 24 generic		NP	PA	
larin 24 fe generic	P			
leena (generic Tri-Norinyl)		NP	PA	
levonorgestrel/ethinyl estradiol (generic LoSeasonique)		NP	PA	QLL
LOESTRIN 24 FE	P			
LO LOESTRIN FE		NP	PA	QLL
lomedica 24 fe generic		NP	PA	
LO MINASTRIN FE		NP	PA	QLL
LOSEASONIQUE	P			QLL
medroxyprogesterone 150mg/ml generic	P			QLL
MINASTRIN 24 CHW FE		NP	PA	QLL
NATAZIA		NP	PA	QLL
NECON 1/50		NP	PA	
next choice 0.75mg generic (covered < 17 yrs old)	P			QLL
next choice 1.5mg generic (covered < 17 yrs old)	P			QLL
norethindrone 0.35mg generic	P			
norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew)		NP	PA	QLL
norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7)	P			
norgestimate/ethinyl estradiol, tri-estaryll, tri-linyah, trinessa, tri-previfem, tri-sprintec, etc. (generic for Ortho Tri-Cyclen)	P			
NOR-QD	P			
NORINYL 1+50		NP	PA	
NUVARING	P			
ocella generic		NP	PA	
ORTHO TRI-CYCLEN LO	P			QLL
ORTHO-EVRA		NP	PA	QLL
OVCON-35		NP		
PLAN B ONE STEP (covered < 17 yrs old)	P			QLL
QUARTETTE		NP	PA	QLL
quasense generic	P			QLL
SAFYRAL		NP	PA	QLL
SEASONALE		NP		QLL
SEASONIQUE	P			QLL
tri-legest/tilia fe generic		NP	PA	
wymza fe chew (generic for Femcon FE Chew)		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
YASMIN		NP	PA	
YAZ		NP	PA	QLL
xulane (norelgestromin-ethinyl estradiol) generic		NP	PA	QLL
zarah generic		NP	PA	
zenchent fe chew (generic for Femcon FE Chew)		NP	PA	QLL
zeosa chew generic		NP	PA	
ZOVIA 1/50E		NP	PA	
<b>OPHTHALMIC MEDICATIONS</b>				
<b>OPHTHALMIC QUINOLONES</b>				
BESIVANCE		NP	PA	QLL
CILOXAN ophth. oint.	P			
ciprofloxacin HCL drops	P			QLL
gatifloxacin ophth. soln. generic		NP	PA	QLL
levofloxacin 0.5% ophth generic		NP	PA	QLL
MOXEZA	P			QLL
ofloxacin drops generic	P			QLL
VIGAMOX	P			QLL
ZYMAXID	P			QLL
<b>OPHTHALMIC CORTICOSTEROID DRUGS</b>				
ALREX	P			QLL
DUREZOL	P			QLL
FML-FORTE	P			QLL
LOTEMAX GEL	P			QLL
LOTEMAX SUSP	P			QLL
LOTEMAX OINT	P			QLL
VEXOL	P			QLL
<b>OPHTHALMIC COMBINATIONS</b>				
FML-S	P			
MAXITROL SUSP.	P			
neomycin/polymyxin/hc ophth. susp. generic	P			QLL
TOBRADEX	P			QLL
TOBRADEX ST	P			QLL
tobramycin/dexamethasone generic		NP	PA	QLL
ZYLET	P			
<b>ORAL ANTIGLAUCOMA DRUGS</b>				
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
DIAMOX SEQUELS		NP		QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>TOPICAL ANTIGLAUCOMA DRUGS</b>				
ALPHAGAN-P 0.1%	P			QLL
ALPHAGAN-P 0.15%	P			QLL
apraclonidine 0.5%		NP	PA	
AZOPT	P			
BETAGAN		NP		
betaxolol generic	P			
BETIMOL		NP	PA	
BETOPTIC S	P			
bimatoprost generic		NP	PA	QLL
brimonidine 0.2% generic	P			
brimonidine 0.15% generic		NP	PA	QLL
carteolol hcl generic	P			
COMBIGAN 5ml	P			QLL
COMBIGAN 10ml		NP	PA	QLL
COSOPT		NP		QLL
COSOPT PF		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
IOPIDINE	P			
ISOPTO CARBACHOL	P			
ISTALOL		NP	PA	
latanoprost generic	P			QLL
levobunolol hcl generic	P			
LUMIGAN	P			QLL
metipranolol generic	P			
PHOSPHOLINE IODIDE	P			
pilocarpine ophthalmic generic	P			
PILOPINE H.S.	P			
SIMBRINZA	P			QLL
timolol maleate generic	P			
TIMOPTIC/XE		NP		
TIMOPTIC OCUDOSE		NP	PA	
TRAVATAN Z	P			QLL
travoprost generic		NP	PA	
TRUSOPT		NP		
XALATAN		NP		QLL
ZIOPTAN	P			QLL
<b>OPHTHALMIC ANTIHISTAMINES</b>				
azelastine ophth. generic		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
BEPREVE	P			QLL
ELESTAT		NP	PA	QLL
EMADINE		NP	PA	QLL
epinastine generic		NP	PA	QLL
LASTACAFT		NP	PA	QLL
olopatadine 0.1% soln. generic		NP	PA	QLL
PATADAY	P			QLL
PATANOL	P			QLL
PAZEO	P			QLL
<b>OPHTHALMIC MAST CELL STABILIZERS</b>				
ALOCRIIL		NP	PA	QLL
ALOMIDE		NP	PA	QLL
CROLOM		NP		QLL
cromolyn sodium generic	P			QLL
<b>OTHER OPHTHALMIC DRUGS</b>				
ACULAR		NP		QLL
ACULAR LS		NP		QLL
ACUVAIL		NP	PA	QLL
atropine sulfate ophthalmic soln. generic	P			
AZASITE		NP	PA	
bromfenac ophth soln generic		NP	PA	QLL
CYCLOGYL 1%		NP		
CYCLOGYL 0.5%, 2%	P			
cyclopentol 1% ophth soln generic	P			
cyclopentol 2% ophth soln generic		NP	PA	
CYSTARAN	P			QLL
diclofenac ophth soln generic		NP	PA	
flurbiprofen ophth susp generic	P			
ILEVRO	P			QLL
ketorolac ophthalmic generic	P			QLL
NEVANAC		NP	PA	
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
PROLENSA		NP	PA	QLL
RESTASIS	P			QLL
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide ophthalmic drops generic	P			
tobramycin ophthalmic generic	P			
trifluridine generic	P			
ZIRGAN		NP	PA	QLL

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
<b>RESPIRATORY MEDICATIONS</b>				
<b>BRONCHODILATORS AND RELATED DRUGS</b>				
albuterol for nebulization generic 2.5mg/3ml, 5mg/ml	P			QLL
albuterol for nebulization generic 0.63mg/3ml, 1.25mg/3ml		NP	PA	QLL
albuterol sulfate tabs generic		NP	PA	
ARCAPTA		NP	PA	QLL
BROVANA	P			
ELIXOPHYLLIN ELIXIR	P			
FORADIL	P			QLL
levalbuterol neb generic		NP	PA	QLL
PERFOROMIST		NP	PA	QLL
PROAIR HFA		NP	PA	QLL
PROAIR RESPICLICK		NP	PA	QLL
PROVENTIL FOR NEBULIZATION		NP		QLL
PROVENTIL HFA	P			QLL
SEREVENT DISKUS	P			QLL
STRIVERDI RESPIMAT		NP	PA	QLL
theophylline generic	P			
theophylline elixir generic		NP		
UNIPHYL		NP		
VENTOLIN HFA		NP	PA	QLL
XOPENEX		NP	PA (> 8 years)	QLL
XOPENEX HFA		NP	PA	QLL
<b>COPD ANTICHOLINERGICS</b>				
albuterol/ipratropium neb soln generic	P			QLL
ANORO ELLIPTA		NP	PA	QLL
ATROVENT HFA	P			QLL
COMBIVENT RESPIMAT	P			QLL
INCRUSE ELLIPTA		NP	PA	QLL
ipratropium inhalation solution generic	P			QLL
SEEBRI NEOHALER		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT	P			QLL
STIOLTO RESPIMAT		NP	PA	QLL
TUDORZA		NP	PA	QLL
UTIBRON NEOHALER		NP	PA	QLL
<b>INHALED STEROIDS/PULMONARY ANTIINFLAMMATORY DRUGS</b>				

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
ADVAIR DISKUS	P			QLL
ADVAIR HFA		NP	PA	QLL
AEROSPAN	P			QLL
ALVESCO		NP	PA	QLL
ARNUITY ELLIPTA		NP	PA	QLL
ASMANEX HFA		NP	PA	QLL
ASMANEX TWISTHALER 110mcg	P		PA (≥ 12 years)	QLL
ASMANEX TWISTHALER 220mcg	P			QLL
BREO ELLIPTA		NP	PA	QLL
budesonide inhalation susp		NP	PA	QLL
DULERA		NP	PA	QLL
FLOVENT DISKUS/HFA	P			QLL
PULMICORT FLEXHALER	P			QLL
PULMICORT RESPULES	P			QLL
QVAR	P			QLL
SYMBICORT	P			QLL
<b>LEUKOTRIENE MODIFIERS</b>				
ACCOLATE	P		PA	QLL
montelukast generic	P		PA	QLL
zafirlukast generic		NP	PA	QLL
ZYFLO CR, IR		NP	PA	QLL
<b>ANTIHISTAMINE AND DECONGESTANT DRUGS</b>				
ARBINOXA		NP	PA	
carbinoxamine generic	P			
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
CLARINEX-D	P		PA	QLL
CLARINEX SYRUP		NP	PA (≥ 2 yr old)	QLL
desloratadine tab generic		NP	PA	QLL
desloratadine ODT generic	P		PA	QLL
KARBINAL ER		NP	PA	QLL
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
loratadine, -D generic OTC	P			QLL
SEMPREX-D	P			
XYZAL SYRUP		NP		QLL
<b>ALPHA-1 PROTEINASE INHIBITORS</b>				
ARALAST-NP	P		PA	
GLASSIA	P		PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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
PROLASTIN-C	P		PA	
ZEMAIRA	P		PA	
<b>OTHER RESPIRATORY DRUGS</b>				
ADRENALICK		NP	PA	QLL
ALLFEN	P			
AUVI-Q		NP	PA	QLL
DALIRESP		NP	PA	QLL
EPIPEN	P			QLL
epinephrine 0.15mg, 0.3mg injection generic		NP	PA	QLL
ESBRIET		NP	PA	QLL
GRASTEK		NP	PA	QLL
KALYDECO	P		PA	QLL
OFEV		NP	PA	QLL
ORALAIR		NP	PA	QLL
ORKAMBI	P		PA	QLL
RAGWITEK		NP	PA	QLL
<b>UROLOGICAL/RENAL MEDICATIONS</b>				
CALCIBIND	P			
CYSTAGON	P			
DITROPAN TABS/SYRUP		NP		
ELMIRON	P			
ENABLEX		NP	PA	QLL
flavoxate generic	P			QLL
GELNIQUE		NP	PA	QLL
methenamine generic	P			
methenamine hippurate generic		NP	PA	
MONUROL	P			
MYRBETRIQ		NP	PA	QLL
oxybutynin generic	P			QLL
oxybutynin ER generic	P			QLL
OXYTROL	P			QLL
PROCYSBI		NP	PA	
tolterodine, -er generic		NP	PA	QLL
TOVIAZ	P			QLL
trospium generic		NP	PA	QLL
trospium er generic		NP	PA	QLL
URELLE		NP	PA	
URIMAR-T		NP	PA	
URIN D/S	P			
UR N-C		NP	PA	

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective March 1, 2016**

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.

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
UROGESIC BLUE		NP	PA	QLL
VESICARE	P			QLL
<b>DRUGS FOR BPH</b>				
alfuzosin generic	P			QLL
AVODART		NP	PA	QLL
CARDURA XL		NP	PA	
CIALIS 2.5MG, 5MG		NP	PA	QLL
dutasteride generic		NP	PA	QLL
dutasteride-tamsulosin generic		NP	PA	QLL
finasteride generic	P			QLL
FLOMAX		NP		QLL
JALYN		NP	PA	QLL
PROSCAR		NP		QLL
RAPAFLO		NP	PA	QLL
tamsulosin generic	P			QLL
<b>DIABETIC SUPPLIES</b>				
<b>METERS</b> -Abbott select brands are covered through manufacturer	n/a	n/a	n/a	n/a
<b>TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES</b> -for a complete list of covered diabetic supplies, please refer to <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a> → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a

PA\*\* Requires PA if contingent therapy protocols not met

PA\*\*\* Requires PA based on dose