

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
abacavir tabs generic	P			QLL
abacavir/lamivudine generic	P			
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
ABILIFY MAINTENA	P		PA	QLL
ABILIFY MYCITE		NP	PA	QLL
ABSORICA, -LD		NP	PA	QLL
acamprosate generic	P			QLL
ACANYA GEL		NP	PA	QLL
acarbose	P			
ACCRUFER		NP	PA	QLL
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
ACIPHEX SPRINKLES		NP	PA	QLL
acitretin generic	P			QLL
ACTEMRA		NP	PA	QLL
ACTHAR HP	P		PA (≥ 2 years)	QLL
ACTIMMUNE	P			QLL
ACTIQ		NP	PA	QLL
ACTONEL 5mg, 30mg		NP	PA	QLL
ACUVAIL		NP	PA	QLL
acyclovir generic	P			
acyclovir ointment generic		NP	PA	QLL
ACZONE GEL 7.5%		NP	PA	
adapalene gel, cream generic		NP	PA	QLL
adapalene/benzoyl peroxide 0.1-2.5% (generic Epiduo)		NP	PA	QLL
ADBRY	P		PA	QLL
ADDERALL XR	P		PA (≥ 21 years)	QLL
adefovir generic		NP	PA	QLL
ADEMPAS		NP	PA	QLL
ADHANSIA XR		NP	PA	QLL
ADLARITY		NP	PA	QLL
ADLYXIN		NP	PA	QLL
ADVAIR DISKUS	P			QLL
ADVAIR HFA (12gm package size)	P			QLL
ADVATE	P			
ADYNOVATE		NP	PA	
ADZENYS XR		NP	PA	QLL
AEMCOLO		NP	PA	QLL
afeditab cr generic	P			QLL
AFINITOR	P		PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AFREZZA		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
AFSTYLA	P			
AGRYLIN	P			
AIMOVIG	P		PA	QLL
AIRDUO RESPICLICK, -DIGIHALER		NP	PA	QLL
AJOVY	P		PA	QLL
AKLIEF		NP	PA	QLL
AKYNZEO		NP	PA	QLL
albendazole generic	P		PA	
albuterol for nebulization generic 0.63mg/3ml, 1.25mg/3ml		NP	PA	QLL
albuterol for nebulization generic 2.5mg/3ml, 5mg/ml	P			QLL
albuterol sulfate ir, er tabs generic		NP	PA	
albuterol/ipratropium neb soln generic	P			QLL
alclometasone cream/oint. generic		NP	PA	
ALECENSA	P		PA	QLL
alendronate generic	P			QLL
alendronate oral soln generic		NP	PA	QLL
ALFERON N	P			
alfuzosin generic	P			QLL
ALKERAN tablets	P			
ALKINDI		NP	PA	
all beta-adrenergic antagonists generics are preferred	P			QLL
all topical corticosteroid generics (unless listed otherwise)	P			
ALLFEN	P			
allopurinol 100mg generic	P			
almotriptan generic		NP	PA	QLL
ALOCRIIL		NP	PA	QLL
alogliptin 6.25mg, 12.5mg generic		NP	PA	QLL
alogliptin-metformin generic		NP	PA	QLL
alogliptin-pioglitazone generic		NP	PA	QLL
ALOMIDE		NP	PA	QLL
ALORA	P			QLL
alosetron generic		NP	PA	QLL
ALPHAGAN-P 0.1%	P			QLL
ALPHAGAN-P 0.15%	P			QLL
ALPHANATE	P			
ALPHANINE	P			
alprazolam er, odt generic		NP	PA	
alprazolam intensol generic		NP	PA	
alprazolam tabs generic	P			QLL
ALPROLIX		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
ALREX	P			QLL
ALTOPREV		NP	PA	QLL
ALTRENO LOTION		NP	PA	QLL
aluminum hydroxide generic	P		PA	
ALUNBRIG	P		PA	QLL
ALVESCO		NP	PA	QLL
AMBIEN		NP	PA	QLL
AMBISOME INJ.		NP	PA	
ambrisentan generic	P			QLL
amcinonide cream, lotion, ointment generic		NP	PA	
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
AMICAR	P			QLL
aminocaproic acid soln., tabs generic	P			QLL
amiodarone/pacerone generic	P			
AMITIZA	P		PA	QLL
amitriptyline generic	P			
amlodipine	P			QLL
amlodipine/atorvastatin generic		NP	PA	QLL
amlodipine/benazepril generic	P			QLL
amlodipine/olmesartan		NP	PA	QLL
amlodipine/valsartan generic	P		PA	QLL
amox/clavulanate 250-125mg tabs generic		NP	PA	
amox/clavulanate 250-62.5mg/5ml susp generic		NP	PA	QLL
amox/clavulanate chew tabs		NP	PA	QLL
amox/clavulanate ER tabs generic		NP	PA	QLL
amox/clavulanate IR tabs, susp generic	P			QLL
amoxapine generic	P			
amoxicillin 775mg generic		NP	PA	QLL
AMPHADASE	P		PA	
amphetamine salt combination generic	P		PA (≥ 21 years)	QLL
ampicillin/sulbactam inj. generic	P			
AMRIX		NP	PA	QLL
AMZEEQ		NP	PA	QLL
ANALPRAM-HC 1-1% CREAM		NP	PA	
anastrozole generic	P			QLL
ANDRODERM PATCH	P		PA	QLL
ANDROGEL	P		PA	QLL
ANGELIQ	P			QLL
ANNOVERA		NP	PA	QLL
ANORO ELLIPTA	P			QLL
ANTARA		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
ANZEMET INJECTION		NP	PA	
ANZEMET TABS		NP	PA	QLL
APEXICON E CREAM		NP	PA	
APIDRA		NP	PA	QLL
APIDRA SOLOSTAR		NP	PA	QLL
ALENZIN		NP	PA	QLL
APOKYN		NP	PA	
apraclonidine generic		NP	PA	
APRISO	P			
APTENSIO XR		NP	PA	QLL
APTIOM		NP	PA	QLL
APTIVUS		NP	PA	
ARALAST-NP	P		PA	
aranelle (generic Tri-Norinyl)		NP	PA	
ARANESP		NP	PA	QLL
ARAZLO		NP	PA	QLL
ARCALYST	P		PA	QLL
ARIKAYCE	P		PA	QLL
aripiprazole odt generic		NP	PA	QLL
aripiprazole oral soln. generic	P		PA (<10 years)	QLL
aripiprazole tabs generic	P		PA (<10 years)	QLL
ARISTADA	P		PA	QLL
ARISTADA INITIO	P		PA	QLL
armodafinil generic	P		PA (≥ 21 years)	QLL
ARMONAIR, -DIGIHALER		NP	PA	QLL
ARMOUR THYROID	P			
ARNUITY ELLIPTA		NP	PA	QLL
asenapine sl tabs generic		NP	PA	QLL
ASMANEX HFA	P			QLL
ASMANEX TWISTHALER		NP	PA	QLL
aspirin (enteric coated)	P			
aspirin/dipyridamole generic	P			
ASPRUZYO		NP	PA	QLL
ASTAGRAF XL		NP	PA	QLL
atazanavir generic	P			
ATELVIA		NP	PA	QLL
atomoxetine generic	P		PA (≥ 21 years)	QLL
atorvastatin generic	P			QLL
atovaquone generic	P			
atovaquone-proguanil generic		NP	PA	
atropine sulfate ophthalmic soln. generic	P			
ATROVENT HFA	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
AUBAGIO		NP	PA	QLL
AUGMENTIN 125mg/5ml SUSPENSION		NP	PA	QLL
AURYXIA		NP	PA	QLL
AUSTEDO	P		PA	QLL
AVANDIA		NP	PA	QLL
AVITA	P		PA (≥ 21 years)	QLL
AVONEX	P			QLL
AVYCAZ		NP	PA	QLL
AYVAKIT	P		PA	QLL
AZACTAM		NP	PA	
AZASITE		NP	PA	
azelastine 137mcg (0.1%) generic	P			QLL
azelastine 0.15% generic		NP	PA	QLL
azelastine ophth. generic		NP	PA	QLL
AZILECT		NP		
azithromycin generic	P			QLL
AZOPT		NP	PA	
AZSTARYS		NP	PA	QLL
aztreonam generic	P		PA	
bacitracin ophthalmic oint. generic		NP	PA	
baclofen 10mg, 20mg generic	P			
BAFIERTAM		NP	PA	QLL
BALCOLTRA		NP	PA	QLL
balsalazide generic	P			
BALVERSA	P		PA	QLL
BANZEL SUSPENSION		NP	PA	QLL
BANZEL TABS		NP	PA	QLL
BAQSIMI		NP	PA	QLL
BARACLUDE SOLN.	P			QLL
BASAGLAR KWIKPEN		NP	PA	QLL
BAXDELA		NP	PA	QLL
BEBULINE	P			
BECONASE AQ		NP	PA	QLL
BELBUCA		NP	PA	QLL
BELSOMRA		NP	PA	QLL
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
BENEFIX	P			
BENLYSTA SUBCUTANEOUS SOLN.	P		PA	
BENSAL HP		NP	PA	
BENZEFOAM		NP	PA	QLL
benzhydrocodone/acetaminophen		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
benznidazole generic	P		PA	QLL
BEPREVE	P			QLL
BERINERT	P			
BESER KIT		NP	PA	QLL
BESIVANCE		NP	PA	QLL
BESREMI	P		PA	QLL
betamethasone dipropionate (augmented) cream generic	P			
betamethasone dipropionate (augmented) lotion, gel, ointment generic		NP	PA	
betamethasone dipropionate cream, ointment generic		NP	PA	
betamethasone valerate aerosol foam 0.12% generic		NP	PA	
betamethasone valerate aerosol lotion generic	P			
BETASERON		NP	PA	QLL
betaxolol generic	P			
BETHKIS	P			QLL
BETIMOL		NP	PA	
BETOPTIC S	P			
BEVESPI		NP	PA	QLL
bexarotene gel 1%	P			QLL
bicalutamide	P			QLL
BIDIL		NP	PA	QLL
BIJUVA		NP	PA	QLL
BIKTARVY	P			QLL
bimatoprost generic		NP	PA	QLL
BIVIGAM		NP	PA	
BLEPHAMIDE S.O.P.		NP	PA	
BOSULIF	P		PA	QLL
BP 10-1 emulsion generic		NP	PA	
BRAFTOVI	P		PA	QLL
BREO ELLIPTA		NP	PA	QLL
BREXAFEMME		NP	PA	QLL
BREZTRI		NP	PA	QLL
BRILINTA	P			QLL
brimonidine 0.15% generic		NP	PA	QLL
brimonidine 0.2% generic	P			
BRISDELLE		NP	PA	QLL
BRIVIACT		NP	PA	QLL
bromfenac ophth soln generic		NP	PA	QLL
bromocriptine generic	P			
BROMSITE		NP	PA	
BRONCHITOL	P		PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
BROVANA		NP	PA	
BRUKINSA	P		PA	QLL
BRYHALI		NP	PA	QLL
budesonide inhalation susp	P			QLL
budesonide SR caps generic	P			QLL
bumetanide generic	P			
BUPAP (butalbital-acetaminophen tabs 50-300mg)		NP	PA	
BUPHENYL	P			QLL
buprenorphine sl tabs, inj., generic	P			QLL
buprenorphine/naloxone sl tabs generic	P			QLL
buproban/bupropion sr 150mg (generic Zyban)	P		PA	QLL
bupropion ER & SR 100mg, 150mg generic	P			QLL
bupropion IR generic	P			QLL
bupropion SR 200mg generic	P			QLL
buspiron generic	P			
butalbital/acetaminophen 300mg/caffeine/codeine generic		NP	PA	
butalbital/acetaminophen 325mg/caffeine/codeine generic	P			QLL
butalbital/aspirin/caffeine/codeine cap generic		NP	PA	
butalbital-acetaminophen caps 50-300mg generic		NP	PA	
butalbital-acetaminophen tabs 50-325mg generic	P			
butalbital-acetaminophen-caffeine capsule generic		NP	PA	
butalbital-acetaminophen-caffeine tabs generic	P			
butalbital-aspirin-caffeine capsule	P			
butorphanol nasal generic	P			QLL
BUTRANS	P			QLL
BYDUREON BCISE		NP	PA	QLL
BYETTA	P			QLL
BYLVAY		NP	PA	QLL
BYNFEZIA		NP	PA	
BYSTOLIC		NP	PA	QLL
CABLIVI		NP	PA	
CABOMETYX	P		PA	QLL
caffeine citrate injection 60mg/3ml generic	P			
CALCIBIND	P			
calcipotriene cream generic	P			QLL
calcipotriene oint. generic		NP	PA	
calcipotriene scalp soln. generic	P			
calcipotriene-betamethasone ointment generic		NP	PA	QLL
calcitonin nasal solution generic	P			QLL
calcitriol generic	P			
calcitriol ointment generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
calcium acetate caps	P			
calcium acetate tabs		NP	PA	
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
CALQUENCE TABS	P		PA	QLL
CAMBIA		NP	PA	QLL
CAMCEVI		NP	PA	QLL
camrese, -lo generic		NP	PA	QLL
CAMZYOS		NP	PA	
CANCIDAS INJ.		NP	PA	
candesartan generic		NP	PA	QLL
candesartan/hctz generic		NP	PA	QLL
capecitabine generic	P			
CAPEX SHAMPOO		NP	PA	
CAPLYTA		NP	PA	QLL
CAPRELSA		NP	PA	QLL
captopril generic	P			QLL
captopril HCTZ generic	P			QLL
CARAC	P			QLL
CARBAGLU	P		PA	
carbamazepine er/sr 200mg, 400mg generic	P			QLL
carbamazepine ir generic	P			
carbamazepine sr 12 hr (generic Carbatrol)	P			
carbidopa generic	P			QLL
carbidopa/levodopa disintegrating tablets generic		NP	PA	
carbidopa/levodopa generic	P			
carbidopa/levodopa/entacapone generic	P			
carbinoxamine generic	P			
CARDIZEM LA 120mg	P			QLL
CARDURA XL		NP	PA	
CARIMUNE NF		NP	PA	
carisoprodol 250mg generic		NP	PA	QLL
carisoprodol 350mg generic	P			QLL
carisoprodol w/aspirin and codeine generic		NP	PA	
CAROSPIR		NP	PA	QLL
carteolol hcl generic	P			
CATHFLO ACTIVASE	P			QLL
CAYSTON	P		PA	QLL
cefaclor caps generic	P			QLL
cefaclor er generic		NP	PA	QLL
cefaclor oral suspension generic		NP	PA	QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
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
cefpodoxime generic		NP	PA	QLL
cefprozil generic	P			QLL
ceftriaxone generic	P			
cefuroxime generic susp	P			QLL
cefuroxime generic tabs	P			QLL
celecoxib generic		NP	PA	QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CELONTIN	P			
cephalexin 750mg generic		NP	PA	QLL
cephalexin caps generic	P			QLL
cephalexin tabs generic		NP	PA	QLL
CEQUA		NP	PA	
CERDELGA	P		PA	QLL
CEREZYME	P		PA	
CERUMENEX	P			
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
cevimeline generic	P			
CHENODAL		NP	PA	
chlordiazepoxide generic	P			QLL
chlordiazepoxide-clidinium generic		NP	PA	
chloroquine phosphate generic	P			
chlorothiazide 500mg injection generic	P			
chlorpromazine concentrate generic		NP	PA	QLL
chlorthalidone generic	P			
chlorzoxazone generic	P			
CHOLBAM	P		PA	QLL
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
CIALIS 2.5MG, 5MG		NP	PA	QLL
CIBINQO		NP	PA	QLL
ciclopirox 0.77% cream, suspension generic	P			
ciclopirox 8% and vitamin E 5% kit		NP	PA	
ciclopirox gel/shampoo generic		NP	PA	
ciclopirox nail lacquer	P		PA	
cilostazol generic	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	Preferred	Non-Preferred	PA	QLL
clobetasol spray generic		NP	PA	QLL
CLOBEX SHAMPOO		NP	PA	
clocortolone generic		NP	PA	QLL
CLODAN KIT		NP	PA	QLL
CLODERM		NP	PA	QLL
clomipramine generic	P			
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
clonidine 0.17mg er tabs generic		NP	PA	QLL
clonidine 0.1mg er generic	P		PA (≥ 21 years)	QLL
clonidine patch generic	P			QLL
clopidogrel generic	P			QLL
clorazepate dipotassium generic		NP	PA	QLL
clotrimazole troche generic	P			
clotrimazole/betamethasone lotion generic		NP	PA	
clozapine generic	P		PA (<18 years)	QLL
clozapine odt generic		NP	PA (<18 years)	QLL
COARTEM		NP	PA	QLL
codeine tab generic		NP	PA	
colchicine tab generic	P			QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	
COMBIGAN 10ml		NP	PA	QLL
COMBIGAN 5ml	P			QLL
COMBIPATCH	P			
COMBIVENT RESPIMAT		NP	PA	QLL
COMETRIQ	P		PA	QLL
COMPLERA		NP	PA	QLL
COMPRO (RECTAL) SUPPOSITORY		NP	PA	
CONCERTA	P		PA (≥ 21 years)	QLL
CONDYLOX GEL	P			
CONZIP		NP	PA	QLL
COPAXONE 40MG/ML		NP	PA	QLL
COPAXONE KIT 20MG/ML	P			QLL
COPIKTRA	P		PA	QLL
CORDRAN TAPE		NP	PA	QLL
COREG CR		NP	PA	QLL
CORLANOR		NP	PA	QLL
CORTIFOAM	P			
cortisone generic	P			
CORTISPORIN CREAM, -OINT.	P			QLL
corvita 150 generic	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
COSENTYX		NP	PA	QLL
COTELLIC	P		PA	QLL
COTEMPLA		NP	PA	QLL
CREON	P			QLL
CRESEMBA CAPS		NP	PA	QLL
CRINONE GEL		NP	PA	
cromolyn sodium nebulizer soln. generic	P			
cromolyn sodium ophthalmic generic	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
CRYSVITA		NP	PA	
CUPRIMINE	P			
CUTAQUIG		NP	PA	
CUTIVATE CREAM, OINT.		NP	PA	
CUVITRU		NP	PA	
cyclobenzaprine 5mg, 10mg generic	P			QLL
cyclobenzaprine 7.5mg generic		NP	PA	QLL
CYCLOGYL 0.5%	P			
CYCLOGYL 2%		NP	PA	
cyclopentol 1%, 2% ophth soln generic	P			
cyclophosphamide generic	P			
cycloserine generic	P			
CYCLOSET		NP	PA	QLL
cyclosporine generic	P			
CYSTADROPS	P		PA	QLL
CYSTAGON	P			
CYSTARAN	P		PA	QLL
CYTOGAM	P		PA	
dalfampridine generic	P		PA	QLL
DALVANCE		NP	PA	QLL
danazol generic	P		PA	
dantrolene sodium	P			
dapsone gel 5% generic		NP	PA	
dapsone tabs generic	P			
daptomycin iv soln. generic	P		PA	
DARAPRIM	P		PA	
darifenacin generic		NP	PA	QLL
DARTISLA ODT		NP	PA	QLL
DAURISMO	P		PA	QLL
DAYTRANA		NP	PA	QLL
DAYVIGO		NP	PA	QLL
DDAVP NASAL	P			
deferasirox sprinkles generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
deferasirox tabs, -tabs for oral susp.	P			QLL
DELATESTRYL	P		PA	
DELSTRIGO	P			
DELZICOL	P			QLL
demeclocycline generic		NP	PA	
DENAVIR CREAM		NP	PA	
DEPEN TITRATABS	P		PA	
DEPO-PROVERA 400mg/ml	P			
DEPO-SQ PROVERA 104		NP		QLL
DEPO-TESTOSTERONE	P		PA	
DERMA-SMOOTHIE FS	P			
DERMOTIC	P			
DESCOVY	P			QLL
desimpramine generic	P			
desloratadine ODT generic		NP	PA	QLL
desloratadine tab generic		NP	PA	QLL
desmopressin generic	P			
DESONATE		NP	PA	
desonide cream, lotion, ointment generic		NP	PA	
desoximetasone cream, gel, ointment generic		NP	PA	QLL
DESOXYN		NP	PA	QLL
desvenlafaxine er tabs (generic Khedezla)		NP	PA	QLL
desvenlafaxine succinate er tabs (generic Pristiq)	P			QLL
dexamethasone generic	P			
DEXILANT		NP	PA	QLL
dexmethylphenidate er generic	P		PA (≥ 21 years)	QLL
dexmethylphenidate generic	P		PA (≥ 21 years)	QLL
dextroamphetamine 5mg, 10mg generic	P		PA (≥ 21 years)	QLL
dextroamphetamine er generic		NP	PA	QLL
dextroamphetamine soln. generic		NP	PA	QLL
DIACOMIT		NP	PA	QLL
DIALYVITE SUPREME D		NP	PA	
DIALYVITE/ZINC	P		PA	
diazepam inj., soln., tabs generic	P			QLL
diazepam rectal gel	P			QLL
DICLEGIS	P			QLL
diclofenac epolamine patch 1.3% generic		NP	PA	
diclofenac gel generic	P			QLL
diclofenac ophth soln generic	P			
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
DIFFERIN		NP	PA (≥ 21 years)	QLL
DIFICID		NP	PA	QLL
diflorasone diacetate cream and ointment generic		NP	PA	
diflunisal generic		NP	PA	
digoxin 0.0625MG generic		NP	PA	
digoxin 0.125MG generic	P			
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine compound tab (acetaminophen/caffeine/dihydrocodeine) generic		NP	PA	
dihydroergotamine spray generic		NP	PA	QLL
DILAUDID 1mg/ml		NP	PA	
diltiazem (generic Cardizem)	P			QLL
diltiazem cd/er 360mg (generic Cardizem CD)		NP	PA	QLL
diltiazem cd/er, cartia xt, dilt-cd (generic Cardizem CD-all strengths except 360mg)	P			QLL
diltiazem er, dilt-xr (generic Dilacor XR)	P			QLL
diltiazem er, diltzac, taztia xt caps (generic Tiazac)	P			QLL
dimenhydrinate inj. generic		NP	PA	
dimethyl fumarate generic	P			QLL
diphenoxylate-atropine generic	P			
dipyridamole generic	P			
disulfiram generic	P			QLL
divalproex DR, -ER generic	P			
divalproex sprinkles generic	P			
DIVIGEL		NP	PA	QLL
docusate sodium/calcium	P		PA	
dofetilide generic	P			
DOJOLVI		NP	PA	
donepezil 23mg generic	P			QLL
donepezil, -ODT generic	P			QLL
DOPTELET	P		PA	
DORAL		NP	PA	
DORIBAX		NP	PA	QLL
DORYX, -MPC		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
dorzolamide/timolol/pf generic	P			QLL
DOSTINEX	P			QLL
DOVATO	P			QLL
doxepin 5% cream generic		NP	PA	QLL
doxepin generic	P			
doxercalciferol generic		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
doxycycline (rosacea) 40mg cap generic		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			
generic		NP	PA	
doxycycline suspension generic	P			
DRIZALMA		NP	PA	QLL
dronabinol generic	P		PA	
drospirenone/ethinyl estradiol/levomefolate generic		NP	PA	QLL
DROXIA	P			
droxidopa generic		NP	PA	QLL
DUAKLIR		NP	PA	QLL
DUAVEE		NP	PA	QLL
DUEXIS		NP	PA	QLL
DULERA (except 50-5mcg)	P			QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
DUOPA		NP	PA	
DUPIXENT	P		PA	QLL
DUREZOL	P			QLL
dutasteride generic	P			QLL
dutasteride-tamsulosin generic		NP	PA	QLL
DUTOPROL	P			QLL
DYANAVEL XR SUSP., -CHEW TABS		NP	PA	QLL
DYMISTA		NP	PA	QLL
DYNAPEN SUSP	P			
econazole generic	P			QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
EDLUAR		NP	PA	QLL
EDURANT	P		PA	QLL
efavirenz tabs generic	P			
efavirenz/emtricitabine/tenofovir disoproxil generic	P			
EFUDEX	P			
EGRIFTA SV	P		PA	QLL
ELELYSO	P		PA	
ELEPSIA XR		NP	PA	QLL
ELESTRIN		NP	PA	
eletriptan generic		NP	PA	QLL
ELIDEL	P			QLL
ELIGARD	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
ELIQUIS	P			QLL
ELLA	P			QLL
ELMIRON	P			
ELOCTATE		NP	PA	
ELYXYB		NP	PA	QLL
EMCYT	P			
EMEND CAPS	P			QLL
EMEND SUSP		NP	PA	QLL
EMFLAZA		NP	PA	QLL
EMGALITY		NP	PA	QLL
EMPAVELI		NP	PA	QLL
EMSAM		NP	PA	QLL
emtricitabine/tenofovir disoproxil fumarate generic	P			QLL
EMTRIVA	P			
EMVERM		NP	PA	
enalapril generic	P			QLL
enalapril HCTZ generic	P			QLL
enalaprilat generic	P			QLL
ENBREL	P		PA	QLL
ENDARI	P		PA	QLL
enoxaparin syringe and vial generic	P			QLL
ENSPRYNG		NP	PA	QLL
ENSTILAR		NP	PA	QLL
entacapone generic	P			
ENTADFI		NP	PA	QLL
entecavir generic	P			QLL
ENTRESTO	P		PA	QLL
ENVARUSUS XR		NP	PA	
EPANED	P		PA (≥12 years)	QLL
EPCLUSA PAK		NP	PA	QLL
EPIDIOLEX	P		PA	QLL
EPIDUO FORTE	P		PA (≥ 21 years)	QLL
epinastine generic		NP	PA	QLL
brand)	P			QLL
epinephrine 0.15mg, 0.3mg injection generic		NP	PA	QLL
EPIPEN, -JR.		NP	PA	QLL
EPIVIR SOLN	P			QLL
eplerenone generic		NP	PA	QLL
EPOGEN	P		PA	
epoprostenol inj. (Sun generic for Veletri)		NP	PA	
epoprostenol inj. (Teva generic for Flolan)	P			
EPRONTIA		NP	PA	QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
EPSOLAY		NP	PA	QLL
EQUETRO		NP	PA	
ergocalciferol generic	P			
ERGOMAR		NP	PA	
ERIVEDGE	P		PA	QLL
ERLEADA	P		PA	QLL
erlotinib generic	P		PA	QLL
ERMEZA		NP	PA	
ERTACZO		NP		
ERY PAD 2%		NP	PA	
ERYPED 400mg/5ml suspension		NP	PA	QLL
ERY-TAB		NP	PA	QLL
ERYTHROCIN CAPS		NP	PA	QLL
ERYTHROCIN INJ.	P			
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
erythromycin/benzoyl peroxide gel (generic Benzamycin)		NP	PA	
escitalopram soln. generic		NP	PA	QLL
escitalopram tabs generic	P			QLL
esomeprazole inj. generic		NP	PA	QLL
esomeprazole magnesium cap (generic Nexium)		NP	PA	QLL
esomeprazole strontium cap generic		NP	PA	QLL
ESPEROCT		NP	PA	
estradiol cream, patch generic	P			QLL
estradiol tabs generic	P			
estradiol/norethindrone generic	P			QLL
ESTRASORB		NP	PA	
eszopiclone generic	P			QLL
ethacrynic acid generic		NP	PA	
ethambutol generic	P			
etidronate disodium generic	P			QLL
etodolac er tab generic		NP	PA	
ETOPOPHOS	P		PA	
etoposide capsules generic	P			
etoposide inj. generic	P		PA	
EUCRISA	P			QLL
EVAMIST	P			
EVEKEO, -ODT		NP	PA	QLL
EVOCLIN		NP	PA	
EVOTAZ	P		PA	QLL
EVRYSDI	P		PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
EXELDERM		NP		
EXELON PATCH	P			QLL
exemestane generic	P			QLL
EXFORGE HCT		NP	PA	QLL
EXKIVITY	P		PA	QLL
EXSERVAN		NP	PA	QLL
EXTAVIA		NP	PA	QLL
EXTINA		NP	PA	QLL
EYSUVIS		NP	PA	QLL
EZALLOR SPRINKLE		NP	PA	QLL
ezetimibe generic	P			QLL
ezetimibe-simvastatin 10-80mg generic	P		PA	QLL
ezetimibe-simvastatin generic (except 10-80mg)	P			QLL
FABIOR AER 0.1%		NP	PA	QLL
famciclovir generic	P			QLL
famotidine inj., tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
FANAPT	P		PA (<18 years)	QLL
FARESTON	P			
FARXIGA	P			QLL
FASENRA PEN	P		PA	QLL
febuxostat generic	P			QLL
FEIBA		NP	PA	
felbamate generic		NP	PA	QLL
felbamate suspension generic		NP	PA	
felodipine er generic	P			QLL
FEMHRT	P			QLL
FEMRING		NP		QLL
fenofibrate caps generic		NP	PA	QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibrate tabs generic	P			QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
fenopropfen calcium cap, tab generic		NP	PA	QLL
FENSOLVI		NP	PA	QLL
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL
FENTORA		NP	PA	QLL
FERIVA	P			
FERIVA 21-7		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
FERIVA FA		NP	PA	
FERPRX 2-DAY		NP	PA	QLL
FERRALET 90	P			
FERRETTES FE CHEW TABS	P			
ferric gluconate injection generic		NP	PA	
FERRIPROX		NP	PA	QLL
ferumoxytol generic		NP	PA	
FETZIMA		NP	PA	QLL
FEXMID		NP	PA	QLL
FIASP		NP	PA	QLL
FINACEA	P			QLL
finasteride generic	P			QLL
FINTEPLA		NP	PA	QLL
FIRAZYR	P			QLL
FIRDAPSE	P		PA	QLL
FIRMAGON	P		PA	QLL
FIRVANQ		NP	PA	
FLAGYL CAPS		NP	PA	
flavoxate generic		NP	PA	QLL
FLEBOGAMMA/DIF		NP	PA	
FLEQSUVY		NP	PA	QLL
FLOLAN		NP	PA	
FLO-PRED SUSPENSION		NP	PA	
FLOVENT DISKUS/HFA	P			QLL
fluconazole 150mg tab generic	P			QLL
fluconazole generic	P			
fluconazole/nacl inj. generic	P		PA	
flucytosine generic		NP	PA	
flunisolide generic		NP	PA	QLL
fluocinolone acetonide cream, ointment, solution generic		NP	PA	
fluocinolone acetonide scalp/body oil generic		NP	PA	
fluocinonide 0.05% cream, e cream, gel, oint., soln. generic		NP	PA	
fluocinonide cream 0.1% generic		NP	PA	QLL
fluorouracil 5% inj., soln. generic	P			
fluoxetine (pmd) caps, tabs generic		NP	PA	QLL
fluoxetine 10mg, 20mg tabs generic		NP	PA	QLL
fluoxetine 60mg tab generic		NP		
fluoxetine 90mg caps generic		NP	PA	QLL
fluoxetine generic	P			QLL
fluphenazine decanoate vial generic	P			QLL
flurandrenolide cream, lotion generic		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
flurbiprofen ophth susp generic	P			
fluticasone cream, ointment generic	P			
fluticasone generic	P			QLL
fluticasone lotion generic		NP	PA	
fluticasone/salmeterol inhaler (generic AIRDUO)		NP	PA	
fluvastatin er generic		NP	PA	QLL
fluvastatin generic		NP	PA	QLL
fluvoxamine er generic		NP	PA	QLL
fluvoxamine generic	P			QLL
FML-FORTE	P			QLL
folic acid 1mg generic	P			QLL
fondaparinux generic		NP	PA	QLL
For a complete list of covered vaccines, please refer to <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a> → Pharmacy → Other Documents → Covered Vaccines	n/a	n/a	n/a	n/a
FORFIVO XL		NP	PA	QLL
FORTAMET ER		NP	PA	QLL
FORTEO		NP	PA	
FOSAMAX SOLUTION		NP	PA	QLL
FOSAMAX-D		NP	PA	QLL
fosinopril generic	P			QLL
fosinopril HCTZ generic	P			QLL
FOTIVDA	P		PA	QLL
FRAGMIN 2500U VIAL		NP	PA	
FRAGMIN SYRINGE		NP	PA	QLL
FROVA		NP	PA	QLL
FULPHILA	P		PA	QLL
FULYZAQ		NP	PA	QLL
FUSION PLUS, -SPRINKLE	P			
FUZEON		NP	PA	QLL
FYCOMPA		NP	PA	QLL
FYLNETRA	P		PA	QLL
gabapentin caps generic	P			
gabapentin solution generic	P			
gabapentin tabs generic	P			
GABITRIL		NP	PA	QLL
GABLOFEN INJ.	P			QLL
GALAFOLD	P		PA	QLL
galantamine , -er generic	P			
GAMASTAN, -S/D		NP	PA	
GAMMAGARD/SD	P		PA	
GAMMAKED		NP	PA	
GAMMAPLEX		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
GAMUNEX-C		NP	PA	
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
GANTRISIN PEDIATRIC	P			
gatifloxacin ophth. soln. generic		NP	PA	QLL
GATTEX		NP	PA	QLL
GAVRETO	P		PA	QLL
GELNIQUE		NP	PA	QLL
gemfibrozil generic	P			QLL
GEMTESA		NP	PA	QLL
generic NSAIDs (unless listed otherwise)	P			QLL
GENOTROPIN	P		PA	
gentamicin cream, -oint. generic	P			
GENVOYA	P			QLL
GEODON inj	P			
gianvi (drospirenone/ethinyl estradiol) generic		NP	PA	QLL
GIAZO		NP	PA	QLL
gildess 24 fe generic	P			
GILENYA 0.5mg		NP	PA	QLL
GILOTRIF	P		PA	QLL
GIMOTI		NP	PA	QLL
GLASSIA	P		PA	
GLATOPA		NP	PA	QLL
glimepiride generic	P			
glipizide, XL	P			
glipizide/metformin generic	P			QLL
GLOPERBA		NP	PA	QLL
GLUCAGON INJ. KIT (except Fresenius)	P			
GLUMETZA ER		NP	PA	QLL
glyburide generic	P			QLL
glyburide/metformin generic	P			QLL
GLYCATE		NP	PA	QLL
glycopyrrolate injection generic		NP	PA	QLL
glycopyrrolate injection PF prefilled syringe generic	P			QLL
glycopyrrolate oral soln. generic		NP	PA	QLL
glycopyrrolate tab generic	P			
GLYRX-PF	P			
GLYSET	P			
GLYXAMBI		NP	PA	QLL
GOCOVRI		NP	PA	QLL
GOLYTELY	P			QLL
GONITRO POWDER		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
GRALISE		NP	PA	QLL
granisetron generic		NP	PA	QLL
GRANIX 300mcg/0.5ml, 480mcg/0.8ml syringes (non needle guard)		NP	PA	QLL
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin oral susp generic	P		PA	
griseofulvin ultramicrosize tab generic		NP	PA	QLL
guanfacine er generic	P		PA (≥ 21 years)	QLL
GVOKE PFS, -HYPO		NP	PA	QLL
GYNAZOLE	P			
HAEGARDA	P			
halobetasol aerosol 0.05%, ointment generic		NP	PA	
HALOG, -E		NP	PA	
haloperidol decanoate vial generic	P			QLL
HARVONI PAK, 45-200MG TAB		NP	PA	QLL
hc pramoxine cream 1-1% generic		NP	PA	
HELIDAC		NP	PA	QLL
HEMADY		NP	PA	QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
HEMLIBRA	P			
HEMOCYTE PLS	P			
HEMOCYTE-F	P			
HEMOFIL	P			
HEPAGAM B		NP	PA	
heparin generic	P			
HEPSERA	P			QLL
HETLIOZ		NP	PA	QLL
HIZENTRA	P		PA	
HORIZANT		NP	PA	QLL
HUMALOG KWIKPEN 200 units/ml		NP	PA	QLL
HUMALOG KWIKPEN and cartridges	P		PA (≥ 21 years)	QLL
HUMALOG MIX 50/50	P			QLL
HUMALOG MIX 75/25	P			QLL
HUMALOG vial	P			QLL
HUMATE-P		NP	PA	
HUMATROPE		NP	PA	
HUMIRA	P		PA	QLL
HUMULIN 70/30	P			QLL
HUMULIN 70/30 KWIKPEN	P		PA (≥ 21 years)	QLL
HUMULIN N	P			QLL
HUMULIN N KWIKPEN		NP	PA	QLL
HUMULIN R U-500 pen	P		PA (≥ 21 years)	QLL
HUMULIN R U-500 vial	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
HUMULIN R U-100	P			QLL
HYCANTIN	P			
HYCET		NP	PA	QLL
hydrochlorothiazide generic	P			
hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg generic		NP	PA	
hydrocodone/ibuprofen 7.5-200mg generic	P			
hydrocodone-APAP 10mg/325mg/15mL soln. generic		NP	PA	QLL
hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic	P			QLL
hydrocodone-APAP 7.5mg/325mg/15mL soln. generic	P			QLL
hydrocortisone acetate cream generic	P			QLL
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream, lipophilic cream, ointment, solution generic		NP	PA	
hydrocortisone generic	P			
hydrocortisone valerate cream, ointment generic		NP	PA	
hydromorphone er tabs generic		NP	PA	QLL
hydromorphone ir tabs generic	P			
hydromorphone suppositories generic		NP	PA	
hydroxychloroquine sulfate generic	P			QLL
hydroxyurea generic	P			
HYFTOR GEL	P		PA	QLL
HYLENEX	P		PA	
HYQVIA		NP	PA	
HYSINGLA ER		NP	PA	QLL
ibandronate -inj., -tabs generic		NP	PA	QLL
IBRANCE CAPS	P		PA	QLL
IBSRELA		NP	PA	QLL
IBUDONE		NP	PA	
icatibant generic	P			QLL
ICLUSIG	P		PA	QLL
IDELVION		NP	PA	
IDHIFA	P		PA	QLL
ILARIS	P		PA	QLL
ILEVRO		NP	PA	QLL
imatinib generic	P			QLL
IMBRUVICA	P		PA	QLL
imipenem-cilastatin generic		NP	PA	
imipramine caps generic		NP	PA	
imipramine tabs generic	P			
imiquimod 5% generic	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
IMVEXXY		NP	PA	
INBRIJA		NP	PA	
INCRELEX		NP	PA	
INCRUSE ELLIPTA		NP	PA	QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			
INFED	P		PA	
INGREZZA	P		PA	QLL
INJECTAFER		NP	PA	QLL
INLYTA	P		PA	QLL
INNOPRAN XL		NP	PA	QLL
INOVA KITS		NP	PA	QLL
INQOVI	P		PA	QLL
INREBIC	P		PA	QLL
insulin aspart protamine/insulin aspart 70/30 pens generic	P		PA (≥ 21 years)	QLL
insulin aspart pens and cartridges generic	P		PA (≥ 21 years)	QLL
insulin aspart protamine/insulin aspart 70/30 vial generic	P			QLL
insulin aspart vial generic	P			QLL
insulin lispro pens generic	P		PA (≥ 21 years)	QLL
insulin lispro protamine/insulin lispro 75/25 pens generic	P		PA (≥ 21 years)	QLL
insulin lispro vial generic	P			QLL
INTEGRA F	P			
INTEGRA PLUS	P			
INTELENCE		NP	PA	QLL
INTRALIPID		NP	PA	
INTRAROSA		NP	PA	
INTRON A	P			QLL
INVANZ	P		PA	
INVEGA SUSTENNA, -TRINZA, -HAFYERA	P		PA	QLL
INVIRASE		NP	PA	
INVOKAMET	P			QLL
INVOKAMET XR		NP	PA	QLL
INVOKANA	P			QLL
IOPIDINE 1%	P			
ipratropium inhalation solution generic	P			QLL
ipratropium nasal spray generic	P			QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
IRESSA	P		PA	QLL
ISENTRESS, -HD	P		PA	QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
isoniazid generic	P			
ISOPTO CARBACHOL	P			
isosorbide generic	P			
isotretinoin 10mg, 20mg, 30mg, 40mg generics	P		PA	QLL
isradipine generic		NP	PA	QLL
ISTALOL		NP	PA	
ISTURISA	P		PA	QLL
itraconazole generic	P		PA	QLL
ivermectin generic	P			QLL
ivermectin lotion generic		NP	PA	QLL
IXINITY		NP	PA	
JAKAFI	P			QLL
JALYN		NP	PA	QLL
JANUMET	P			QLL
JANUMET XR	P			QLL
JANUVIA	P			QLL
JARDIANCE	P			QLL
JATENZO		NP	PA	QLL
JENTADUETO	P			QLL
JENTADUETO XR	P			QLL
jinteli (norethindrone/estradiol 1mg-5mcg) generic	P			
JIVI		NP	PA	
jolessa generic	P			QLL
JORNAY PM		NP	PA	QLL
JUBLIA SOLN. 10%		NP	PA	QLL
JULUCA	P			QLL
junel fe 24 generic	P			
JUXTAPID		NP	PA	QLL
JYNARQUE	P		PA	QLL
KABIVEN		NP	PA	
KALBITOR		NP		
KALETRA	P			QLL
KALYDECO	P		PA	QLL
KARBINAL ER		NP	PA	QLL
KATERZIA		NP	PA	QLL
KENALOG AEROSOL		NP	PA	
KENALOG-10,40, 80 INJ	P			
KERENDIA		NP	PA	QLL
KERYDIN		NP	PA	QLL
KESIMPTA	P			QLL
ketocon plus kit generic		NP	PA	QLL
ketoconazole aer 2% foam generic		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
ketoconazole cream, shampoo	P			
ketoprofen, -er generic		NP	PA	
ketorolac ophthalmic generic	P			QLL
KEVEYIS	P		PA	QLL
KEVZARA	P		PA	QLL
KINERET		NP	PA	QLL
KISQALI	P		PA	QLL
KISQALI 200 PAK FEMARA	P		PA	QLL
KITABIS PAK	P			QLL
KLOR-CON	P			
KLOXXADO SPRAY		NP	PA	
KOGENATE FS	P			
KOMBIGLYZE	P			QLL
KORLYM	P		PA	QLL
KOSELUGO	P		PA	QLL
KOVALTRY	P			
K-PHOS	P			
KRINTAFEL	P		PA	QLL
KRISTALOSE		NP	PA	QLL
KYNMOBI		NP	PA	QLL
lacosamide inj. generic	P		PA	QLL
lacosamide soln., tabs generic	P			QLL
lactulose generic	P			
LAGEVRIO	P			QLL
LAMICTAL KITS (immediate release)		NP	PA	
LAMICTAL ODT TABS, KITS		NP	PA	
LAMICTAL XR KITS		NP	PA	
lamivudine generic	P			QLL
lamivudine HBV generic	P			QLL
lamivudine soln. generic	P			QLL
lamivudine/zidovudine generic	P			QLL
lamotrigine chewable dispersable tab generic	P			QLL
lamotrigine er tabs generic		NP	PA	
lamotrigine kits (immediate release and odt)		NP	PA	QLL
lamotrigine odt generic		NP	PA	
lamotrigine tabs generic	P			QLL
LAMPIT	P		PA	QLL
LANOXIN INJ	P			
lansoprazole generic		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
lanthanum chew tab generic		NP	PA	
LANTUS	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
LANTUS SOLOSTAR	P			QLL
larin 24 fe generic	P			
LASTACAFT		NP	PA	QLL
latanoprost generic	P			QLL
LAZANDA		NP	PA	
ledipasvir-sofosbuvir tab generic		NP	PA	QLL
leena (generic Tri-Norinyl)		NP	PA	
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic	P			QLL
LEUKERAN	P			
LEUKINE	P		PA	QLL
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
leuprolide 22.5mg injection (3 month) generic	P			QLL
levalbuterol neb generic		NP	PA (> 8 years)	QLL
levamlodipine generic		NP	PA	QLL
LEVEMIR	P			QLL
LEVEMIR FLEXTOUCH	P			QLL
levetiracetam injection generic	P			QLL
levetiracetam solution/tabs generic	P			
levetiracetam tabs er generic		NP	PA	QLL
levobunolol hcl generic	P			
levocarnitine generic	P			
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
levofloxacin 0.5% ophth generic		NP	PA	QLL
levofloxacin in D5W (generic Levaquin Premix)	P			
levofloxacin injection 25mg/ml generic		NP	PA	QLL
levofloxacin solution generic		NP	PA	QLL
levofloxacin tabs generic	P			QLL
levonorgestrel 1.5mg generics (covered < 17 yrs old)	P			QLL
levonorgestrel/ethinyl estradiol (generic LoSeasonique)		NP	PA	QLL
levorphanol generic		NP	PA	QLL
levothyroxine inj. generic	P		PA	QLL
levothyroxine tabs generic	P			
LEXIVA		NP	PA	
LIALDA	P			
LICART		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/patch 5% generic	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
LINCOCIN	P			
LINDANE LOTION, SHAMPOO		NP	PA	QLL
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL
LINZESS	P			QLL
LIORESAL INJ.	P			
liothyronine inj. generic	P		PA	
liothyronine tabs generic	P			
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
lithium carbonate generic	P			
LIVALO		NP	PA	QLL
LIVMARLI		NP	PA	QLL
LIVTENCITY		NP	PA	QLL
LO LOESTRIN FE		NP	PA	QLL
LO MINASTRIN FE		NP	PA	QLL
LOKELMA		NP	PA	
lomedina 24 fe generic	P			
LONHALA MAGNAIR		NP	PA	QLL
LONSURF	P		PA	QLL
LOPROX KIT		NP	PA	QLL
loratadine, -D generic OTC	P			QLL
lorazepam generic	P			QLL
LORBRENA	P		PA	QLL
LOREEV XR		NP	PA	QLL
LORTAB ELIXIR	P			QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
LOSEASONIQUE	P			QLL
LOTEMAX OINT	P			QLL
LOTEMAX, -SM GEL		NP	PA	QLL
loteprednol 0.5% ophth. susp. (Oceanside generic)		NP	PA	QLL
LOTRONEX		NP		QLL
lovastatin generic	P			QLL
LUCEMYRA		NP	PA	
LUMAKRAS		NP	PA	QLL
LUMIGAN	P			QLL
LUPKYNIS	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 11.25MG, 30MG		NP	PA	QLL
LUPRON DEPOT PEDIATRIC 7.5MG, 15MG	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
lurasidone generic	P		PA (<13 years)	QLL
LUXIQ		NP	PA	QLL
LUZU		NP	PA	QLL
LYBALVI		NP	PA	QLL
LYNPARZA	P		PA	QLL
LYRICA	P			QLL
LYRICA CR		NP	PA	QLL
LYSODREN	P			
LYUMJEV KWIKPEN, -VIAL		NP	PA	QLL
LYVISPAH		NP	PA	QLL
MAGNEBIND	P		PA	
magnesium carbonate generic	P		PA	
MALARONE		NP	PA	QLL
malathion lotion		NP	PA	QLL
MARPLAN		NP	PA	
MATULANE	P			
matzim la (generic Cardizem LA)		NP	PA	QLL
MAVENCLAD		NP	PA	QLL
MAVYRET	P		PA	QLL
MAYZENT		NP	PA	QLL
meclizine generic	P			
meclofenamate sodium cap generic		NP	PA	
MEDROL 2mg	P			
medroxyprogesterone 150mg/ml generic	P			QLL
mefenamic acid generic		NP	PA	QLL
mefloquine hydrochloride generic	P			
MEGACE ES		NP	PA	
megestrol 40mg/ml susp generic	P			
megestrol 625mg/5ml susp generic		NP	PA	
MEKINIST	P		PA	QLL
MEKTOVI	P		PA	QLL
meloxicam caps, -suspension generic		NP	PA	QLL
meloxicam tablets generic	P			QLL
memantine er caps generic		NP	PA	QLL
memantine soln. generic		NP	PA	QLL
memantine tabs, titration pak generic	P			QLL
MENEST	P			
MENTAX		NP		
meperidine solution generic		NP	PA	
meperidine tabs generic		NP	PA	
meprobamate generic		NP	PA	
meropenem generic	P		PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
meropenem/sodium chloride IV soln. generic		NP	PA	
mesalamine enema generic		NP	PA	
mesalamine kit generic		NP	PA	QLL
mesalamine suppositories generic	P			
mesalamine tab generic		NP	PA	
MESTINON	P			QLL
metaproterenol syrup, tabs generic		NP	PA	
metaxalone generic		NP		QLL
METERS-Abbott select brands are covered through manufacturer	n/a	n/a	n/a	n/a
metformin er (generic for Glucophage XR)	P			
metformin er (generic for Glumetza)	P			QLL
metformin er osmotic (generic for Fortamet ER)		NP	PA	QLL
metformin generic	P			QLL
methamphetamine generic		NP	PA	QLL
methenamine generic	P			
methenamine hippurate generic		NP	PA	
METHITEST	P		PA	
methocarbamol generic	P			
methoxsalen generic	P			
methscopolamine generic		NP	PA	
methylergonovine generic	P			QLL
methylphenidate 10mg er (generic for Metadate ER)	P		PA (≥ 21 years)	QLL
methylphenidate cd generic	P		PA (≥ 21 years)	QLL
methylphenidate chew tabs generic		NP	PA	QLL
methylphenidate er (generic for Ritalin LA; except 10mg)		NP	PA	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate osm 45mg, 63mg, 72mg (generic for Relexxii)		NP	PA	QLL
methylphenidate sa osm (generic for Concerta)		NP	PA	QLL
methylphenidate solution generic	P		PA (≥ 21 years)	QLL
methylphenidate/metadate 20mg er/sr (generic for Ritalin SR)	P		PA (≥ 21 years)	QLL
methylprednisolone generic	P			
methyltestosterone cap generic		NP	PA	QLL
metoclopramide generic	P			
metoclopramide odt generic		NP	PA	QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
metronidazole caps generic		NP	PA	
metronidazole cream generic	P			
metronidazole gel, lotion generic		NP	PA	
metronidazole IR tabs generic	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
metyrosine caps generic	P		PA	
MIACALCIN INJECTION		NP	PA	QLL
MICARDIS HCT		NP	PA	QLL
miconazole generic	P			QLL
midazolam generic		NP	PA	
midodrine generic	P			
MIGERGOT		NP	PA	
MIGRANAL NS		NP	PA	QLL
MILLIPRED ORAL SOLN., TABS		NP	PA	
milrinone generic	P		PA	
MINASTRIN 24 CHW FE		NP	PA	QLL
MINIVELLE		NP	PA	
minocycline caps generic	P			
minocycline er caps (Ximino generic)		NP	PA	
minocycline IR, SR tab generic		NP	PA	QLL
MINOLIRA		NP	PA	QLL
MINTEZOL	P			
MIRAPEX ER		NP	PA	QLL
MIRCERA		NP	PA	QLL
mirtazapine, -odt generic	P			QLL
MITIGARE	P			QLL
modafinil generic	P		PA (≥ 21 years)	QLL
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL
molindone generic	P			
mometasone nasal spray generic		NP	PA	QLL
MONISTAT 1	P			QLL
MONOFERRIC		NP	PA	QLL
MONONINE	P			
montelukast chewables, tabs generic	P			QLL
montelukast granules generic	P		PA	QLL
MONUROL	P			
MORGIDOX KIT		NP	PA	QLL
morphine ir generic	P			
morphine sulfate er caps (generic Avinza)		NP	PA	QLL
morphine sulfate sa caps (generic Kadian)		NP	PA	QLL
morphine sulfate sa tabs generic	P			QLL
morphine sulfate suppositories generic		NP	PA	
MOTEGRITY		NP	PA	QLL
MOTOFEN		NP	PA	
MOVANTIK	P		PA	QLL
MOVIPREP	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
MOXATAG		NP	PA	QLL
moxifloxacin generic	P			QLL
moxifloxacin ophthalmic soln. 0.5% (generic for Moxeza)		NP	PA	QLL
moxifloxacin ophthalmic soln. 0.5% (generic for Vigamox)	P			QLL
MOZOBIL	P		PA	
MULPLETA	P		PA	
MULTAQ		NP	PA	QLL
MULTRYS	P			
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
MYALEPT	P		PA	QLL
MYCAMINE	P			QLL
MYCAPSSA		NP	PA	QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic	P			QLL
MYDAYIS		NP	PA	QLL
MYFEMBREE	P		PA	QLL
MYLERAN	P			
MYRBETRIQ		NP	PA	QLL
MYTESI		NP	PA	QLL
nadolol generic	P			QLL
naftifine cream generic		NP	PA	QLL
NAFTIN GEL		NP	PA	
NALFON		NP	PA	QLL
NALOCET		NP	PA	
naloxone injection generic	P			
NAMZARIC		NP	PA	QLL
NAPRELAN		NP	PA	QLL
naproxen dr tab generic		NP	PA	
naproxen sodium cr tab (generic for Naprelan)		NP	PA	QLL
naproxen suspension generic		NP	PA	
naratriptan generic		NP	PA	QLL
NARCAN SPRAY	P			
NATACYN		NP	PA	
NATAZIA		NP	PA	QLL
nateglinide generic	P			QLL
NATESTO		NP	PA	QLL
NATPARA		NP	PA	QLL
NATROBA		NP	PA	QLL
NAYZILAM	P			QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
NEBUPENT	P			QLL
NECON 1/50		NP	PA	
nefazodone generic		NP	PA	QLL
neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic	P			
neomycin/polymyxin/bacitracin/hc ophth. oint. generic		NP	PA	
neomycin/polymyxin/gramicidin ophthalmic soln. generic		NP	PA	
neomycin/polymyxin/hc generic	P			QLL
neomycin/polymyxin/hc ophth. susp. generic		NP	PA	QLL
NEO-SYNALAR KIT		NP	PA	QLL
NEPHPLEX RX		NP	PA	
NEPHRON FA	P		PA	
NERLYNX	P		PA	QLL
NESINA 25mg		NP	PA	QLL
NEUAC Gel, KIT		NP	PA	QLL
NEULASTA		NP	PA	QLL
NEUPOGEN	P			QLL
NEUPRO		NP	PA	QLL
NEVANAC		NP	PA	
nevirapine er generic		NP	PA	QLL
nevirapine suspension generic		NP	PA	QLL
nevirapine tabs generic	P			QLL
NEXAVAR	P		PA	QLL
NEXIUM GRANULES/SUSPENSION	P			QLL
NEXLETOL		NP	PA	QLL
NEXLIZET		NP	PA	QLL
NEXTSTELLIS		NP	PA	QLL
niacin er generic	P			QLL
niacin generic	P		PA	
nicardipine generic	P			QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL
nilutamide generic	P			
nimodipine generic	P			QLL
NINLARO	P		PA	QLL
nisoldipine sr generic		NP	PA	QLL
nitazoxanide tabs generic		NP	PA	QLL
nitrofurantoin suspension generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
nitrofurantoin caps generic	P			
nitroglycerin lingual spray soln (generic Nitrolingual)		NP	PA	QLL
nitroglycerin patches generic	P			QLL
nitroglycerin sublingual tabs generic	P			
NITROSTAT SL TABS	P			
NIVESTYM		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
NORDITROPIN	P		PA	
norethindrone 0.35mg generic	P			
norethindrone/estradiol 0.5mg-2.5mcg generic		NP	PA	QLL
norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7)	P			
norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew)		NP	PA	QLL
NORGESIC FORTE		NP	PA	
norgestimate/ethinyl estradiol, tri-estaryll, tri-linyah, trinessa, tri-previfem, tri-sprintec, etc. (generic for Ortho Tri-Cyclen)	P			
norgestimate/ethinyl estradiol, tri-lo estaryll, tri-lo marzia, tri-lo sprintec, etc., <i>except for trinessa lo</i> , (generic for Ortho Tri-cyclen Lo)		NP	PA	QLL
NORINYL 1+50		NP	PA	
NORITATE		NP		
NORLIQVA		NP	PA	QLL
nortriptyline generic	P			
NORVIR POWDER PACKETS		NP	PA	QLL
NORVIR SOLN		NP	PA	
NOURIANZ		NP	PA	QLL
NOVOEIGHT	P			
NOVOLIN		NP	PA	QLL
NOVOLIN 70/30 FLEXPEN		NP	PA	QLL
NOVOLIN N, -R FLEXPEN	P		PA (≥ 21 years)	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
NOVOSEVEN RT		NP	PA	
NOXAFIL		NP	PA	QLL
np thyroid 30mg, 60mg 90mg tab generic	P			
NPLATE		NP	PA	
NUBEQA	P		PA	QLL
NUCALA AUTO-INJECTOR	P		PA	
NUCYNTA		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
NUCYNTA ER		NP	PA	QLL
NUDEXTA		NP	PA	QLL
NULYTELY	P			QLL
NUPLAZID		NP	PA	QLL
NURTEC ODT	P		PA	QLL
NUTRILIPID	P			
NUTROPIN AQ	P		PA	
NUVARING	P			
NUVESSA	P			QLL
NUWIQ	P			
NUZYRA INJ.		NP	PA	
NUZYRA TABS		NP	PA	QLL
NYMALIZE		NP	PA	QLL
NYMALIZE	P		PA	QLL
nystatin cream	P			
nystatin/triamcinolone cream generic		NP	PA	
nystatin/triamcinolone ointment generic	P			
NYVEPRIA	P		PA	QLL
OCALIVA	P		PA	
ocella generic		NP	PA	
OCTAGAM		NP	PA	
octreotide generic	P		PA	
ODEFSEY	P		PA	QLL
ODOMZO	P		PA	QLL
OFEV	P		PA	QLL
ofloxacin drops generic	P			QLL
ofloxacin generic	P			QLL
ofloxacin otic generic	P			
olanzapine inj. (short-acting) generic		NP	PA	
olanzapine, -odt generic	P		PA (<13 years)	QLL
olanzapine/fluoxetine generic		NP	PA	QLL
olmesartan generic	P			QLL
olmesartan/hctz generic	P			QLL
olopatadine generic		NP	PA	QLL
olopatadine ophth. soln. generic	P			QLL
OLUMIANT		NP	PA	QLL
OLUX-E		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
omega-3-acid generic	P			QLL
OMEGAVEN	P		PA	
omeprazole generic	P			QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
OMNARIS		NP	PA	QLL
OMNITROPE		NP	PA	
ondansetron generic	P			QLL
ondansetron inj. generic	P		PA	
ONEXTON		NP	PA	QLL
ONGENTYS		NP	PA	
ONGLYZA	P			QLL
ONMEL		NP	PA	QLL
ONUREG	P		PA	QLL
ONZETRA XSAIL		NP	PA	QLL
OPIUM TINCTURE		NP	PA	
OPSUMIT		NP	PA	QLL
OPZELURA		NP	PA	QLL
ORACEA		NP	PA	QLL
ORALAIR		NP	PA	QLL
ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
ORFADIN	P			
ORFADIN SUSP.	P		PA	
ORGOVYX	P		PA	QLL
ORIAHNN	P		PA	
ORILISSA	P		PA	
ORKAMBI	P		PA	QLL
ORLADEYO	P		PA	QLL
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
ORTIKOS		NP	PA	QLL
OSCION		NP	PA	
oseltamivir generic	P			QLL
OSPHERA		NP	PA	
OTEZLA		NP	PA	QLL
OTOVEL		NP	PA	QLL
OTREXUP		NP	PA	QLL
OVIDE		NP	PA	QLL
oxandrolone generic	P		PA	QLL
oxaprozin tab generic		NP	PA	
OXAYDO		NP	PA	
oxazepam generic		NP	PA	QLL
OXBRYTA		NP	PA	QLL
oxcarbazepine tabs generic	P			QLL
OXERVATE	P		PA	QLL
OXISTAT		NP		

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
OXLUMO	P		PA	QLL
OXSORALEN-UL	P			
OXTELLAR XR		NP	PA	QLL
oxybutynin ER generic	P			QLL
oxybutynin generic	P			QLL
oxycodone concentrate generic		NP	PA	
oxycodone ir generic	P			QLL
oxycodone/aspirin tabs generic		NP	PA	
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL
OXYTROL	P			QLL
OZEMPIC		NP	PA	QLL
PALFORZIA		NP	PA	
paliperidone er generic	P		PA (<12 years)	QLL
PALYNZIQ	P		PA	QLL
PANDEL		NP	PA	
PANRETIN	P		PA	
pantoprazole generic	P			QLL
pantoprazole inj. generic		NP	PA	QLL
PANZYGA		NP	PA	
paricalcitol 1mcg, 2mcg generic	P			
paricalcitol 4mcg generic		NP	PA	
paromomycin generic		NP	PA	
paroxetine er		NP	PA	QLL
paroxetine generic	P			QLL
PAXIL SUSP.		NP	PA	
PAXLOVID	P			QLL
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
PEGANONE	P			
PEGASYS, -PROCLICK	P			QLL
PEMAZYRE	P		PA	QLL
PENNSAID		NP	PA	QLL
PENTASA	P			
pentazocine/naloxone tabs generic		NP	PA	
pentoxifylline generic	P			
PERFOROMIST		NP	PA	QLL
PERIKABIVEN		NP	PA	
perindopril generic		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
PERSERIS	P		PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
PERTZYE		NP	PA	
PEXEVA		NP	PA	QLL
PHEBURANE		NP	PA	QLL
phenelzine generic		NP	PA	QLL
phenobarbital generic	P			
phenoxybenzamine generic		NP	PA	
PHENYTEK		NP		
phenytoin generic	P			
PHESGO	P		PA	QLL
PHEXXI GEL		NP	PA	QLL
PHOSLYRA		NP	PA	
PHOSPHOLINE IODIDE	P			
phytonadione generic	P			QLL
PIFELTRO		NP	PA	
pilocarpine ophthalmic generic		NP	PA	
pilocarpine tabs generic	P			
PILOPINE H.S.	P			
pimozide generic	P			
pioglitazone generic	P			QLL
pioglitazone/glimepiride generic		NP	PA	QLL
pioglitazone/metformin generic		NP	PA	QLL
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic	P			
PIQRAY	P		PA	QLL
pirfenidone generic		NP	PA	QLL
PLAN B ONE STEP (covered < 17 yrs old)	P			QLL
PLEGRIDY		NP	PA	QLL
PLENVU		NP	PA	QLL
podofilox soln. generic		NP	PA	
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
POMALYST	P		PA	QLL
PONVORY		NP	PA	QLL
potassium chloride generic	P			
potassium citrate 15meq generic		NP	PA	QLL
potassium citrate 5meq, 10meq generic	P			QLL
potassium iodide soln. generic		NP	PA	
PRADAXA	P			QLL
PRALUENT		NP	PA	QLL
pramcort cream 1-1% generic	P			
pramipexole er generic		NP	PA	QLL
pramipexole generic	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
PRAMOSONE CREAM 1%	P			
prasugrel generic	P			QLL
pravastatin generic	P			QLL
prednicarbate cream, ointment generic		NP	PA	
prednisolone odt generic		NP	PA	
prednisolone oral soln. 10mg/5ml		NP	PA	
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 20mg/5ml		NP	PA	
prednisolone oral soln. 25mg/5ml generic	P			
prednisone generic	P			
PREFEST	P			
PREMARIN	P			QLL
PREMPHASE	P			QLL
PREMPRO	P			QLL
prenatal brand/generics (without DHA)	P			
prenatal brands/generics with DHA	P			
PRETOMANID	P		PA	
PREVACID SOLUTAB		NP	PA	QLL
PREVALITE PACKETS		NP	PA	
PREVALITE POWDER	P			
PREVYMIS		NP	PA	QLL
PREZCOBIX	P		PA	QLL
PREZISTA	P		PA	
PRIFTIN	P			
PRILOSEC POWDER		NP	PA	QLL
PRIMAXIN	P		PA	
primidone generic	P			
PRIMLEV		NP	PA	
PRIVIGEN		NP	PA	
PROAIR DIGIHALER		NP	PA	QLL
PROAMATINE	P			
probenecid generic	P			
probenecid/colchicine generic	P			
PROCORT		NP	PA	
PROCRIT		NP	PA	
PROCTOFOAM-HC	P			
PROCYSBI		NP	PA	QLL
PROFILNINE	P			
progesterone caps generic	P			
PROGRAF GRANULES		NP	PA	
PROLASTIN-C	P		PA	
PROLATE SOLN.		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
PROLENSA		NP	PA	QLL
PROLEUKIN	P			
PROMACTA	P		PA	QLL
promethazine 50mg rectal suppository generic		NP	PA	
promethazine generic	P			
propafenone er generic	P			QLL
propantheline generic		NP	PA	
PROTONIX PAK		NP	PA	QLL
protriptyline generic		NP	PA	
PRUDOXIN		NP	PA	QLL
PSORCON E		NP	PA	
PULMICORT FLEXHALER	P			QLL
PULMOZYME	P			QLL
PURINETHOL	P			
PURIXAN		NP	PA	QLL
PYLERA	P		PA	QLL
pyrazinamide generic	P			
pyridostigmine generic		NP	PA	QLL
pyridoxine (vitamin B-6) inj. generic	P		PA	
PYRUKYND	P		PA	QLL
QBRELIS	P		PA (>12 years)	QLL
QBREXZA		NP	PA	QLL
QELBREE		NP	PA	QLL
QINLOCK	P		PA	QLL
QNASL		NP	PA	QLL
QTERN		NP	PA	QLL
QUALAQUIN		NP	PA	QLL
QUARTETTE		NP	PA	QLL
quasense generic	P			QLL
QUDEXY XR	P			QLL
quetiapine er generic	P		PA (<10 years)	QLL
quetiapine generic 100mg, 150mg, 200mg, 300mg, 400mg	P		PA (<10 years)	QLL
quetiapine generic 25mg, 50mg	P		PA***/PA (<10 years)	QLL
QUILLICHEW ER		NP	PA	QLL
QUILLIVANT SUSP XR		NP	PA	QLL
quinapril generic	P			QLL
quinapril HCTZ generic	P			QLL
quinine sulfate generic		NP	PA	
QULIPTA	P		PA	QLL
QVAR	P			QLL
QVAR REDIHALER		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
RADIACARE	P			
RADICAVA ORS		NP	PA	QLL
raloxifene generic	P			QLL
ramipril caps generic	P			QLL
ranolazine generic	P		PA	
RAPAFLO		NP	PA	QLL
RAPAMUNE SOLN.	P			QLL
RASUVO		NP	PA	QLL
RAVICTI		NP	PA	QLL
RAYALDEE		NP	PA	QLL
RAYOS		NP	PA	QLL
REBIF, REBIDOSE		NP	PA	QLL
REBINYN		NP	PA	
RECOMBINATE		NP	PA	
RECORLEV		NP	PA	QLL
RECTIV OINT 0.4%		NP	PA	QLL
REDITREX		NP	PA	QLL
REGRANEX	P		PA	QLL
RELAFEN DS		NP	PA	QLL
RELENZA	P			QLL
RELEUKO		NP	PA	QLL
RELISTOR		NP	PA	QLL
RELTONE		NP	PA	QLL
REMODULIN		NP	PA	
RENAGEL	P			QLL
REVELA TAB	P			QLL
repaglinide generic	P			QLL
REPATHA		NP	PA	QLL
REPATHA PUSH INJ.		NP	PA	QLL
RESCRIPTOR	P			
RESTASIS MULTIDOSE		NP	PA	QLL
RESTASIS single dose vials	P			QLL
RETACRIT	P		PA	
RETEVMO	P		PA	QLL
RETIN-A MICRO		NP	PA	QLL
REVATIO SUSPENSION		NP	PA	QLL
REVCIVI		NP	PA	
REVLIMID	P			QLL
REXULTI		NP	PA	QLL
REYATAZ POWDER PACKET		NP	PA	
REYVOW		NP	PA	
REZUROCK		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
RHOPRESSA	P		PA	QLL
ribavirin 200mg generic	P			
RIDAURA	P			
rifabutin generic	P			QLL
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
riluzole generic	P			QLL
rimantadine generic		NP		
RINVOQ ER		NP	PA	QLL
RIOMET	P			QLL
RIOMET ER		NP	PA	QLL
risedronate, -dr generic		NP	PA	QLL
RISPERDAL CONSTA	P		PA	QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
RITALIN LA 10mg		NP	PA	QLL
ritonavir tabs generic	P			
rivastigmine caps generic	P			
RIXUBIS		NP	PA	
rizatriptan odt generic	P			QLL
rizatriptan tab generic	P			QLL
ROCALTROL	P			
ROCKLATAN	P		PA	
roflumilast generic		NP	PA	QLL
ropinirole er generic		NP	PA	QLL
ropinirole generic	P			
ROSDAN KIT		NP	PA	QLL
rosuvastatin generic	P			QLL
ROXYBOND		NP	PA	QLL
ROZEREM		NP	PA	QLL
ROZLYTREK	P		PA	QLL
RUBRACA	P		PA	QLL
RUCONEST		NP	PA	
RUKOBIA		NP	PA	QLL
RUZURGI	P		PA	QLL
RYBELSUS		NP	PA	QLL
RYCLORA		NP	PA	
RYDAPT	P		PA	QLL
RYTARY		NP	PA	QLL
RYVENT		NP	PA	QLL
SABRIL		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
SAFYRAL		NP	PA	QLL
SAIZEN		NP	PA	
SALAGEN	P			
SALEX SHAMPOO 6%		NP	PA	
salicylic acid aerosol/foam, gel 6% generic		NP	PA	
salsalate generic		NP	PA	
SAMSCA	P			QLL
SANCUSO		NP	PA	QLL
SANDOSTATIN LAR	P		PA	
sapropterin tabs generic	P			QLL
SAVAYSA		NP	PA	QLL
SAVELLA		NP	PA	QLL
SAXENDA		NP	PA (12 yrs-17 yrs)	
SCSEMBLIX	P		PA	QLL
SEASONIQUE	P			QLL
SECONAL		NP	PA	QLL
SECUADO		NP	PA	QLL
SEGLENTIS		NP	PA	QLL
SEGLUROMET		NP	PA	QLL
SELECT-OB + DHA	P			
selegiline generic	P			
SELENIUS	P			QLL
SELZENTRY		NP	PA	
SEMGLEE vials and pens		NP	PA	QLL
SENSIPAR		NP	PA	
SEREVENT DISKUS	P			QLL
SEROSTIM		NP	PA	
sertraline generic	P			QLL
sevelamer 400mg generic		NP	PA	
sevelamer powder packet generic		NP	PA	QLL
SEVENFACT		NP	PA	
SFROWASA		NP	PA	
SIGNIFOR, -LAR		NP	PA	QLL
SIKLOS		NP	PA	QLL
sildenafil tabs generic	P		PA	QLL
SILENOR	P			QLL
SILIQ		NP	PA	
SIMBRINZA		NP	PA	QLL
SIMPONI		NP	PA	QLL
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
sirolimus tabs generic	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
SIRTURO	P		PA	QLL
SITAVIG		NP	PA	QLL
SIVEXTRO		NP	PA	QLL
SKLICE		NP	PA	QLL
SKYRIZI CARTRIDGE, -PEN, -SYRINGE		NP	PA	QLL
SKYTROFA		NP	PA	
SLYND		NP	PA	QLL
SMOFLIPID		NP	PA	
sodium bicarbonate generic	P		PA	
sodium phenylbutyrate generic		NP	PA	QLL
sodium sulfacetamide/sulfur 10-4% pads generic		NP	PA	
sodium sulfacetamide/sulfur 10-5% aerosol, cream, emulsion generic		NP	PA	
sodium/potassium/magnesium sulfate oral soln. generic		NP	PA	QLL
sofosbuvir-velpatasvir 400-100mg generic	P		PA	QLL
solifenacin generic	P			QLL
SOLQUA		NP	PA	QLL
SOLODYN		NP	PA	QLL
SOLOSEC		NP	PA	
SOMATULINE DEPOT		NP	PA	
SOMAVERT		NP	PA	QLL
SONATA		NP	PA	QLL
SOOLANTRA		NP	PA	QLL
SORILUX		NP	PA	QLL
SOTYLIZE		NP	PA	QLL
SOVALDI		NP	PA	QLL
SPECTRACEF		NP	PA	QLL
spinosad generic		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT		NP	PA	QLL
spironolactone generic	P			QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
SPRAVATO		NP	PA	
SPRIX		NP	PA	QLL
SPRYCEL	P		PA	QLL
stavudine		NP		
STAVZOR		NP	PA	
STEGLATRO		NP	PA	QLL
STEGLUJAN		NP	PA	QLL
STELARA 90mg/ml		NP	PA	QLL
STIOLTO RESPIMAT	P			QLL
STIVARGA	P		PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
STRENSIQ	P		PA	
streptomycin inj. generic	P			QLL
STRIANT		NP	PA	QLL
STRIBILD		NP	PA	QLL
STRIVERDI RESPIMAT		NP	PA	QLL
STROMECTOL		NP	PA	QLL
SUBOXONE	P			QLL
SUBSYS		NP	PA	QLL
SUCLEAR	P			QLL
sulfacetamide ophthalmic drops generic	P			
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide sodium 10% lotion/wash generic		NP	PA	
Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic		NP	PA	
sulfadiazine tab generic		NP	PA	
sulfamethoxazole-trimethoprim susp. 200mg-40mg/5ml generic (except 00121-0853-**) )	P			
sulfasalazine generic	P			
sumatriptan injection		NP	PA	QLL
sumatriptan nasal spray generic	P			QLL
sumatriptan tabs generic	P			QLL
SUMAXIN PADS		NP	PA	QLL
SUNOSI		NP	PA	QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
SUPRAX CAPS		NP	PA	QLL
SUSTIVA CAPS	P			
SUTENT	P		PA	QLL
SYMBICORT	P			QLL
SYMDEKO	P		PA	QLL
SYMFI		NP	PA	QLL
SYMFI LO		NP	PA	QLL
SYMJEPI		NP	PA	QLL
SYMLINPEN	P		PA	QLL
SYMPAZAN		NP	PA	QLL
SYMPROIC		NP	PA	
SYMTUZA	P			QLL
SYNAGIS	P		PA	QLL
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
SYNAREL	P			
SYNJARDY, -XR		NP	PA	QLL
SYNRIBO	P		PA	QLL
SYPRINE	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
TABRECTA	P		PA	QLL
TACLONEX		NP	PA	QLL
tacrolimus generic	P			
tacrolimus ointment generic	P			QLL
tadalafil (generic Adcirca)	P		PA	QLL
TADLIQ		NP	PA	QLL
TAFINLAR	P		PA	QLL
TAGRISSO	P		PA	QLL
TAKHZYRO		NP	PA	QLL
TALICIA		NP	PA	QLL
TALTZ	P		PA	QLL
TALZENNA	P		PA	QLL
tamsulosin generic	P			QLL
TANDEM PLUS	P			
TAPERDEX		NP	PA	QLL
TARGETIN CAP	P			QLL
TARPEYO		NP	PA	QLL
TASCENSO ODT		NP	PA	QLL
TASIGNA	P		PA	QLL
TAVALISSE		NP	PA	QLL
TAVNEOS		NP	PA	QLL
tazarotene cream 0.1% generic		NP	PA	QLL
tazarotene gel 0.1%, 0.05% generic		NP	PA	QLL
TAZVERIK	P		PA	QLL
TEFLARO		NP	PA	QLL
TEGRETOL XR 100mg	P			QLL
TEGSEDI		NP	PA	QLL
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
telmisartan generic	P			QLL
telmisartan/amlodipine generic		NP	PA	QLL
telmisartan/HCTZ generic		NP	PA	QLL
temazepam 15mg, 30mg generic	P			QLL
temazepam 7.5mg, 22.5mg		NP	PA	
TEMIXYS		NP	PA	QLL
temozolomide generic	P		PA	QLL
tenofovir disoproxil fumarate 300mg tabs	P			QLL
TEPMETKO	P		PA	QLL
terbinafine tab generic	P			
terbutaline tabs generic		NP	PA	
terconazole generic	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a> → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a
testosterone gel generic (Fortesta, Testim, Vogelxo generics only)		NP	PA	QLL
testosterone gel pump (generics for Vogelxo)		NP	PA	QLL
testosterone injection generic	P		PA	
testosterone topical soln. generic		NP	PA	QLL
tetrabenazine generic	P			QLL
TEXACORT SOLN		NP	PA	
THALOMID	P			QLL
theophylline generic	P			
THERABENZAPR PAK -60	P			
thiamine (vitamin B-1) generic	P		PA	
THIOGUANINE	P			
THIOLA EC	P		PA	QLL
THYQUIDITY		NP	PA	QLL
tiagabine generic		NP	PA	
TIBSOVO	P		PA	QLL
ticlopidine generic	P			
TIGAN INJ.		NP	PA	
TIGLUTIK		NP	PA	QLL
timolol maleate generic	P			
timolol tabs generic		NP	PA	QLL
TIMOPTIC OCUDOSE		NP	PA	
tinidazole generic	P			
tiopronin generic	P			
TIROSINT		NP	PA	QLL
TIVICAY	P			QLL
TIVICAY PD	P		PA	QLL
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
TLANDO		NP	PA	QLL
TOBI PODHALER		NP	PA	QLL
TOBRADEX	P			QLL
TOBRADEX ST		NP	PA	QLL
tobramycin 40mg/ml inj. generic	P			QLL
tobramycin nebulizer generic		NP	PA	QLL
tobramycin ophthalmic generic	P			
tobramycin/dexamethasone generic		NP	PA	QLL
tolbutamide generic		NP	PA	
tolcapone generic		NP	PA	

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
tolterodine, -er generic		NP	PA	QLL
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL
topiramate er sprinkles (upsher-smith generic only)	P		PA	QLL
topiramate sprinkles generic	P			QLL
topiramate tabs generic	P			QLL
TOPOSAR	P		PA	
TOSYMRA		NP	PA	QLL
TOUJEO		NP	PA	QLL
TOVIAZ	P			QLL
TRACLEER	P			QLL
TRACLEER 32mg TAB FOR ORAL SUSP		NP	PA	
TRADJENTA	P			QLL
TRALEMENT	P			
tramadol er (generic Conzip, Ultram ER, Ryzolt)		NP	PA	QLL
tramadol generic (except 100mg tab)	P			QLL
tramadol/acetaminophen generic	P			QLL
trandolapril generic	P			QLL
trandolapril/verapamil generic	P			QLL
tranexamic acid inj.		NP	PA	
tranexamic acid tab generic	P			QLL
TRANSDERM-SCOP	P			
tranylcypromine generic		NP	PA	
TRAVATAN Z	P			QLL
trazodone 300mg generic		NP	PA	QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
TRECATOR	P			
TRELEGY ELLIPTA		NP	PA	QLL
TREMFYA		NP	PA	QLL
TRESIBA FLEX, -INJ.		NP	PA	QLL
tretinoin caps generic	P			
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
TRETEN		NP	PA	
TREXIMET		NP	PA	QLL
triamcinolone acetonide 0.05% oint. generic	P			QLL
triamcinolone acetonide spray generic		NP	PA	
triamterene generic		NP	PA	
TRIANEX OINTMENT		NP	PA	QLL
triazolam	P			QLL
TRIBENZOR		NP	PA	QLL

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



## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
TRICARE	P			
trifluridine generic	P			
TRIGLIDE		NP	PA	QLL
TRIJARDY XR		NP	PA	QLL
TRIKAFTA	P		PA	QLL
tri-legest/tilia fe generic	P			
TRILEPTAL SUSP.	P			QLL
trimethobenzamide generic		NP	PA	
trimipramine generic		NP	PA	
trinessa lo generic	P			QLL
TRINTELLIX	P		PA	QLL
TRIUMEQ, -PD	P			QLL
TRIZIVIR	P			QLL
TROKENDI XR		NP	PA	QLL
tropium er generic		NP	PA	QLL
tropium generic		NP	PA	QLL
TRUDHESA		NP	PA	QLL
TRULANCE		NP	PA	QLL
TRULICITY		NP	PA	QLL
TUDORZA		NP	PA	QLL
TUKYSA	P		PA	QLL
TURALIO	P		PA	QLL
TWIRLA		NP	PA	QLL
TWYNEO		NP	PA	QLL
TWYNSTA		NP	PA	QLL
TYBLUME		NP	PA	QLL
TYBOST	P		PA	QLL
TYGACIL		NP	PA	
TYKERB	P			QLL
TYMLOS		NP	PA	
TYRVAYA		NP	PA	QLL
TYVASO, -DPI		NP	PA	QLL
UBRELVY	P		PA	
UCERIS		NP	PA	QLL
UDENYCA		NP	PA	QLL
ULTRAVATE LOTION		NP	PA	
UNASYN 15GM		NP	PA	
UPTRAVI		NP	PA	QLL
urea cream 41% generic		NP	PA	QLL
urea cream/lotion 40% generic	P			
URIMAR-T		NP	PA	
URIN D/S	P			

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
UROCIT-K 15		NP	PA	QLL
UROGESIC BLUE		NP	PA	QLL
ursodiol caps generic	P			
ursodiol tabs generic	P			
valacyclovir generic	P			QLL
VALCHLOR GEL	P		PA	QLL
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
valganciclovir soln. generic		NP	PA	QLL
valganciclovir tabs generic	P			QLL
valproic acid caps		NP	PA	
valproic acid syrup	P			
valsartan generic	P			QLL
valsartan/hctz generic	P			QLL
VALTOCO	P			QLL
vancomycin caps, inj. generic	P			QLL
VANDAZOLE GEL		NP	PA	
varenicline generic	P			QLL
VASCEPA		NP	PA	QLL
VECAMYL		NP	PA	QLL
VECTICAL		NP	PA	QLL
VELPHORO		NP	PA	QLL
VELTASSA	P			QLL
VELTIN		NP	PA	QLL
VEMLIDY		NP	PA	QLL
VENCLEXTA	P		PA	QLL
venlafaxine besylate er tabs generic		NP	PA	QLL
venlafaxine er caps generic	P			QLL
venlafaxine generic	P			QLL
venlafaxine hcl er tabs generic		NP	PA	QLL
VENOFER	P		PA	
VENTAVIS	P		PA	QLL
VENTOLIN HFA	P			QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
verapamil generic	P			QLL
VEREGEN OINTMENT		NP	PA	
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VERKAZIA		NP	PA	QLL
VERQUVO		NP	PA	QLL
VERSACLOZ SUSPENSION		NP	PA	QLL
VERZENIO	P		PA	QLL
VESICARE LS SUSP.	P		PA	QLL
VEXOL	P			QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
VFEND SUSP		NP	PA	
VIBATIV		NP	PA	
VIBERZI		NP	PA	QLL
VIBRAMYCIN SYRUP	P			
VICTOZA	P			QLL
VIIBRYD		NP	PA	QLL
VIJOICE	P		PA	QLL
VIMIZIM	P		PA	
VIMOVO		NP	PA	QLL
VIOKACE		NP	PA	
VIRACEPT	P			
VIRAMUNE SUSPENSION	P			QLL
VIREAD POWDER, 150mg, 200mg, 250mg TABS	P			QLL
VITAFOL FE+	P			
VITAFOL NANO	P			
VITAFOL STRIPS	P			
VITAFOL TAB CHEW	P			
VITAFOL ULTRA	P			
VITAFOL-OB	P			
VITAFOL-OB+DHA	P			
VITAFOL-ONE	P			
vitamin B complex generic	P		PA	
vitamin B-12 injection generic	P			
VITRAKVI	P		PA	QLL
VITRASE	P		PA	
VIVELLE DOT	P			QLL
VIVITROL	P			QLL
VIZIMPRO	P		PA	QLL
VONJO		NP	PA	QLL
VONVENDI		NP	PA	
voriconazole generic		NP	PA	
VOSEVI	P		PA	QLL
VOTRIENT	P		PA	QLL
VOXZOGO	P		PA	QLL
VPRIV	P		PA	
VRAYLAR		NP	PA	QLL
VUMERITY		NP	PA	QLL
VUSION		NP	PA	
VYNDAMAX	P		PA	QLL
VYNDAQEL	P		PA	QLL
VYVANSE		NP	PA	QLL
VYZULTA		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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
WAKIX		NP	PA	QLL
warfarin sodium generic	P			
WELCHOL		NP	PA	
WELIREG	P		PA	QLL
WILATE	P			
WINLEVI		NP	PA	QLL
wymza fe chew (generic for Femcon FE Chew)		NP	PA	QLL
XADAGO		NP	PA	
XALKORI	P		PA	QLL
XARELTO SUSPENSION	P		PA	QLL
XARELTO TABS	P			QLL
XATMEP		NP	PA	QLL
XCOPRI TABS, PAK		NP	PA	QLL
XELJANZ IR TAB (5MG, 10MG)	P		PA	QLL
XELJANZ SOLN	P		PA	QLL
XELJANZ XR - requires LOMN after at least a 30-day trial of Xeljanz (IR-5MG)	P		PA	QLL
XELPROS		NP	PA	QLL
XELSTRYM		NP	PA	QLL
XEMBIFY		NP	PA	
XENICAL (covered 12 - 17 yrs old)	P		PA (12 yrs-17 yrs)	
XENLETA inj., tab		NP	PA	QLL
XEPI		NP	PA	QLL
XERESE CREAM		NP	PA	QLL
XERMELO	P		PA	QLL
XHANCE		NP	PA	QLL
XIFAXAN		NP	PA	QLL
XIGDUO XR	P			QLL
XIIDRA	P			
XOFLUZA		NP	PA	QLL
XOPENEX HFA		NP	PA	QLL
XOSPATA	P		PA	QLL
XPOVIO PAK	P		PA	QLL
XTAMPZA ER		NP	PA	QLL
XTANDI CAPS	P		PA	QLL
xulane (norelgestromin-ethinyl estradiol) generic		NP	PA	QLL
XULTOPHY		NP	PA	QLL
XYNTHA	P			
XYOSTED		NP	PA	QLL
XYREM		NP	PA	QLL
XYWAV		NP	PA	QLL
YONSA		NP	PA	QLL
YUPELRI		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
yuvaferm (estradiol) vaginal tab generic	P			
zafirlukast generic		NP	PA	QLL
zaleplon generic	P			QLL
ZANAFLEX CAPS		NP	PA	
zarah generic		NP	PA	
ZARXIO		NP	PA	QLL
ZAVESCA	P			QLL
ZEBUTAL		NP	PA	
ZEGALOGUE		NP	PA	QLL
ZEGERID POWDER		NP	PA	QLL
ZEJULA	P		PA	QLL
ZELAPAR		NP	PA	
ZELBORAF	P		PA	QLL
ZEMAIRA	P		PA	
ZEMBRACE SYMTOUCH INJ.		NP	PA	QLL
zenchent fe chew (generic for Femcon FE Chew)		NP	PA	QLL
ZENPEP	P			QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
zeosa chew generic		NP	PA	
ZEPATIER		NP	PA	QLL
ZEPOSIA		NP	PA	QLL
ZERBAXA		NP	PA	
ZERVIAE		NP	PA	QLL
ZETONNA		NP	PA	QLL
ZIAGEN SOLN.	P			
ZIANA		NP	PA	QLL
zidovudine generic	P			
ZIEXTENZO	P		PA	
zileuton er generic		NP	PA	QLL
ZILXI		NP	PA	QLL
ZIMHI		NP	PA	
ZIOPTAN		NP	PA	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ZIPSOR		NP	PA	QLL
ZIRGAN		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
ZOKINVY	P		PA	QLL
ZOLINZA	P		PA	
zolmitriptan, -odt generic		NP	PA	QLL
zolidem er generic	P			QLL
zolidem generic	P			QLL
zolidem sl tab generic		NP	PA	QLL

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

## Georgia Medicaid/PeachCare Preferred Drug List

**Effective June 1, 2023**

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

	<b>Preferred</b>	<b>Non-Preferred</b>	<b>PA</b>	<b>QLL</b>
ZOMACTON		NP	PA	
ZOMIG NASAL SPRAY	P			QLL
ZOMIG, -ZMT		NP	PA	QLL
ZONALON		NP	PA	QLL
ZONISADE		NP	PA	QLL
zonisamide generic	P			
ZONTIVITY		NP	PA	QLL
ZORBTIVE		NP	PA	
ZORTRESS		NP	PA	QLL
ZORYVE		NP	PA	QLL
ZOSYN	P			
zovia 1/50e (ethynodiol) generic		NP	PA	
ZOVIRAX CREAM	P			QLL
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
ZTALMY		NP	PA	QLL
ZTLIDO		NP	PA	QLL
ZUBSOLV		NP	PA	QLL
ZYCLARA		NP	PA	
ZYDELIG	P		PA	QLL
ZYFLO IR		NP	PA	QLL
ZYKADIA	P		PA	QLL
ZYLET	P			
ZYMAXID		NP	PA	QLL
ZYPITAMAG		NP	PA	QLL
ZYPREXA INJECTABLE		NP		
ZYPREXA RELPREVV	P		PA	QLL
ZYTIGA 250mg	P		PA	QLL
ZYTIGA 500mg		NP	PA	QLL
ZYVOX IV SOLN., ORAL SUSP.	P		PA	QLL

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