Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ANTIINFECTIVES				
ANTIBACTERIAL DRUGS				
amoxicillin 775mg generic		NP	PA	QLL
amox/clavulanate IR tabs, susp generic	P			QLL
amox/clavulanate chew tabs		NP	PA	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			
ARIKAYCE	P		PA	QLL
AUGMENTIN 125mg/5ml SUSPENSION		NP	PA	QLL
AVYCAZ		NP	PA	QLL
AZACTAM		NP	PA	
azithromycin generic	P			QLL
aztreonam generic	P		PA	
BETHKIS	P			QLL
CAYSTON	P			QLL
cefaclor er generic		NP	PA	QLL
cefaclor caps generic	P			QLL
cefaclor oral suspension generic		NP	PA	QLL
cefadroxil caps, suspension generic	P			QLL
cefadroxil tabs generic		NP	PA	QLL
cefazolin iv generic	P			
cefdinir	P			QLL
cefixime suspension generic		NP	PA	QLL
ceftriaxone generic	P			
cefpodoxime generic		NP	PA	QLL
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
ciprofloxacin suspension generic	P			QLL
clarithromycin/ER generic	P			QLL
clarithromycin susp.	P			QLL
CLEOCIN 75MG CAPS	P			
clindamycin caps generic	P			
clindamycin for oral solution generic	P			QLL
clindamycin in D5W injection generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
clindamycin in NaCl 0.9% injection generic	P			
clindamycin injection 150MG/ML (900MG/6ML) generic	P			
DIFICID		NP	PA	QLL
DORYX, -MPC		NP	PA	QLL
doxycycline hyclate 20mg, 100mg generic	P			
doxycycline hyclate 75mg, 150mg generic		NP	PA	
doxycycline hyclate delayed release tabs		NP	PA	QLL
doxycycline monohydrate 50mg, 100mg caps, 75mg, 100mg, 150mg tabs generic	P			
doxycycline monohydrate 75mg, 150mg caps generic		NP	PA	
doxycycline suspension generic	P			
DYNAPEN SUSP	P			
ERYPED 400mg/5ml suspension		NP	PA	QLL
ERY-TAB		NP	PA	QLL
ERYTHROCIN		NP	PA	QLL
erythromycin cap, tab generic		NP	PA	QLL
erythromycin ethylsuccinate susp. 200mg/5ml generic		NP	PA	QLL
erythromycin ethylsuccinate/E.E.S. 400mg tab generic		NP	PA	QLL
FLAGYL CAPS		NP	PA	
GANTRISIN PEDIATRIC	P			
KEFLEX 750mg	P			QLL
KITABIS PAK	P			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
LINCOCIN	P			
metronidazole IR tabs generic	P			
metronidazole caps generic		NP	PA	
minocycline caps generic	P			
minocycline IR, SR tab generic		NP	PA	QLL
MINOLIRA		NP	PA	QLL
MORGIDOX KIT		NP	PA	QLL
MOXATAG		NP	PA	QLL
moxifloxacin generic	P			QLL
nitrofurantoin caps generic	P			
nitrofurantoin suspension generic		NP	PA	QLL
NUZYRA INJ.		NP	PA	
NUZYRA TABS		NP	PA	QLL
ofloxacin generic	P			QLL
paromomycin generic		NP	PA	
PCE		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic		NP	PA	
SOLODYN		NP	PA	QLL
SOLOSEC		NP	PA	
SPECTRACEF		NP	PA	QLL
streptomycin inj. generic	P			QLL
sulfadiazine tab generic		NP	PA	
sulfamethoxazole-trimethoprim susp. 200mg-40mg/5ml generic (except 00121-0853-**)	P			
SUPRAX CAPS		NP	PA	QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
TOBI PODHALER		NP	PA	QLL
tobramycin 40mg/ml inj. generic	P			QLL
tobramycin nebulizer generic		NP	PA	QLL
UNASYN 15GM		NP	PA	
VIBRAMYCIN SYRUP	P			
XENLETA inj., tab		NP	PA	QLL
ZERBAXA		NP	PA	
ZOSYN	P			
TOPICAL ANTIBACTERIAL DRUGS				
CORTISPORIN CREAM, -OINT.	P			QLL
gentamicin cream, -oint. generic	P			
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
ANTIMYCOBACTERIAL DRUGS				
cycloserine generic	P			
ethambutol generic	P			
isoniazid generic	P			
PRETOMANID	P		PA	
PRIFTIN	P			
pyrazinamide generic	P			
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
SIRTURO	P		PA	QLL
TRECATOR	P			
ANTIFUNGAL DRUGS				
AMBISOME INJ.		NP	PA	
CANCIDAS INJ.		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
clotrimazole troche generic	P			
CRESEMBA CAPS		NP	PA	QLL
fluconazole generic	P			
fluconazole/nacl inj. generic	P		PA	
fluconazole 150mg tab generic	P			QLL
flucytosine generic		NP	PA	
griseofulvin oral susp generic	P		PA	
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin ultramicrosize tab generic		NP	PA	QLL
itraconazole generic	P		PA	QLL
MYCAMINE	P			QLL
NOXAFIL		NP	PA	QLL
ONMEL		NP	PA	QLL
ORAVIG		NP	PA	QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
terbinafine tab generic	P			
VFEND SUSP		NP	PA	
voriconazole generic		NP	PA	
TOPICAL ANTIFUNGALS				
BENSAL HP		NP	PA	
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	
clotrimazole/betamethasone lotion generic		NP	PA	
CNL8 NAIL KIT		NP	PA	QLL
econazole generic	P			QLL
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	
ketoconazole cream, shampoo	P			
ketocon plus kit generic		NP	PA	QLL
LOPROX KIT		NP	PA	QLL
LUZU		NP	PA	QLL
MENTAX		NP		
miconazole generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
MONISTAT 1	P			QLL
naftifine generic		NP	PA	QLL
nystatin cream	P			
nystatin/triamcinolone cream generic		NP	PA	
nystatin/triamcinolone ointment generic	P			
OXISTAT		NP		
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
terconazole generic	P			QLL
ANTIRETROVIRALS & PROTEASE INHIBITORS				
abacavir tabs generic	P			QLL
abacavir/lamivudine generic	P			
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
APTIVUS		NP	PA	
atazanavir generic	P			
ATRIPLA	P			
BIKTARVY	P			QLL
CIMDUO	P			QLL
COMPLERA		NP	PA	QLL
CRIXIVAN		NP	PA	
DELSTRIGO		NP	PA	
DESCOVY	P			QLL
DOVATO	P			QLL
EDURANT	P		PA	QLL
EMTRIVA	P			
EPIVIR SOLN	P			QLL
EVOTAZ	P		PA	QLL
FUZEON		NP	PA	QLL
GENVOYA	P			QLL
INTELENCE		NP	PA	QLL
INVIRASE		NP	PA	
ISENTRESS, -HD	P		PA	QLL
JULUCA	P			QLL
KALETRA	P			QLL
lamivudine soln. generic	P			QLL
lamivudine generic	P			QLL
lamivudine/zidovudine generic	P			QLL
LEXIVA		NP	PA	
nevirapine suspension generic		NP	PA	QLL
nevirapine tabs generic	P			QLL
nevirapine er generic		NP	PA	QLL
NORVIR POWDER PACKETS		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
NORVIR SOLN, TABS	P			
ODEFSEY	P		PA	QLL
PIFELTRO		NP	PA	
PREZCOBIX	P		PA	QLL
PREZISTA	P		PA	
RESCRIPTOR	P			
REYATAZ POWDER PACKET		NP	PA	
ritonavir tabs generic		NP	PA	
SELZENTRY		NP	PA	
stavudine		NP		
STRIBILD		NP	PA	QLL
SUSTIVA	P			
SYMFI		NP	PA	QLL
SYMFI LO		NP	PA	QLL
SYMTUZA	P			QLL
TEMIXYS		NP	PA	QLL
tenofovir disoproxil fumarate 300mg tabs	P			QLL
TIVICAY	P			QLL
TRIUMEQ	P			QLL
TRIZIVIR	P			QLL
TRUVADA	P			QLL
TYBOST	P		PA	QLL
VIDEX SOLN.		NP	PA	
VIDEX EC	P			
VIRACEPT	P			
VIRAMUNE SUSPENSION	P			QLL
VIREAD POWDER, 150mg, 200mg, 250mg TABS	P			QLL
VITEKTA		NP	PA	QLL
ZIAGEN SOLN.	P			
zidovudine generic	P			
HEPATITIS AGENTS				
adefovir generic		NP	PA	QLL
BARACLUDE SOLN.	P			QLL
entecavir generic	P			QLL
EPCLUSA	P		PA	QLL
HARVONI		NP	PA	QLL
HEPSERA	P			QLL
MAVYRET	P		PA	QLL
MODERIBA		NP	PA	
PEGASYS, -PROCLICK	P			QLL
PEG-INTRON	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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		NP	PA	
ribavirin 200mg generic	P			
SOVALDI		NP	PA	QLL
VEMLIDY		NP	PA	QLL
VOSEVI	P		PA	QLL
ZEPATIER		NP	PA	QLL
OTHER ANTIVIRAL DRUGS				
acyclovir generic	P			
CYTOVENE	P		PA	
lamivudine HBV generic	P			QLL
famciclovir generic	P			QLL
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
oseltamivir generic	P			QLL
PREVYMIS		NP	PA	QLL
RELENZA	P			QLL
rimantadine generic		NP		
SITAVIG		NP	PA	QLL
valacyclovir generic	P			QLL
valganciclovir soln. generic		NP	PA	QLL
valganciclovir tabs generic	P			QLL
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
XOFLUZA		NP	PA	
TOPICAL ANTIVIRAL DRUGS				
acyclovir ointment generic		NP	PA	QLL
DENAVIR CREAM		NP	PA	
VEREGEN OINTMENT		NP	PA	
XERESE CREAM		NP	PA	QLL
ZOVIRAX CREAM	P			QLL
ANTIINFECTIVES SPECIALIZED INDICATIONS				
albendazole generic	P		PA	
atovaquone generic	P			
atovaquone-proguanil generic		NP	PA	
BAXDELA		NP	PA	QLL
benznidazole generic	P		PA	QLL
chloroquine phosphate generic	P			
COARTEM		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
CUBICIN	P		PA	
DALVANCE		NP	PA	QLL
DAPSONE	P			
daptomycin iv soln. 350mg generic	P		PA	
DARAPRIM	P		PA	
DORIBAX		NP	PA	QLL
EGATEN	P		PA	QLL
EMVERM		NP	PA	
FIRVANQ		NP	PA	
hydroxychloroquine sulfate generic	P			
imipenem-cilastatin generic		NP	PA	
INVANZ	P		PA	
ivermectin generic	P			QLL
KRINTAFEL	P		PA	QLL
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL
MALARONE		NP	PA	QLL
mefloquine hydrochloride generic	P			
meropenem generic	P		PA	
meropenem/sodium chloride IV soln. generic		NP	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
STROMECTOL		NP	PA	QLL
TEFLARO		NP	PA	QLL
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
ANTINEOPLASTIC/				
IMMUNOSUPPRESSANT DRUGS				
abiraterone generic (except Patriot)	P		PA	QLL
AFINITOR	P		PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AGRYLIN	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ALECENSA	P		PA	QLL
ALKERAN tablets	P			
ALUNBRIG	P		PA	QLL
anastrozole generic	P			QLL
ARCALYST	P		PA	QLL
ASTAGRAF XL		NP	PA	QLL
AYVAKIT	P		PA	QLL
BALVERSA	P		PA	QLL
bexarotene generic		NP	PA	QLL
bicalutamide	P			QLL
BOSULIF	P		PA	QLL
BRAFTOVI	P		PA	QLL
BRUKINSA	P		PA	QLL
CABOMETYX	P		PA	QLL
CALQUENCE	P		PA	QLL
capecitabine generic		NP	PA	
CAPRELSA		NP	PA	QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CIMZIA		NP	PA	QLL
COMETRIQ	P		PA	QLL
COPIKTRA	P		PA	QLL
COTELLIC	P		PA	QLL
cyclophosphamide generic	P			
cyclosporine generic	P			
DEPO-PROVERA 400mg/ml	P			
DAURISMO	P		PA	QLL
ELIGARD	P			
EMCYT	P			
ENBREL	P		PA	QLL
ERLEADA	P		PA	QLL
ERIVEDGE	P		PA	QLL
ETOPOPHOS	P		PA	
etoposide capsules generic	P			
etoposide inj. generic	P		PA	
ENVARSUS XR		NP	PA	
exemestane generic	P			QLL
FARESTON	P			
FARYDAK	P		PA	QLL
FIRMAGON	P		PA	QLL
GILOTRIF	P		PA	QLL
HUMIRA	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
HYCAMTIN	P			
IBRANCE CAPS	P		PA	QLL
ICLUSIG	P		PA	QLL
IDHIFA	P		PA	QLL
ILARIS	P		PA	QLL
imatinib generic	P			QLL
IMBRUVICA	P		PA	QLL
INREBIC	P		PA	QLL
INLYTA	P		PA	QLL
IRESSA	P		PA	QLL
JAKAFI	P			QLL
KEVZARA		NP	PA	QLL
KINERET		NP	PA	QLL
KISQALI	P		PA	QLL
KISQALI 200 PAK FEMARA	P		PA	QLL
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic	P			QLL
LEUKERAN	P			
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
LORBRENA	P		PA	QLL
LONSURF	P		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			QLL
LUPRON DEPOT PEDIATRIC 11.25MG, 30MG		NP	PA	QLL
LYNPARZA	P		PA	QLL
LYSODREN	P			
MATULANE	P			
MEKINIST	P		PA	QLL
MEKTOVI	P		PA	QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic	P			QLL
MYLERAN	P			
NERLYNX	P		PA	QLL
NEXAVAR	P		PA	QLL
NILANDRON	P			
NINLARO	P		PA	QLL
NUBEQA	P		PA	QLL
octreotide generic	P		PA	
ODOMZO	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT		NP	PA	QLL
PIQRAY	P		PA	QLL
POMALYST	P		PA	QLL
PROGRAF GRANULES		NP	PA	
PURINETHOL	P			
PURIXAN		NP	PA	QLL
RAPAMUNE SOLN.	P			QLL
REVLIMID	P			QLL
RIDAURA	P			
RINVOQ ER		NP	PA	QLL
ROZLYTREK	P		PA	QLL
RUBRACA	P		PA	QLL
RYDAPT	P		PA	QLL
SANDOSTATIN LAR	P		PA	
SILIQ		NP	PA	
SIMPONI		NP	PA	QLL
sirolimus tabs generic	P			
SOMATULINE DEPOT		NP	PA	
SOMAVERT		NP	PA	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
TALZENNA	P		PA	QLL
TALTZ		NP	PA	QLL
TARCEVA	P		PA	QLL
TARGRETIN CAP	P			QLL
TARGRETIN GEL	P			QLL
TASIGNA	P		PA	QLL
TAZVERIK	P		PA	QLL
temozolomide generic	P		PA	QLL
THALOMID	P			QLL
THIOGUANINE	P			
TIBSOVO	P		PA	QLL
TOPOSAR	P		PA	
TRELSTAR LA/-DEPOT	P		PA	QLL
TREMFYA		NP	PA	QLL
tretinoin caps generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
TURALIO	P		PA	QLL
TYKERB	P			QLL
UCERIS		NP	PA	QLL
VENCLEXTA	P		PA	QLL
VERZENIO	P		PA	QLL
VITRAKVI	P		PA	QLL
VIZIMPRO	P		PA	QLL
VOTRIENT	P		PA	QLL
XALKORI	P		PA	QLL
XELODA	P			QLL
XOSPATA	P		PA	QLL
XPOVIO PAK	P		PA	QLL
XTANDI	P		PA	QLL
YONSA		NP	PA	QLL
ZEJULA	P		PA	QLL
ZELBORAF	P		PA	QLL
ZOLINZA	P		PA	
ZORTRESS		NP	PA	QLL
ZYDELIG	P		PA	QLL
ZYKADIA	P		PA	QLL
ZYTIGA 250mg	P		PA	QLL
ZYTIGA 500mg		NP	PA	QLL
CARDIOVASCULAR MEDICATIONS				
CALCIUM ANTAGONISTS				
afeditab cr generic	P			QLL
amlodipine	P			QLL
CARDIZEM LA 120mg	P			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)	P			QLL
diltiazem er, dilt-xr (generic Dilacor XR)	P			QLL
felodipine er generic	P			QLL
isradipine generic		NP	PA	QLL
KATERZIA		NP	PA	QLL
matzim la (generic Cardizem LA)		NP	PA	QLL
nicardipine generic	P			QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL
nifedipine ir generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
nifedipine sa generic	P			QLL
nisoldipine sr generic		NP	PA	QLL
verapamil generic	P			QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
CARDIAC GLYCOSIDES				
digoxin generic	P			
LANOXIN 0.0625MG, 0.1875MG		NP	PA	
LANOXIN INJ	P			
BETA-ADRENERGIC ANTAGONIST DRUGS				
all beta-adrenergic antagonists generics are preferred	P			QLL
BYSTOLIC		NP	PA	QLL
COREG CR		NP	PA	QLL
CORZIDE		NP	PA	QLL
DUTOPROL	P			QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
INNOPRAN XL		NP	PA	QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
nadolol generic	P			QLL
SOTYLIZE		NP	PA	QLL
timolol tabs generic		NP	PA	QLL
CENTRALLY ACTING ANTIHYPERTENSIVES				
CATAPRES-TTS	P			QLL
clonidine patch		NP	PA	QLL
ANGIOTENSIN CONVERTING ENZYME INHIBITORS & COMBOS				
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
captopril generic	P			QLL
captopril HCTZ generic	P			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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL
perindopril generic		NP	PA	QLL
QBRELIS	P		PA (≥12 years)	QLL
quinapril generic	P			QLL
quinapril HCTZ generic	P			QLL
ramipril caps generic	P			QLL
trandolapril generic	P			QLL
ANGIOTENSIN II RECEPTOR ANTAGONISTS & COMBOS				
amlodipine/olmesartan		NP	PA	QLL
amlodipine/valsartan generic	P		PA	QLL
amlodipine/valsartan/hctz generic	P		PA	QLL
candesartan generic		NP	PA	QLL
candesartan/hctz generic		NP	PA	QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
ENTRESTO	P		PA	QLL
eprosartan generic		NP	PA	QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
MICARDIS		NP	PA	QLL
MICARDIS HCT		NP	PA	QLL
olmesartan generic	P			QLL
olmesartan/hctz generic	P			QLL
telmisartan generic		NP	PA	QLL
telmisartan/HCTZ generic		NP	PA	QLL
telmisartan/amlodipine generic		NP	PA	QLL
TRIBENZOR		NP	PA	QLL
TWYNSTA		NP	PA	QLL
valsartan generic	P			QLL
valsartan/hctz generic	P			QLL
OTHER ANTIHYPERTENSIVES				
amlodipine/benazepril generic	P			QLL
chlorthalidone generic	P			
chlorothiazide 500mg injection generic	P			
hydrochlorothiazide generic	P			
phenoxybenzamine generic		NP	PA	
PRESTALIA		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
trandolapril/verapamil generic (except Greenstone)	P			QLL
trandolapril/verapamil (Greenstone generic)		NP	PA	QLL
VECAMYL		NP	PA	QLL
NITRATES				
GONITRO POWDER		NP	PA	QLL
isosorbide generic	P			
nitroglycerin patches generic	P			QLL
nitroglycerin lingual spray soln (generic Nitrolingual)		NP	PA	QLL
nitroglycerin sublingual tabs generic	P			
NITROMIST SPRAY		NP	PA	QLL
NITROSTAT SL TABS	P			
ANTIDYSRHYTHMIC DRUGS				
amiodarone/pacerone generic	P			
dofetilide generic	P			
MULTAQ		NP	PA	QLL
propafenone er generic	P			QLL
TONOCARD	P			
ANTILIPIDEMIC DRUGS				
ALTOPREV		NP	PA	QLL
amlodipine/atorvastatin generic		NP	PA	QLL
atorvastatin generic	P			QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
EZALLOR SPRINKLE		NP	PA	QLL
ezetimibe generic	P			QLL
fluvastatin generic		NP	PA	QLL
fluvastatin er generic		NP	PA	QLL
JUXTAPID		NP	PA	QLL
LIVALO		NP	PA	QLL
lovastatin generic	P			QLL
niacin er generic	P			QLL
omega-3-acid generic		NP	PA	QLL
PRALUENT		NP	PA	QLL
pravastatin generic	P			QLL
PREVALITE PACKETS		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
PREVALITE POWDER	P			
REPATHA		NP	PA	QLL
REPATHA PUSH INJ.		NP	PA	QLL
rosuvastatin generic	P			QLL
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
VASCEPA		NP	PA	QLL
VYTORIN (except 10-80mg)	P			QLL
VYTORIN 10-80mg	P		PA	QLL
WELCHOL		NP	PA	
XENICAL (covered 12 - 20 yrs old)	P		PA (12 yrs-20 yrs)	
ZYPITAMAG		NP	PA	QLL
FIBRIC ACID DERIVATIVES				
ANTARA		NP	PA	QLL
fenofibrate caps generic		NP	PA	QLL
fenofibrate tabs generic	P			QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
gemfibrozil generic	P			QLL
TRIGLIDE		NP	PA	QLL
OTHER CARDIOVASCULAR DRUGS				
BIDIL		NP	PA	QLL
bumetanide generic		NP	PA	
CAROSPIR		NP	PA	QLL
CORLANOR		NP	PA	QLL
eplerenone generic		NP	PA	QLL
ethacrynic acid generic		NP	PA	
methyclothiazide generic		NP	PA	
midodrine generic	P			
milrinone generic	P		PA	
NORTHERA		NP	PA	QLL
PROAMATINE	P			
ranolazine generic	P		PA	
spironolactone generic	P			QLL
triamterene generic		NP	PA	
VYNDAMAX	P		PA	QLL
VYNDAQEL	P		PA	QLL
DRUGS FOR PULMONARY HYPERTENSION				

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ADEMPAS		NP	PA	QLL
ambrisentan generic	P			QLL
epoprostenol	P			
FLOLAN		NP	PA	
OPSUMIT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
REMODULIN		NP	PA	
REVATIO SUSPENSION		NP	PA	QLL
sildenafil generic	P		PA	QLL
tadalafil (generic Adcirca)	P		PA	QLL
TRACLEER	P			QLL
TRACLEER 32mg TAB FOR ORAL SUSP		NP	PA	
TYVASO		NP	PA	QLL
UPTRAVI		NP	PA	QLL
VELETRI		NP	PA	
VENTAVIS	P		PA	QLL
DRUGS FOR PHEOCHROMOCYTOMA				
DEMSER	P			
AUTONOMIC AND CNS MEDICATIONS				
NARCOTIC ANALGESICS				
ABSTRAL		NP	PA	QLL
ACTIQ		NP	PA	QLL
ARYMO ER		NP	PA	QLL
BELBUCA		NP	PA	QLL
benzhydrocodone/acetaminophen		NP	PA	
butalbital/acetaminophen 300mg/caffeine/codeine generic		NP	PA	
butalbital/acetaminophen 325mg/caffeine/codeine generic	P			QLL
butalbital/aspirin/caffeine/codeine cap generic		NP	PA	
butorphanol nasal generic	P			QLL
BUTRANS	P			QLL
codeine tab generic		NP	PA	
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine compound tab (acetaminophen/caffeine/dihydrocodeine) generic		NP	PA	
DILAUDID 1mg/ml		NP	PA	
EMBEDA	P			QLL
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
FENTORA		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 2.5-200mg, 5-200mg, 10-200mg generic		NP	PA	
hydrocodone/ibuprofen 7.5-200mg generic	P			
hydromorphone er tabs generic		NP	PA	QLL
hydromorphone ir tabs generic	P			
hydromorphone suppositories generic		NP	PA	
HYSINGLA ER		NP	PA	QLL
IBUDONE		NP	PA	
KADIAN		NP	PA	QLL
LAZANDA		NP	PA	
levorphanol generic		NP	PA	QLL
LORTAB ELIXIR	P			QLL
meperidine solution generic		NP	PA	
meperidine tabs generic		NP	PA	
MORPHABOND ER		NP	PA	QLL
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
morphine sulfate suppositories generic		NP	PA	
NALOCET		NP	PA	
NUCYNTA		NP	PA	QLL
NUCYNTA ER		NP	PA	QLL
ONSOLIS		NP	PA	QLL
OXAYDO		NP	PA	
oxycodone concentrate generic		NP	PA	
oxycodone ir generic	P			QLL
oxycodone/aspirin tabs generic		NP	PA	
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
pentazocine/naloxone tabs generic		NP	PA	
PRIMLEV		NP	PA	
SUBSYS		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
XTAMPZA ER		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
OTHER ANALGESICS				
BUPAP (butalbital-acetaminophen tabs 50-300mg)		NP	PA	
butalbital-acetaminophen tabs 50-325mg generic	P			
butalbital-acetaminophen caps 50-300mg generic		NP	PA	
butalbital-acetaminophen-caffeine capsule generic		NP	PA	
butalbital-acetaminophen-caffeine tabs generic	P			
butalbital-aspirin-caffeine capsule	P			
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
PRIZOTRAL KIT		NP	PA	QLL
SAVELLA		NP	PA	QLL
tramadol generic (except 100mg tab)	P			QLL
tramadol/acetaminophen generic	P			QLL
tramadol er (generic Conzip, Ultram ER, Ryzolt)		NP	PA	QLL
ZEBUTAL		NP	PA	
ZTLIDO		NP	PA	QLL
DRUGS TO PREVENT AND TREAT HEADACHES				
AIMOVIG		NP	PA	QLL
AJOVY	P		PA	QLL
almotriptan generic		NP	PA	QLL
CAMBIA		NP	PA	QLL
dihydroergotamine spray generic		NP	PA	QLL
eletriptan generic		NP	PA	QLL
EMGALITY 100mg		NP	PA	QLL
EMGALITY 120mg	P		PA	QLL
ERGOMAR		NP	PA	
FROVA		NP	PA	QLL
MIGERGOT		NP	PA	
MIGRANAL NS		NP	PA	QLL
naratriptan generic		NP	PA	QLL
ONZETRA XSAIL		NP	PA	QLL
rizatriptan odt generic	P			QLL
rizatriptan tab generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
sumatriptan injection		NP	PA	QLL
sumatriptan nasal spray generic	P			QLL
sumatriptan tabs generic	P			QLL
TOSYMRA		NP	PA	QLL
TREXIMET		NP	PA	QLL
ZEMBRACE SYMTOUCH INJ.		NP	PA	QLL
zolmitriptan, -odt generic		NP	PA	QLL
ZOMIG NASAL SPRAY	P			QLL
ZOMIG, -ZMT		NP	PA	QLL
ANXIOLYTICS				
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
meprobamate generic		NP	PA	
oxazepam generic	P			QLL
SEDATIVE/HYPNOTIC DRUGS				
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
HETLIOZ		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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
zolpidem sl tab generic		NP	PA	QLL
ANTIMANIA DRUGS				
lithium carbonate generic	P			
ANTICONVULSANT DRUGS				
APTIOM		NP	PA	QLL
BANZEL TABS		NP	PA	QLL
BANZEL SUSPENSION		NP	PA	QLL
BRIVIACT		NP	PA	QLL
carbamazepine ir generic	P			
carbamazepine er/sr 200mg, 400mg generic	P			QLL
carbamazepine sr 12 hr (generic Carbatrol)	P			
CELONTIN	P			
clobazam suspension generic		NP	PA	QLL
clobazam tabs generic	P			QLL
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
DIACOMIT	P		PA	QLL
diazepam rectal gel generic	P		PA (≥ 21 yrs)	QLL
divalproex sprinkles generic	P			
divalproex DR, -ER generic	P			
EPIDIOLEX	P		PA	QLL
felbamate generic		NP	PA	QLL
felbamate suspension generic		NP	PA	
FYCOMPA		NP	PA	QLL
gabapentin caps generic	P			
gabapentin solution generic	P			
gabapentin tabs generic	P			
GABITRIL		NP	PA	QLL
LAMICTAL KITS (immediate release)		NP	PA	
LAMICTAL ODT TABS, KITS		NP	PA	
LAMICTAL XR KITS		NP	PA	
lamotrigine chewable dispersable tab generic	P			QLL
lamotrigine kits (immediate release and odt)		NP	PA	QLL
lamotrigine odt generic		NP	PA	
lamotrigine tabs generic	P			QLL
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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
LYRICA CR		NP	PA	QLL
NAYZILAM		NP	PA	QLL
oxcarbazepine susp., tabs generic	P			QLL
OXTELLAR XR		NP	PA	QLL
PEGANONE	P			
PHENYTEK		NP		
phenytoin generic	P			
pregabalin soln. generic	P			QLL
primidone generic	P			
QUDEXY XR		NP	PA	QLL
SABRIL		NP	PA	QLL
STAVZOR		NP	PA	
SYMPAZAN		NP	PA	QLL
TEGRETOL XR 100mg	P			QLL
tiagabine generic		NP	PA	
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	
valproic acid syrup	P			
VIMPAT	P			QLL
VIMPAT INJ.	P		PA	QLL
zonisamide generic	P			
SELECTIVE SEROTONIN REUPTAKE INHIBITORS				
citalopram generic	P			QLL
escitalopram tabs generic	P			QLL
escitalopram soln. generic		NP	PA	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		
fluoxetine (pmdd) caps generic		NP	PA	QLL
fluvoxamine generic	P			QLL
fluvoxamine er generic		NP	PA	QLL
paroxetine generic	P			QLL
paroxetine er		NP	PA	QLL
PAXIL SUSP.		NP	PA	
PEXEVA		NP	PA	QLL
SARAFEM		NP	PA	QLL
sertraline generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS				
desvenlafaxine er tabs (generic Khedezla)		NP	PA	QLL
desvenlafaxine succinate er tabs (generic Pristiq)	P			QLL
DRIZALMA		NP	PA	QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
FETZIMA		NP	PA	QLL
venlafaxine generic	P			QLL
venlafaxine ER tabs generic		NP	PA	QLL
venlafaxine ER caps generic	P			QLL
MODIFIED CYCLICS				
nefazodone generic		NP	PA	QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
trazodone 300mg generic		NP	PA	QLL
TRINTELLIX	P		PA	QLL
VIIBRYD		NP	PA	QLL
MAO INHIBITORS				
EMSAM		NP	PA	QLL
MARPLAN		NP	PA	
phenelzine generic		NP	PA	QLL
tranylcypromine generic		NP	PA	
TRICYCLIC ANTIDEPRESSANTS				
amitriptyline generic	P			
amoxapine generic	P			
clomipramine authorized generic (Mallinckrodt)	P			
desimpramine generic	P			
doxepin generic	P			
imipramine tabs generic	P			
imipramine caps generic		NP	PA	
nortriptyline generic	P			
protriptyline generic		NP	PA	
trimipramine generic		NP	PA	
ALPHA-2 RECEPTOR ANTAGONISTS				
mirtazapine, -odt generic	P			QLL
MISCELLANEOUS ANTIDEPRESSANTS				
APLENZIN		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
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		NP	PA	QLL
SPRAVATO		NP	PA	
ANTIVERTIGO AND ANTIEMETIC DRUGS				
AKYNZEO		NP	PA	QLL
ANZEMET TABS		NP	PA	QLL
ANZEMET INJECTION		NP	PA	
CESAMET		NP	PA	QLL
COMPRO (RECTAL) SUPPOSITORY		NP	PA	
DICLEGIS	P			QLL
dimenhydrinate inj. generic		NP	PA	
doxylamine/pyridoxine generic (Analog Pharma only)	P			QLL
dronabinol generic	P		PA	
EMEND CAPS	P			QLL
EMEND SUSP		NP	PA	QLL
granisetron generic		NP	PA	QLL
meclizine generic	P			
promethazine generic	P			
promethazine 50mg rectal suppository generic		NP	PA	
ondansetron generic	P			QLL
ondansetron inj. generic	P		PA	
SANCUSO		NP	PA	QLL
SYNDROS		NP	PA	QLL
TRANSDERM-SCOP	P			
trimethobenzamide generic		NP	PA	
VARUBI		NP	PA	QLL
ZUPLENZ		NP	PA	QLL
ANTIPARKINSON DRUGS				
APOKYN		NP	PA	
AZILECT		NP		
bromocriptine generic	P			
carbidopa generic	P			QLL
carbidopa/levodopa generic	P			
carbidopa/levodopa disintegrating tablets generic		NP	PA	
carbidopa/levodopa/entacapone generic	P			
DUOPA		NP	PA	
entacapone generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
INBRIJA		NP	PA	
MIRAPEX ER		NP	PA	QLL
NEUPRO		NP	PA	QLL
NOURIANZ		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			
tolcapone generic		NP	PA	
XADAGO		NP	PA	
ZELAPAR		NP	PA	
ATYPICAL ANTIPSYCHOTIC DRUGS				
ABILIFY MYCITE		NP	PA	QLL
aripiprazole odt generic		NP	PA	QLL
aripiprazole tabs generic	P		PA (<10 years)	QLL
aripiprazole oral soln. generic		NP	PA	QLL
clozapine generic	P		PA (<18 years)	QLL
clozapine odt generic		NP	PA (<18 years)	QLL
FANAPT		NP	PA	QLL
GEODON inj	P			
LATUDA	P		PA**	QLL
NUPLAZID		NP	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
quetiapine er generic	P		PA (<10 years)	QLL
REXULTI		NP	PA	QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
SAPHRIS		NP	PA	QLL
SECUADO		NP	PA	QLL
VERSACLOZ SUSPENSION		NP	PA	QLL
VRAYLAR		NP	PA	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ZYPREXA INJECTABLE		NP		

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ATYPICAL ANTIPSYCHOTIC LONG ACTING INJECTABLES				
ABILIFY MAINTENA	P		PA	QLL
ARISTADA	P		PA	QLL
ARISTADA INITIO	P		PA	QLL
INVEGA SUSTENNA, -TRINZA	P		PA	QLL
PERSERIS		NP	PA	QLL
RISPERDAL CONSTA	P		PA	QLL
ZYPREXA RELPREVV	P		PA	QLL
OTHER ANTIPSYCHOTIC DRUGS				
EQUETRO		NP	PA	
fluphenazine decanoate vial generic	P			QLL
haloperidol decanoate vial generic	P			QLL
molindone generic	P			
CNS STIMULANT DRUGS				
ADHANSIA XR		NP	PA	QLL
ADZENYS XR		NP	PA	QLL
amphetamine er susp generic		NP	PA	
amphetamine salt combination generic	P		PA (≥ 21 years)	QLL
amphetamine salt combination ER generic		NP	PA	QLL
APTENSIO XR		NP	PA	QLL
armodafinil generic	P		PA (≥ 21 years)	QLL
atomoxetine generic	P		PA (≥ 21 years)	QLL
CONCERTA	P		PA (≥ 21 years)	QLL
COTEMPLA		NP	PA	QLL
DAYTRANA		NP	PA	QLL
DESOXYN		NP	PA	QLL
dexmethylphenidate generic	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
DYANAVEL XR SUSP.		NP	PA	QLL
EVEKEO, -ODT		NP	PA	QLL
FOCALIN XR	P		PA (≥ 21 years)	QLL
JORNAY PM		NP	PA	QLL
methamphetamine generic		NP	PA	QLL
METHYLIN SOLN	P		PA (≥ 21 years)	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate cd generic	P		PA (≥ 21 years)	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
methylphenidate chew tabs generic		NP	PA	QLL
methylphenidate 10mg er (generic for Metadate ER)	P		PA (≥ 21 years)	QLL
methylphenidate/metadate 20mg er/sr (generic for Ritalin SR)	P		PA (≥ 21 years)	QLL
methylphenidate er (generic for Ritalin LA)		NP	PA	QLL
methylphenidate sa osm (Patriot generic for Concerta)	P		PA (≥ 21 years)	QLL
methylphenidate sa osm (generic for Concerta except Patriot)		NP	PA	QLL
methylphenidate osm 72mg generic		NP	PA	QLL
methylphenidate solution generic		NP	PA	QLL
modafinil generic	P		PA (≥ 21 years)	QLL
MYDAYIS		NP	PA	QLL
QUILLICHEW ER		NP	PA	QLL
QUILLIVANT SUSP XR		NP	PA	QLL
RITALIN LA 10mg		NP	PA	QLL
SUNOSI		NP	PA	QLL
VYVANSE	P		PA (≥ 21 years)	QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
OTHER CNS/AUTONOMIC DRUGS				
BUNAVAIL		NP	PA	QLL
buprenorphine generic	P			QLL
buprenorphine/naloxone sl tabs generic		NP	PA	QLL
caffeine citrate injection 60mg/3ml generic	P			
clonidine 0.1mg er generic		NP	PA	QLL
FIRDAPSE	P		PA	QLL
guanfacine er generic	P		PA (≥ 21 years)	QLL
HORIZANT		NP	PA	QLL
MESTINON	P			QLL
naloxone injection generic	P			
NARCAN SPRAY	P		PA	
nimodipine generic	P			QLL
NYMALIZE	P		PA	QLL
pimozide generic	P			
pyridostigmine generic		NP	PA	QLL
RUZURGI	P		PA	QLL
SUBOXONE	P			QLL
TEGSEDI		NP	PA	QLL
VIVITROL	P			QLL
XYREM		NP	PA	QLL
ZUBSOLV		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ANTIDEMENTIA DRUGS				
donepezil, -ODT generic	P			QLL
donepezil 23mg generic		NP	PA	QLL
EXELON PATCH	P			QLL
galantamine , -er generic	P			
memantine soln. generic		NP	PA	QLL
memantine tabs, titration pak generic	P			QLL
memantine er caps generic		NP	PA	QLL
NAMZARIC		NP	PA	QLL
rivastigmine caps generic	P			
DRUGS TO TREAT MULTIPLE SCLEROSIS				
AUBAGIO	P			QLL
AVONEX	P			QLL
BETASERON		NP	PA	QLL
COPAXONE KIT 20MG/ML	P			QLL
COPAXONE 40MG/ML		NP	PA	QLL
dalfampridine generic	P		PA	QLL
EXTAVIA		NP	PA	QLL
GILENYA 0.5mg	P			QLL
GLATOPA		NP	PA	QLL
MAVENCLAD		NP	PA	QLL
MAYZENT		NP	PA	QLL
PLEGRIDY		NP	PA	QLL
REBIF, REBIDOSE	P			QLL
TECFIDERA	P			QLL
VUMERITY		NP	PA	QLL
SMOKING CESSATION DRUGS				
buproban/bupropion sr 150mg (generic Zyban)	P		PA	QLL
CHANTIX	P			QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
MISCELLANEOUS				
acamprosate generic	P			QLL
ACTHAR HP	P		PA	QLL
AMPHADASE	P		PA	
AUSTEDO	P		PA	QLL
BRISDELLE		NP	PA	QLL
CUVPOSA		NP	PA	QLL
disulfiram generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
GOCOVRI		NP	PA	QLL
HYLENEX	P		PA	
INGREZZA		NP	PA	QLL
LUCEMYRA		NP	PA	
NUEDEXTA		NP	PA	QLL
tetrabenazine generic	P		PA	QLL
VITRASE	P		PA	
DERMATOLOGICAL MEDICATIONS				
TOPICAL CORTICOSTEROID				
all topical corticosteroid generics (unless listed otherwise)	P			
alclometasone cream/oint. generic		NP	PA	
amcinonide cream, lotion, ointment generic		NP	PA	
APEXICON E CREAM		NP	PA	
BESER KIT		NP	PA	QLL
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
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	
CLODAN KIT		NP	PA	QLL
CLODERM		NP	PA	QLL
clocortolone generic		NP	PA	QLL
CORDRAN TAPE		NP	PA	QLL
CUTIVATE CREAM, OINT.		NP	PA	
DERMA-SMOOTHE FS	P			
DESONATE		NP	PA	
desonide cream, lotion, ointment generic		NP	PA	
desoximetasone cream, gel, ointment generic		NP	PA	QLL
diflorasone diacetate cream and ointment generic		NP	PA	
fluocinolone acetonide cream, ointment, solution generic		NP	PA	
fluocinolone acetonide scalp/body oil generic		NP	PA	
fluocinonide cream 0.1% generic		NP	PA	QLL
fluocinonide 0.05% cream, e cream, gel, oint., soln. generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
flurandrenolide cream, lotion, ointment generic		NP	PA	
fluticasone cream, ointment generic	P			
fluticasone lotion generic		NP	PA	
BRYHALI		NP	PA	QLL
halobetasol aerosol 0.05% generic		NP	PA	
HALOG, -E		NP	PA	
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream, lipophilic cream, ointment, solution generic		NP	PA	
hydrocortisone valerate cream, ointment generic		NP	PA	
KENALOG AEROSOL		NP	PA	
KENALOG-10,40, 80 INJ	P			
LUXIQ		NP	PA	QLL
NEO-SYNALAR KIT		NP	PA	QLL
OLUX-E		NP	PA	QLL
PANDEL		NP	PA	
prednicarbate cream, ointment generic		NP	PA	
PSORCON E		NP	PA	
SERNIVO SPRAY		NP	PA	
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
TEXACORT SOLN		NP	PA	
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL
triamcinolone acetonide spray generic		NP	PA	
TRIANEX OINTMENT		NP	PA	QLL
ULTRAVATE X KIT		NP	PA	QLL
ULTRAVATE LOTION		NP	PA	
TOPICAL ANTIACNE DRUGS				
ACANYA GEL		NP	PA	QLL
ACZONE GEL		NP	PA	
adapalene gel, cream generic		NP	PA	QLL
AKLIEF		NP	PA	QLL
AMZEEQ		NP	PA	QLL
ALTRENO LOTION		NP	PA	QLL
AZELEX	P		PA (≥ 21 years)	
AVITA	P		PA (≥ 21 years)	QLL
BENZEFOAM		NP	PA	QLL
BP 10-1 emulsion generic		NP	PA	
CLINDACIN KIT PAC 1%		NP	PA	QLL
clindamycin aer 1% generic		NP	PA	
clindamycin 1% gel, lotion, topical solution generic	P			
clindamycin pads/swabs generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
clindamycin-benzoyl peroxide gel 1-5% (generic for Benzaclin)		NP	PA	QLL
clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac)	P			
DIFFERIN		NP	PA (≥ 21 years)	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)		NP	PA	
EVOCLIN		NP	PA	
FABIOR AER 0.1%		NP	PA	QLL
FINACEA		NP	PA	QLL
INOVA KITS		NP	PA	QLL
metronidazole cream, 1% gel, lotion generic		NP	PA	
METROGEL	P			QLL
METROGEL PUMP		NP	PA	QLL
NORITATE		NP		
NEUAC Gel, KIT		NP	PA	QLL
ONEXTON		NP	PA	QLL
OSCION		NP	PA	
RETIN-A MICRO		NP	PA	QLL
ROSADAN KIT		NP	PA	QLL
sodium sulfacetamide/sulfur 10-5% aerosol, cream, emulsion generic		NP	PA	
sodium sulfacetamide/sulfur 10-4% pads generic		NP	PA	
Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic		NP	PA	
sulfacetamide sodium 10% lotion/wash 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 0.01%, 0.025% generic	P		PA (≥ 21 years)	QLL
tretinoin gel 0.05% generic		NP	PA	QLL
tretinoin microsphere gel/gel pump generic		NP	PA	QLL
VELTIN		NP	PA	QLL
ZIANA		NP	PA	QLL
ORAL ANTIACNE DRUGS				
ABSORICA, -LD		NP	PA	QLL
isotretinoin generics	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ANTIPSORIASIS AND ANTIECZEMA DRUGS				
acitretin generic	P			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		NP	PA	QLL
ENSTILAR		NP	PA	QLL
methoxsalen generic		NP	PA	
OXSORALEN-UL	P			
SKYRIZI		NP	PA	QLL
SORILUX		NP	PA	QLL
STELARA 90mg/ml		NP	PA	QLL
TACLONEX		NP	PA	QLL
VECTICAL		NP	PA	QLL
OTHER TOPICAL DERMATOLOGICAL DRUGS				
CARAC	P			QLL
CONDYLOX GEL	P			
diclofenac gel generic	P			QLL
doxepin 5% cream generic		NP	PA	QLL
DUPIXENT		NP	PA	QLL
EFUDEX	P			
ELIDEL	P			QLL
EUCRISA	P			QLL
fluorouracil 5% 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		NP	PA	
PRUDOXIN		NP	PA	QLL
PROTOPIC	P			QLL
QBREXZA		NP	PA	QLL
REGRANEX	P		PA	QLL
SANTYL		NP	PA	
tacrolimus ointment generic		NP	PA	QLL
TOLAK	P			QLL
UMECTA PD		NP	PA	QLL
URAMAXIN		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
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	
ZONALON		NP	PA	QLL
ZYCLARA		NP	PA	
PEDICULOCIDES and SCABICIDES				
EURAX CREAM		NP	PA	QLL
EURAX LOTION		NP	PA	QLL
LINDANE LOTION, SHAMPOO		NP	PA	QLL
malathion lotion		NP	PA	QLL
NATROBA		NP	PA	QLL
OVIDE		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
SKLICE		NP	PA	QLL
spinosad generic		NP	PA	QLL
ROSACEA AGENTS				
doxycycline (rosacea) 40mg cap generic		NP	PA	QLL
ORACEA		NP	PA	QLL
FINACEA		NP	PA	
SOOLANTRA		NP	PA	QLL
EAR-NOSE-THROAT MEDICATIONS				
DRUGS AFFECTING THE EAR				
CERUMENEX	P			
CIPRODEX	P			QLL
CIPRO HC	P			
ciprofloxacin otic generic		NP	PA	
DERMOTIC	P			
neomycin/polymyxin/hc generic	P			QLL
ofloxacin otic generic	P			
OTOVEL		NP	PA	QLL
DRUGS AFFECTING THE NOSE				
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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
DYMISTA		NP	PA	QLL
flunisolide generic		NP	PA	QLL
fluticasone generic	P			QLL
ipratropium nasal spray generic	P			QLL
mometasone nasal spray generic		NP	PA	QLL
olopatadine generic		NP	PA	QLL
OMNARIS		NP	PA	QLL
QNASL		NP	PA	QLL
XHANCE		NP	PA	QLL
ZETONNA		NP	PA	QLL
DRUGS AFFECTING THE THROAT AND MOUTH				
cevimeline generic	P			
pilocarpine tabs generic	P			
RADIACARE	P			
SALAGEN	P			
ENDOCRINE MEDICATIONS				
BONE OSSIFICATION AGENTS				
ACTONEL 5mg, 30mg		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	
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
TYMLOS		NP	PA	
INSULIN				
AFREZZA		NP	PA	
APIDRA		NP	PA	QLL
APIDRA SOLOSTAR		NP	PA	QLL
BASAGLAR		NP	PA	QLL
FIASP		NP	PA	QLL
HUMALOG	P			QLL
HUMALOG KWIKPEN 200 units/ml		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
HUMALOG 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 U-100	P			QLL
HUMULIN R U-500 vial	P			QLL
HUMULIN R U-500 pen	P		PA (≥ 21 years)	QLL
HUMULIN pens	P		PA (≥ 21 years)	QLL
LANTUS	P			QLL
LANTUS SOLOSTAR	P			QLL
LEVEMIR	P			QLL
LEVEMIR FLEXTOUCH	P			QLL
NOVOLIN		NP	PA	QLL
NOVOLIN 70/30 FLEXPEN		NP	PA	QLL
NOVOLIN R PEN		NP	PA	QLL
NOVOLOG	P			QLL
NOVOLOG MIX pen	P		PA (≥ 21 years)	QLL
NOVOLOG MIX vial	P			QLL
NOVOLOG pens and cartridges	P		PA (≥ 21 years)	QLL
TOUJEO		NP	PA	QLL
TRESIBA FLEX, -INJ.		NP	PA	QLL
XULTOPHY		NP	PA	QLL
ORAL ANTIDIABETIC AGENTS				
acarbose	P			
ACTOPLUS MET XR		NP	PA	QLL
alogliptin 6.25mg, 12.5mg generic		NP	PA	QLL
alogliptin-metformin generic		NP	PA	QLL
alogliptin-pioglitazone generic		NP	PA	QLL
AVANDIA		NP	PA	QLL
AVANDAMET		NP	PA	QLL
chlorpropamide generic		NP	PA	
CYCLOSET		NP	PA	QLL
FARXIGA	P			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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
GLYSET	P			
GLYXAMBI		NP	PA	QLL
INVOKANA	P			QLL
INVOKAMET	P			QLL
INVOKAMET XR		NP	PA	QLL
JANUMET	P			QLL
JANUMET XR		NP	PA	QLL
JANUVIA	P			QLL
JARDIANCE	P			QLL
JENTADUETO	P			QLL
JENTADUETO XR		NP	PA	QLL
KOMBIGLYZE	P			QLL
metformin generic	P			QLL
metformin er (generic for Glucophage XR)	P			
metformin er (generic for Glumetza)	P			QLL
metformin er osmotic (generic for Fortamet ER)		NP	PA	QLL
nateglinide generic	P			QLL
NESINA 25mg		NP	PA	QLL
ONGLYZA	P			QLL
pioglitazone generic	P			QLL
pioglitazone/glimepiride generic		NP	PA	QLL
pioglitazone/metformin generic		NP	PA	QLL
PRANDIMET		NP	PA	QLL
QTERN		NP	PA	QLL
repaglinide generic	P			QLL
repaglinide-metformin generic		NP	PA	QLL
RIOMET	P			QLL
RIOMET ER		NP	PA	QLL
SEGLUROMET		NP	PA	QLL
STEGLATRO		NP	PA	QLL
STEGLUJAN		NP	PA	QLL
SYNJARDY, -XR		NP	PA	QLL
tolazamide generic		NP	PA	
tolbutamide generic		NP	PA	
TRADJENTA	P			QLL
XIGDUO XR	P			QLL
MISC. ANTIDIABETIC AGENTS				
ADLYXIN		NP	PA	QLL
BYDUREON	P		PA	QLL
BYDUREON BCISE		NP	PA	QLL
BYETTA	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
OZEMPIC		NP	PA	QLL
RYBELSUS		NP	PA	QLL
SOLIQUA		NP	PA	QLL
SYMLINPEN	P		PA	QLL
TANZEUM		NP	PA	QLL
TRULICITY		NP	PA	QLL
VICTOZA	P		PA	QLL
THYROID SUPPLEMENTS				
ARMOUR THYROID	P			
levothyroxine tabs generic	P			
levothyroxine inj. generic	P		PA	QLL
liothyronine inj. generic	P		PA	
liothyronine tabs generic	P			
np thyroid 30mg, 60mg 90mg tab generic	P			
TIROSINT		NP	PA	
MISC. ENDOCRINE DRUGS				
BAQSIMI		NP	PA	QLL
BUPHENYL	P			QLL
CEREZYME	P		PA	
cortisone generic	P			
CERDELGA	P		PA	QLL
CRYSVITA		NP	PA	
DDAVP NASAL	P			
desmopressin generic	P			
dexamethasone generic	P			
DEXPAK		NP	PA	
DOSTINEX	P			QLL
ELELYSO	P		PA	
EMFLAZA		NP	PA	QLL
FLO-PRED SUSPENSION		NP	PA	
GALAFOLD	P		PA	QLL
GVOKE PFS		NP	PA	QLL
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	PA	QLL
ORAPRED ODT		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ORFADIN	P			
ORFADIN SUSP.	P		PA	
prednisolone oral soln. 10mg/5ml		NP	PA	
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 20mg/5ml		NP	PA	
prednisolone oral soln. 25mg/5ml generic	P			
prednisolone odt generic		NP	PA	
prednisone generic	P			
raloxifene generic	P			QLL
RAVICTI		NP	PA	QLL
RAYOS		NP	PA	QLL
REVCOVI		NP	PA	
SIGNIFOR, -LAR		NP	PA	QLL
sodium phenylbutyrate generic		NP	PA	QLL
STRENSIQ	P		PA	
TAPERDEX		NP	PA	QLL
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VIMIZIM	P		PA	
VPRIV	P		PA	
ZAVESCA	P			QLL
ANABOLIC STEROIDS				
ANADROL-50	P		PA	
oxandrolone	P		PA	QLL
GASTROINTESTINAL MEDICATIONS				
ANTIULCER DRUGS				
cimetidine generic	P			QLL
famotidine inj., tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
PROTON PUMP INHIBITORS (PPI)				
ACIPHEX SPRINKLES		NP	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 GRANULES/SUSPENSION	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
omeprazole generic	P			QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL
pantoprazole generic	P			QLL
pantoprazole inj. generic		NP	PA	QLL
PREVACID SOLUTAB		NP	PA	QLL
PROTONIX PAK		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL
ZEGERID POWDER		NP	PA	QLL
HELICOBACTER PYLORI DRUGS				
HELIDAC		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
PYLERA	P		PA	QLL
OTHER GI DRUGS				
ACTIGALL	P			
alosetron generic		NP	PA	QLL
AMITIZA	P		PA	QLL
ANALPRAM-HC 1-1% CREAM		NP	PA	
APRISO	P			
balsalazide generic	P			
budesonide SR caps generic	P			QLL
CHENODAL		NP	PA	
chlordiazepoxide-clidinium generic		NP	PA	
CHOLBAM	P		PA	QLL
CLENPIQ		NP	PA	
COLYTE	P			QLL
CORTIFOAM	P			
CREON	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
DELZICOL	P			QLL
diphenoxylate-atropine generic	P			
FULYZAQ		NP	PA	QLL
GATTEX		NP	PA	QLL
GAVILYTE-H KIT		NP	PA	QLL
GIAZO		NP	PA	QLL
GOLYTELY	P			QLL
GLYCATE		NP	PA	QLL
glycopyrrolate tab generic	P			
glycopyrrolate injection, -PF generic		NP	PA	QLL
GLYRX-PF	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
hc pramoxine cream 1-1% generic		NP	PA	
hydrocortisone acetate cream generic	P			QLL
KRISTALOSE		NP	PA	QLL
lactulose generic	P			
LIALDA	P			
LINZESS	P		PA	QLL
LOTRONEX		NP		QLL
mesalamine enema generic		NP	PA	
mesalamine kit generic		NP	PA	QLL
mesalamine suppositories generic	P			
mesalamine tab generic		NP	PA	
methscopolamine generic		NP	PA	
metoclopramide generic	P			
metoclopramide odt generic		NP	PA	QLL
MOTEGRITY		NP	PA	QLL
MOTOFEN		NP	PA	
MOVANTIK	P		PA	QLL
MOVIPREP	P			QLL
MYTESI		NP	PA	QLL
NULYTELY	P			QLL
OCALIVA	P		PA	
OPIUM TINCTURE		NP	PA	
PANCREAZE		NP	PA	QLL
PENTASA	P			
PERTZYE		NP	PA	
PLENVU		NP	PA	QLL
pramcort cream 1-1% generic	P			
PRAMOSONE CREAM 1%	P			
PREPOPIK		NP	PA	QLL
PROCORT		NP	PA	
PROCTOFOAM-HC	P			
propantheline generic		NP	PA	
RECTIV OINT 0.4%		NP	PA	QLL
RELISTOR		NP	PA	QLL
SFROWASA		NP	PA	
SUCLEAR	P			QLL
sulfasalazine generic	P			
SUPREP		NP	PA	QLL
SYMPROIC		NP	PA	
TRULANCE		NP	PA	QLL
ursodiol caps generic		NP	PA	
ursodiol tabs generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
VIBERZI		NP	PA	QLL
VIOKACE		NP	PA	
XERMELO	P		PA	QLL
ZENPEP	P			QLL
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
IMMUNOLOGICALS				
ACTIMMUNE	P			QLL
ALFERON N	P			
ARANESP		NP	PA	QLL
BENLYSTA SUBCUTANEOUS SOLN.	P		PA	
BIVIGAM		NP	PA	
CARIMUNE NF		NP	PA	
CUTAQUIG		NP	PA	
CUVITRU		NP	PA	
CYTOGAM	P		PA	
DOPTELET	P		PA	
EPOGEN	P		PA	
FLEBOGAMMA/DIF		NP	PA	
FULPHILA		NP	PA	QLL
GAMASTAN, -S/D		NP	PA	
GAMMAGARD/SD	P		PA	
GAMMAKED		NP	PA	
GAMMAPLEX		NP	PA	
GAMUNEX-C	P		PA	
GRANIX 300mcg/0.5ml, 480mcg/0.8ml syringes (non-needle guard)	P		PA	QLL
HEPAGAM B		NP	PA	
HIZENTRA		NP	PA	
HYQVIA		NP	PA	
INTRON A	P			QLL
LEUKINE	P		PA	QLL
MIRCERA		NP	PA	QLL
MOZOBIL	P		PA	
MULPLETA	P		PA	
NEULASTA		NP	PA	QLL
NEUPOGEN	P		PA	QLL
NIVESTYM		NP	PA	QLL
NPLATE		NP	PA	
OCTAGAM		NP	PA	
PANZYGA		NP	PA	
PRIVIGEN		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
PROCRIT	P		PA	
PROLEUKIN	P			
PROMACTA	P		PA	QLL
RETACRIT		NP	PA	
SYLATRON	P		PA	
SYNAGIS	P		PA	QLL
TAVALISSE	P		PA	QLL
UDENYCA	P		PA	QLL
XEMBIFY		NP	PA	
ZARXIO		NP	PA	QLL
ZIEXTENZO		NP	PA	
GROWTH HORMONES				
EGRIFTA	P		PA	QLL
GENOTROPIN	P		PA	
HUMATROPE		NP	PA	
NORDITROPIN	P		PA	
NUTROPIN AQ	P		PA	
OMNITROPE		NP	PA	
SAIZEN		NP	PA	
SEROSTIM		NP	PA	
ZOMACTON		NP	PA	
ZORBTIVE		NP	PA	
GROWTH FACTORS				
INCRELEX		NP	PA	
MUSCULOSKELETAL MEDICATIONS				
NON-STEROIDAL ANTIINFLAMMATORY AGENTS				
celecoxib generic		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL
diclofenac epolamine patch 1.3% generic		NP	PA	
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
diflunisal generic		NP	PA	
DUEXIS		NP	PA	QLL
etodolac er tab generic		NP	PA	
fenoprofen calcium cap, tab generic		NP	PA	QLL
generic NSAIDs (unless listed otherwise)	P			QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
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
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
RELAFEN DS		NP	PA	QLL
salsalate generic		NP	PA	
SPRIX		NP	PA	QLL
TIVORBEX		NP	PA	QLL
tolmetin sodium generic		NP	PA	
VIMOVO		NP	PA	QLL
VIVLODEX		NP	PA	QLL
VOLTAREN GEL	P			
ZIPSOR		NP	PA	QLL
ZORVOLEX		NP	PA	QLL
OTHER DRUGS FOR ARTHRITIS				
ACTEMRA		NP	PA	QLL
CUPRIMINE	P			
OLUMIANT		NP	PA	QLL
OTEZLA		NP	PA	QLL
OTREXUP		NP	PA	QLL
RASUVO		NP	PA	QLL
XATMEP		NP	PA	QLL
XELJANZ IR (5MG, 10MG)	P		PA	QLL
XELJANZ XR - requires LOMN after at least a 30-day trial of Xeljanz (IR-5MG)	P		PA	QLL
DRUGS FOR GOUT				
allopurinol generic	P			
colchicine cap generic	P			QLL
colchicine tab generic		NP	PA	QLL
GLOPERBA		NP	PA	QLL
MITIGARE	P			QLL
probenecid generic	P			
probenecid/colchicine generic	P			
ULORIC		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
SKELETAL MUSCLE RELAXANTS				
AMRIX		NP	PA	QLL
baclofen 10mg, 20mg 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 (Par generic only)	P			
FEXMID		NP	PA	QLL
GABLOFEN INJ.	P			QLL
LIORESAL INJ.	P			
LORZONE		NP	PA	QLL
metaxalone generic		NP		QLL
methocarbamol generic	P			
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
THERABENZAPR PAK -60	P			
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
ZANAFLEX CAPS		NP	PA	
NEUROMUSCULAR AGENTS				
riluzole generic	P			QLL
TIGLUTIK		NP	PA	QLL
NUTRITION / BLOOD MODIFIERS / ELECTROLYTES				
END STAGE RENAL DISEASE				
aluminum hydroxide generic	P		PA	
AURYXIA		NP	PA	QLL
calcitriol generic	P			
calcium acetate caps	P			
calcium acetate tabs		NP	PA	
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
DIALYVITE/ZINC	P		PA	
DIALYVITE SUPREME D		NP	PA	
docusate sodium/calcium	P		PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
doxercalciferol generic		NP	PA	
ergocalciferol generic	P			
FERAHEME		NP	PA	
FERRETTES FE CHEW TABS	P			
ferric gluconate injection generic		NP	PA	
folic acid 1mg generic	P			QLL
HECTOROL		NP	PA	
INFED	P		PA	
INJECTAFER		NP	PA	QLL
INTRALIPID		NP	PA	
KABIVEN		NP	PA	
lanthanum chew tab generic		NP	PA	
levocarnitine generic	P			
magnesium carbonate generic	P		PA	
MAGNEBIND	P		PA	
NEPHPLEX RX		NP	PA	
NEPHRON FA	P		PA	
niacin generic	P		PA	
NUTRALIPID	P			
OMEGAVEN	P		PA	
paricalcitol 1mcg, 2mcg generic	P			
paricalcitol 4mcg generic		NP	PA	
PERIKABIVEN		NP	PA	
PHOSLYRA		NP	PA	
pyridoxine (vitamin B-6) inj. generic	P		PA	
RAYALDEE		NP	PA	QLL
RENAGEL	P			QLL
RENVELA TAB		NP	PA	QLL
ROCALTROL	P			
SENSIPAR		NP	PA	
sevelamer 400mg generic		NP	PA	
sevelamer powder packet generic		NP	PA	QLL
SMOFLIPID		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			
ORAL ANTICOAGULANTS, VITAMIN K				
BEVYXXA		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
COUMADIN TABS	P			
COUMADIN INJ	P			
ELIQUIS	P			QLL
MEPHYTON	P			QLL
PRADAXA	P			QLL
SAVAYSA		NP	PA	QLL
warfarin sodium generic	P			
XARELTO	P			QLL
HEPARIN AND HEPARIN ANTAGONISTS				
enoxaparin syringe generic (Winthrop/Fresenius)	P			QLL
enoxaparin vial generic (Winthrop/Fresenius)	P			QLL
fondaparinux generic		NP	PA	QLL
FRAGMIN SYRINGE		NP	PA	QLL
heparin generic	P			
ANTIPLATELET DRUGS				
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			
ticlopidine generic	P			
PLAVIX 300mg	P			QLL
prasugrel generic	P			QLL
YOSPRALA		NP	PA	QLL
ZONTIVITY		NP	PA	QLL
CHELATING AGENT				
DEPEN TITRATABS	P		PA	
EXJADE	P			QLL
FERRIPROX		NP	PA	QLL
JADENU TABS, SPRINKLES		NP	PA	QLL
SYPRINE	P			
ANTIHEMOPHILIC FACTOR DRUGS				
ADVATE	P			
ADYNOVATE		NP	PA	
AFSTYLA	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
ALPHANATE	P			
ALPHANINE	P			
ALPROLIX		NP	PA	
BEBULINE	P			
BENEFIX	P			
ELOCTATE		NP	PA	
FEIBA		NP	PA	
HEMLIBRA		NP	PA	QLL
HEMOFIL	P			
HUMATE-P		NP	PA	
IDELVION		NP	PA	
IXINITY		NP	PA	
JIVI		NP	PA	
KOGENATE FS	P			
KOVALTRY		NP	PA	
MONONINE	P			
NOVOEIGHT	P			
NOVOSEVEN RT		NP	PA	
NUWIQ	P			
PROFILNINE	P			
REBINYN		NP	PA	
RECOMBINATE		NP	PA	
RIXUBIS		NP	PA	
TRETTEN		NP	PA	
VONVENDI		NP	PA	
WILATE	P			
XYNTHA	P			
PRENATAL VITAMINS				
CITRANATAL 90 DHA	P			
CITRANATAL ASSURE	P			
CITRANATAL B-CALM	P			
CITRANATAL DHA	P			
CITRANATAL HARMONY	P			
CONCEPT DHA	P			
prenatal brands/generics with DHA	P			
prenatal brand/generics (without DHA)	P			
SELECT-OB + DHA	P			
TRICARE	P			
VITAFOL FE+	P			
VITAFOL NANO	P			
VITAFOL TAB CHEW	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
VITAFOL ULTRA	P			
VITAFOL-OB	P			
VITAFOL-OB+DHA	P			
VITAFOL-ONE	P			
VITAFOL STRIPS	P			
VITAMIN AND MINERAL PRODUCTS (covered <21 years old)				
corvita 150 generic	P			
FERIVA	P			
FERRALET 90	P			
FUSION PLUS, -SPRINKLE	P			
HEMOCYTE-F	P			
HEMOCYTE PLS	P			
INTEGRA F	P			
INTEGRA PLUS	P			
MAXARON FORTE	P			
TANDEM PLUS	P			
OTHER				
AMICAR	P			QLL
aminocaproic acid tabs generic	P			QLL
BERINERT	P			
CABLIVI		NP	PA	
CARBAGLU	P		PA	
CATHFLO ACTIVASE	P			QLL
CINRYZE		NP	PA	
DROXIA	P			
ENDARI	P		PA	QLL
FIRAZYR	P			QLL
HAEGARDA	P			
hydroxyurea generic	P			
icatibant generic	P			QLL
JYNARQUE	P		PA	QLL
KALBITOR		NP		
KEVEYIS	P		PA	QLL
KLOR-CON	P			
KUVAN	P			QLL
LOKELMA		NP	PA	
OXBRYTA		NP	PA	QLL
PALYNZIQ	P		PA	QLL
pentoxifylline generic	P			
potassium chloride generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
potassium citrate 5meq, 10meq generic	P			QLL
potassium citrate 15meq generic		NP	PA	QLL
RUCONEST		NP	PA	
SAMSCA	P			QLL
SIKLOS		NP	PA	QLL
TAKHZYRO		NP	PA	
tranexamic acid inj.		NP	PA	
UROCIT-K 15		NP	PA	QLL
VELTASSA		NP	PA	QLL
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS				
MISCELLANEOUS OB/GYN DRUGS				
CLEOCIN SUPPOSITORY		NP	PA	
clindamycin 2% cream generic		NP	PA	
CLINDESSE	P			QLL
INTRAROSA		NP	PA	
methylergonovine generic	P			QLL
NUVESSA	P			QLL
ORILISSA	P		PA	
OSPHENA		NP	PA	
SYNAREL	P			
tranexamic acid tab generic		NP	PA	QLL
ANDROGEN DRUGS				
ANADROL-50	P		PA	
ANDRODERM PATCH	P		PA	QLL
ANDROID		NP	PA	
danazol	P		PA	
DELATESTRYL	P		PA	
DEPO-TESTOSTERONE	P		PA	
JATENZO		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	
testosterone gel generic		NP	PA	QLL
testosterone gel packets (Actavis NDCs-00591-3216** and 00591-3217** and Perrigo NDCs 45802-0366-** and 45802-0754-** generics)	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
testosterone gel packets (all generics except Actavis NDCs-00591-3216** and 00591-3217** and Perrigo NDCs 45802-0366-** and 45802-0754-**)		NP	PA	QLL
testosterone gel pump (Upsher-Smith generic for Vogelxo)	P		PA	QLL
testosterone gel pump (all generics except Upsher-Smith generic for Vogelxo)		NP	PA	QLL
testosterone injection generic	P		PA	
testosterone topical soln. generic		NP	PA	QLL
XYOSTED		NP	PA	QLL
ESTROGEN DRUGS				
ALORA	P			QLL
DIVIGEL		NP	PA	QLL
ELESTRIN		NP	PA	
ESTRACE CREAM	P			QLL
estradiol patch generic	P			QLL
estradiol tabs generic	P			
ESTRASORB		NP	PA	
EVAMIST	P			
IMVEXXY		NP	PA	
MENEST	P			
MINIVELLE		NP	PA	
PREMARIN	P			QLL
VIVELLE DOT	P			QLL
yuvafem (estradiol) vaginal tab generic	P			
ESTROGEN COMBINATIONS				
ANGELIQ	P			QLL
BIJUVA		NP	PA	QLL
CLIMARA PRO PATCH	P			QLL
COMBIPATCH	P			
DUAVEE		NP	PA	QLL
estradiol/norethindrone generic	P			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
PROGESTIN DRUGS				

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
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			
CONTRACEPTIVES				
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
ANNOVERA		NP	PA	QLL
aranelle (generic Tri-Norinyl)		NP	PA	
BALCOLTRA		NP	PA	QLL
camrese, -lo generic		NP	PA	QLL
DEPO-SQ PROVERA 104		NP		QLL
drospirenone/ethinyl estradiol/levomefolate generic		NP	PA	QLL
ELLA	P			QLL
gildess 24 fe generic	P			
gianvi (drospirenone/ethinyl estradiol) generic		NP	PA	QLL
jolessa generic	P			QLL
junel fe 24 generic	P			
larin 24 fe generic	P			
leena (generic Tri-Norinyl)		NP	PA	
levonorgestrel/ethinyl estradiol (generic LoSeasonique)		NP	PA	QLL
LO LOESTRIN FE		NP	PA	QLL
lomedia 24 fe generic	P			
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			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
norgestimate/ethinyl estradiol, tri-lo estaryll, tri-lo marzia, tri-lo sprintec, etc., *except for trinessa lo,* (generic for Ortho Tri-cyclen Lo)		NP	PA	QLL
NORINYL 1+50		NP	PA	
NUVARING	P			
ocella generic		NP	PA	
PLAN B ONE STEP (covered < 17 yrs old)	P			QLL
QUARTETTE		NP	PA	QLL
quasense generic	P			QLL
SAFYRAL		NP	PA	QLL
SEASONIQUE	P			QLL
SLYND		NP	PA	QLL
tri-legest/tilia fe generic	P			
trinessa lo generic	P			QLL
wymza fe chew (generic for Femcon FE Chew)		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 (ethynodiol) generic		NP	PA	
OPHTHALMIC MEDICATIONS				
OPHTHALMIC QUINOLONES				
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
moxifloxacin ophthalmic soln. 0.5% generic	P			QLL
ofloxacin drops generic		NP	PA	QLL
ZYMAXID		NP	PA	QLL
OPHTHALMIC CORTICOSTEROID DRUGS				
ALREX	P			QLL
DUREZOL	P			QLL
FML-FORTE	P			QLL
LOTEMAX, -SM GEL		NP	PA	QLL
LOTEMAX SUSP	P			QLL
LOTEMAX OINT	P			QLL
VEXOL	P			QLL
OPHTHALMIC COMBINATIONS				

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
BLEPHAMIDE S.O.P.		NP	PA	
neomycin/polymyxin/bacitracin/hc ophth. oint. generic		NP	PA	
neomycin/polymyxin/hc ophth. susp. generic		NP	PA	QLL
neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic	P			
TOBRADEX	P			QLL
TOBRADEX ST		NP	PA	QLL
tobramycin/dexamethasone generic		NP	PA	QLL
ZYLET	P			
ORAL ANTIGLAUCOMA DRUGS				
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
TOPICAL ANTIGLAUCOMA DRUGS				
ALPHAGAN-P 0.1%	P			QLL
ALPHAGAN-P 0.15%	P			QLL
apraclonidine generic		NP	PA	
AZOPT		NP	PA	
betaxolol generic	P			
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 PF		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
IOPIDINE 1%	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		NP	PA	
PILOPINE H.S.	P			
RHOPRESSA		NP	PA	QLL
ROCKLATAN		NP	PA	
SIMBRINZA		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
timolol maleate generic	P			
TIMOPTIC OCUDOSE		NP	PA	
TRAVATAN Z	P			QLL
travoprost generic		NP	PA	
VYZULTA		NP	PA	QLL
XELPROS		NP	PA	QLL
ZIOPTAN		NP	PA	QLL
OPHTHALMIC ANTIHISTAMINES				
azelastine ophth. generic		NP	PA	QLL
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		NP	PA	QLL
PAZEO	P			QLL
OPHTHALMIC MAST CELL STABILIZERS				
ALOCRIL		NP	PA	QLL
ALOMIDE		NP	PA	QLL
cromolyn sodium generic	P			QLL
OTHER OPHTHALMIC DRUGS				
ACUVAIL		NP	PA	QLL
atropine sulfate ophthalmic soln. generic	P			
AZASITE		NP	PA	
bacitracin ophthalmic oint. generic		NP	PA	
bromfenac ophth soln generic		NP	PA	QLL
BROMSITE		NP	PA	
CEQUA		NP	PA	
CYCLOGYL 0.5%	P			
CYCLOGYL 2%		NP	PA	
cyclopentol 1%, 2% ophth soln generic	P			
CYSTARAN	P			QLL
diclofenac ophth soln generic	P			
flurbiprofen ophth susp generic	P			
ILEVRO	P			QLL
ketorolac ophthalmic generic	P			QLL
NATACYN		NP	PA	
neomycin/polymyxin/gramicidin ophthalmic soln. generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
NEVANAC		NP	PA	
OXERVATE	P		PA	QLL
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
PROLENSA		NP	PA	QLL
RESTASIS MULTIDOSE		NP	PA	QLL
RESTASIS single dose vials	P			QLL
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide ophthalmic drops generic	P			
tobramycin ophthalmic generic	P			
trifluridine generic	P			
XIIDRA		NP	PA	
ZIRGAN		NP	PA	QLL
RESPIRATORY MEDICATIONS				
BRONCHODILATORS AND RELATED DRUGS				
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 ir, er tabs generic		NP	PA	
BROVANA		NP	PA	
ELIXOPHYLLIN ELIXIR	P			
levalbuterol neb generic		NP	PA (> 8 years)	QLL
metaproterenol syrup, tabs generic		NP	PA	
PERFOROMIST		NP	PA	QLL
PROAIR DIGIHALER		NP	PA	QLL
PROAIR HFA	P			QLL
SEREVENT DISKUS	P			QLL
STRIVERDI RESPIMAT		NP	PA	QLL
terbutaline tabs generic		NP	PA	
theophylline generic	P			
XOPENEX HFA		NP	PA	QLL
COPD ANTICHOLINERGICS				
albuterol/ipratropium neb soln generic	P			QLL
ANORO ELLIPTA		NP	PA	QLL
ATROVENT HFA	P			QLL
BEVESPI		NP	PA	QLL
COMBIVENT RESPIMAT	P			QLL
DUAKLIR		NP	PA	QLL
INCRUSE ELLIPTA		NP	PA	QLL
ipratropium inhalation solution generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
LONHALA MAGNAIR		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT		NP	PA	QLL
STIOLTO RESPIMAT	P			QLL
TRELEGY ELLIPTA		NP	PA	QLL
TUDORZA		NP	PA	QLL
YUPELRI		NP	PA	QLL
INHALED STEROIDS/PULMONARY ANTIINFLAMMATORY DRUGS				
ADVAIR HFA	P			QLL
AIRDUO RESPICLICK		NP	PA	QLL
ALVESCO		NP	PA	QLL
ARMONAIR		NP	PA	QLL
ARNUITY ELLIPTA		NP	PA	QLL
ASMANEX HFA (except 50mcg)		NP	PA	QLL
ASMANEX TWISTHALER 110mcg	P		PA (≥ 12 years)	QLL
ASMANEX TWISTHALER 220mcg	P			QLL
BREO ELLIPTA		NP	PA	QLL
budesonide inhalation susp	P			QLL
DULERA (except 50-5mcg)	P			QLL
FLOVENT DISKUS/HFA	P			QLL
fluticasone/salmeterol diskus (Prasco generic for Advair Diskus)	P			QLL
fluticasone/salmeterol inhaler (generic AIRDUO)		NP	PA	
PULMICORT FLEXHALER	P			QLL
QVAR	P			QLL
QVAR REDIHALER		NP	PA	QLL
SYMBICORT	P			QLL
LEUKOTRIENE MODIFIERS				
montelukast chewables, tabs generic	P			QLL
montelukast granules generic	P		PA	QLL
zafirlukast generic		NP	PA	QLL
zileuton er generic		NP	PA	QLL
ZYFLO IR		NP	PA	QLL
ANTIHISTAMINE AND DECONGESTANT DRUGS				
carbinoxamine generic	P			
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
CLARINEX-D		NP	PA	QLL
CLARINEX SYRUP		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
desloratadine tab generic		NP	PA	QLL
desloratadine ODT generic		NP	PA	QLL
KARBINAL ER		NP	PA	QLL
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
loratadine, -D generic OTC	P			QLL
RYVENT		NP	PA	QLL
SEMPREX-D	P			
ALPHA-1 PROTEINASE INHIBITORS				
ARALAST-NP	P		PA	
GLASSIA	P		PA	
PROLASTIN-C	P		PA	
ZEMAIRA	P		PA	
OTHER RESPIRATORY DRUGS				
ALLFEN	P			
DALIRESP		NP	PA	QLL
EPIPEN, -JR.		NP	PA	QLL
epinephrine 0.15mg, 0.3mg injection generic		NP	PA	QLL
brand)	P			QLL
ESBRIET		NP	PA	QLL
FASENRA PEN		NP	PA	QLL
GRASTEK		NP	PA	QLL
KALYDECO	P		PA	QLL
NUCALA AUTO-INJECTOR		NP	PA	
OFEV	P		PA	QLL
ORALAIR		NP	PA	QLL
ORKAMBI	P		PA	QLL
PULMOZYME	P			QLL
RAGWITEK		NP	PA	QLL
SYMDEKO	P		PA	QLL
SYMJEPI		NP	PA	QLL
TRIKAFTA	P		PA	QLL
UROLOGICAL/RENAL MEDICATIONS				
CALCIBIND	P			
CYSTAGON	P			
ELMIRON	P			
ENABLEX		NP	PA	QLL
flavoxate generic		NP	PA	QLL
GELNIQUE		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective August 1, 2020

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
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	QLL
solifenacin generic	P			QLL
THIOLA EC	P		PA	QLL
tolterodine, -er generic		NP	PA	QLL
TOVIAZ	P			QLL
trospium generic		NP	PA	QLL
trospium er generic		NP	PA	QLL
URIMAR-T		NP	PA	
URIN D/S	P			
UROGESIC BLUE		NP	PA	QLL
DRUGS FOR BPH				
alfuzosin generic	P			QLL
CARDURA XL		NP	PA	
CIALIS 2.5MG, 5MG		NP	PA	QLL
dutasteride generic	P			QLL
dutasteride-tamsulosin generic		NP	PA	QLL
finasteride generic	P			QLL
JALYN		NP	PA	QLL
RAPAFLO		NP	PA	QLL
tamsulosin generic	P			QLL
DIABETIC SUPPLIES				
METERS-Abbott select brands are covered through manufacturer	n/a	n/a	n/a	n/a
TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose