

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
ANTIINFECTIVES				
ANTIBACTERIAL DRUGS				
amoxicillin 775mg generic		NP	PA	QLL
amox/clavulanate IR tabs, susp generic	P			QLL
amox/clavulanate chew tabs		NP	PA	QLL
amox/clavulanate 250-125mg tabs generic		NP	PA	
amox/clavulanate ER tabs generic		NP	PA	QLL
amox/clavulanate 250-62.5mg/5ml susp generic		NP	PA	QLL
ampicillin/sulbactam inj. generic	P			
ARIKAYCE	P		PA	QLL
AUGMENTIN 125mg/5ml SUSPENSION		NP	PA	QLL
AVYCAZ		NP	PA	QLL
AZACTAM		NP	PA	
azithromycin generic	P			QLL
aztreonam generic	P		PA	
BETHKIS	P			QLL
CAYSTON	P		PA	QLL
cefaclor er generic		NP	PA	QLL
cefaclor caps generic	P			QLL
cefaclor oral suspension generic		NP	PA	QLL
cefadroxil caps, suspension generic	P			QLL
cefadroxil tabs generic		NP	PA	QLL
cefazolin iv generic	P			
cefazolin 2gm,-3gm inj. generic	P			QLL
cefdinir	P			QLL
cefixime suspension generic		NP	PA	QLL
ceftriaxone generic	P			
cefpodoxime generic		NP	PA	QLL
cefprozil generic	P			QLL
cefuroxime generic tabs	P			QLL
cefuroxime generic susp	P			QLL
cephalexin caps generic	P			QLL
cephalexin tabs generic		NP	PA	QLL
cephalexin 750mg generic		NP	PA	QLL
CIPRO SUSPENSION	P			QLL
ciprofloxacin/SR generic	P			QLL
ciprofloxacin suspension generic	P			QLL
clarithromycin/ER generic	P			QLL
clarithromycin susp.	P			QLL
CLEOCIN 75MG CAPS	P			
clindamycin caps generic	P			
clindamycin for oral solution generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
clindamycin in D5W injection generic	P			
clindamycin in NaCl 0.9% injection generic	P			
clindamycin injection 150MG/ML (900MG/6ML) generic	P			
demeclocycline generic		NP	PA	
DIFICID		NP	PA	QLL
DORYX, -MPC		NP	PA	QLL
doxycycline hyclate 20mg, 100mg generic	P			
doxycycline hyclate 75mg, 150mg generic		NP	PA	
doxycycline hyclate delayed release tabs		NP	PA	QLL
doxycycline monohydrate 50mg, 100mg caps, 75mg, 100mg, 150mg tabs generic	P			
generic		NP	PA	
doxycycline suspension generic	P			
DYNAPEN SUSP	P			
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
FLAGYL CAPS		NP	PA	
GANTRISIN PEDIATRIC	P			
KITABIS PAK	P			QLL
levofloxacin injection 25mg/ml generic		NP	PA	QLL
levofloxacin in D5W (generic Levaquin Premix)	P			
levofloxacin solution generic		NP	PA	QLL
levofloxacin tabs generic	P			QLL
LIKMEZ SUSP.		NP	PA	
LINCOCIN	P			
metronidazole IR tabs generic	P			
metronidazole caps generic		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
MORGIDOX KIT		NP	PA	QLL
MOXATAG		NP	PA	QLL
moxifloxacin generic	P			QLL
nitrofurantoin caps generic	P			
nitrofurantoin suspension generic		NP	PA	QLL
NUZYRA INJ.		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
NUZYRA TABS		NP	PA	QLL
ofloxacin generic	P			QLL
paromomycin generic		NP	PA	
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic	P			
SOLODYN		NP	PA	QLL
SOLOSEC		NP	PA	
SPECTRACEF		NP	PA	QLL
streptomycin inj. generic	P			QLL
sulfadiazine tab generic		NP	PA	
sulfamethoxazole-trimethoprim susp. 200mg-40mg/5ml generic (except 00121-0853-**))	P			
SUPRAX CAPS		NP	PA	QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
TOBI PODHALER		NP	PA	QLL
tobramycin 40mg/ml inj. generic	P			QLL
tobramycin nebulizer 300mg/5ml generic	P			QLL
UNASYN 15GM		NP	PA	
VIBRAMYCIN SYRUP	P			
XENLETA inj., tab		NP	PA	QLL
ZERBAXA		NP	PA	
ZOSYN	P			
TOPICAL ANTIBACTERIAL DRUGS				
CORTISPORIN CREAM, -OINT.	P			QLL
gentamicin cream, -oint. generic	P			
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
XEPI		NP	PA	QLL
ANTIMYCOBACTERIAL DRUGS				
cycloserine generic	P			
ethambutol generic	P			
isoniazid generic	P			
PRETOMANID	P		PA	
PRIFTIN	P			
pyrazinamide generic	P			
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
SIRTURO	P		PA	QLL
TRECATOR	P			

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
ANTIFUNGAL DRUGS				
AMBISOME INJ.		NP	PA	
BREXAFEMME		NP	PA	QLL
CANCIDAS INJ.		NP	PA	
clotrimazole troche generic	P			
CRESEMBA CAPS		NP	PA	QLL
fluconazole generic	P			
fluconazole/nacl inj. generic	P		PA	
fluconazole 150mg tab generic	P			QLL
flucytosine generic		NP	PA	
griseofulvin oral susp generic	P		PA	
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin ultramicrosize tab generic		NP	PA	QLL
itraconazole generic	P		PA	QLL
micalfungin generic	P			QLL
NOXAFIL PAK, -TABS		NP	PA	QLL
ONMEL		NP	PA	QLL
posaconazole susp. generic		NP	PA	QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
terbinafine tab generic	P			
VFEND SUSP		NP	PA	
VIVJOA		NP	PA	QLL
voriconazole generic		NP	PA	
TOPICAL ANTIFUNGALS				
BENSAL HP		NP	PA	
ciclopirox 0.77% cream, suspension generic	P			
ciclopirox gel/shampoo generic		NP	PA	
ciclopirox nail lacquer	P		PA	
ciclopirox 8% and vitamin E 5% kit		NP	PA	
clotrimazole/betamethasone lotion generic		NP	PA	
econazole generic	P			QLL
ERTACZO		NP		
EXELDERM		NP		
EXTINA		NP	PA	QLL
GYNAZOLE		NP	PA	
JUBLIA SOLN. 10%		NP	PA	QLL
KERYDIN		NP	PA	QLL
ketoconazole aer 2% foam generic		NP	PA	
ketoconazole cream, shampoo	P			
ketocon plus kit generic		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
miconazole 3 vaginal suppository generic	P			
LOPROX KIT		NP	PA	QLL
LUZU		NP	PA	QLL
MENTAX		NP		
naftifine cream generic		NP	PA	QLL
NAFTIN GEL		NP	PA	
nystatin cream	P			
nystatin/triamcinolone cream generic		NP	PA	
nystatin/triamcinolone ointment generic	P			
OXISTAT		NP		
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
terconazole generic	P			QLL
ANTIRETROVIRALS & PROTEASE INHIBITORS				
abacavir tabs generic	P			QLL
abacavir soln. generic	P			
abacavir/lamivudine generic	P			
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
APTIVUS		NP	PA	
atazanavir generic	P			
BIKTARVY	P			QLL
CIMDUO	P			QLL
COMPLERA		NP	PA	QLL
darunivir 600mg, 800mg tabs generic	P			
DELSTRIGO	P			
DESCOVY	P			QLL
DOVATO	P			QLL
EDURANT	P		PA	QLL
efavirenz tabs generic	P			
efavirenz/emtricitabine/tenofovir disoproxil generic	P			
emtricitabine/tenofovir disoproxil fumarate generic	P			QLL
EMTRIVA	P			
EPIVIR SOLN	P			QLL
EVOTAZ	P		PA	QLL
FUZEON		NP	PA	QLL
GENVOYA	P			QLL
INTELENCE		NP	PA	QLL
INVIRASE		NP	PA	
ISENTRESS, -HD	P		PA	QLL
JULUCA	P			QLL
lamivudine soln. generic	P			QLL
lamivudine generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
lamivudine/zidovudine generic	P			QLL
LEXIVA		NP	PA	
lopinavir/ritonavir generic	P			QLL
nevirapine suspension generic	P			QLL
nevirapine tabs generic	P			QLL
nevirapine er generic		NP	PA	QLL
NORVIR POWDER PACKETS	P			QLL
NORVIR SOLN		NP	PA	
ODEFSEY	P		PA	QLL
PIFELTRO		NP	PA	
PREZCOBIX	P		PA	QLL
PREZISTA 75mg, 150mg, suspension	P		PA	
RESCRIPTOR	P			
REYATAZ POWDER PACKET		NP	PA	
ritonavir tabs generic	P			
RUKOBIA		NP	PA	QLL
SELZENTRY		NP	PA	
stavudine		NP		
STRIBILD		NP	PA	QLL
SUNLENCA TABS		NP	PA	
SUSTIVA CAPS	P			
SYMFI		NP	PA	QLL
SYMFI LO		NP	PA	QLL
SYMTUZA	P			QLL
TEMIXYS		NP	PA	QLL
tenofovir disoproxil fumarate 300mg tabs	P			QLL
TIVICAY	P			QLL
TIVICAY PD	P		PA	QLL
TRIUMEQ, -PD	P			QLL
TRIZIVIR	P			QLL
TYBOST	P		PA	QLL
VIRACEPT		NP	PA	
VIRAMUNE SUSPENSION	P			QLL
VIREAD POWDER, 150mg, 200mg, 250mg TABS	P			QLL
zidovudine generic	P			
HEPATITIS AGENTS				
adefovir generic		NP	PA	QLL
BARACLUDE SOLN.	P			QLL
entecavir generic	P			QLL
EPCLUSA PAK		NP	PA	QLL
HARVONI PAK, 45-200MG TAB		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
HEPSERA	P			QLL
ledipasvir-sofosbuvir tab generic		NP	PA	QLL
MAVYRET	P		PA	QLL
PEGASYS, -PROCLICK	P			QLL
ribavirin 200mg generic	P			
sofosbuvir-velpatasvir 400-100mg generic	P		PA	QLL
SOVALDI		NP	PA	QLL
VEMLIDY		NP	PA	QLL
VOSEVI	P		PA	QLL
ZEPATIER		NP	PA	QLL
OTHER ANTIVIRAL DRUGS				
acyclovir generic	P			
lamivudine HBV generic	P			QLL
famciclovir generic	P			QLL
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
LAGEVRIO	P			QLL
LIVTENCITY		NP	PA	QLL
oseltamivir generic	P			QLL
PAXLOVID	P			QLL
PREVYMIS		NP	PA	QLL
RELENZA	P			QLL
rimantadine generic		NP		
SITAVIG		NP	PA	QLL
valacyclovir generic	P			QLL
valganciclovir tabs generic	P			QLL
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
XOFLUZA		NP	PA	QLL
TOPICAL ANTIVIRAL DRUGS				
acyclovir ointment generic		NP	PA	QLL
DENAVIR CREAM		NP	PA	
VEREGEN OINTMENT		NP	PA	
XERESE CREAM		NP	PA	QLL
ZOVIRAX CREAM	P			QLL
ANTIINFECTIVES SPECIALIZED INDICATIONS				
albendazole generic	P		PA	
atovaquone generic	P			
atovaquone-proguanil generic		NP	PA	
BAXDELA		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
benznidazole generic	P		PA	QLL
chloroquine phosphate generic	P			
COARTEM		NP	PA	QLL
DALVANCE		NP	PA	QLL
dapsone tabs generic	P			
daptomycin iv soln. generic	P		PA	
daptomycin-nacl iv soln. generic	P			
DARAPRIM	P		PA	
EMVERM		NP	PA	
ertapenem generic	P		PA	
FIRVANQ		NP	PA	
hydroxychloroquine sulfate generic	P			QLL
imipenem-cilastatin generic		NP	PA	
ivermectin generic	P			QLL
KRINTAFEL	P		PA	QLL
LAMPIT	P		PA	QLL
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL
MALARONE		NP	PA	QLL
mefloquine hydrochloride generic	P			
meropenem generic	P		PA	
meropenem/sodium chloride IV soln. generic		NP	PA	
MINTEZOL	P			
NEBUPENT	P			QLL
nitazoxanide tabs generic		NP	PA	QLL
PRIMAXIN	P		PA	
QUALAQUIN		NP	PA	QLL
quinine sulfate generic		NP	PA	
rifabutin generic	P			QLL
SIVEXTRO		NP	PA	QLL
STROMECTOL		NP	PA	QLL
TEFLARO		NP	PA	QLL
tinidazole generic	P			QLL
TYGACIL		NP	PA	
vancomycin caps, inj. generic	P			QLL
VIBATIV		NP	PA	
XIFAXAN		NP	PA	QLL
ZYVOX IV SOLN., ORAL SUSP.	P		PA	QLL
ANTINEOPLASTIC/BIOLOGICS/ IMMUNOSUPPRESSANT DRUGS				
ADBRY	P		PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AGRYLIN	P			
AKEEGA	P		PA	
ALECENSA	P		PA	QLL
ALUNBRIG	P		PA	QLL
AMJEVITA		NP	PA	QLL
anastrozole generic	P			QLL
ARCALYST	P		PA	QLL
ASTAGRAF XL		NP	PA	QLL
AUGTYRO	P		PA	
AYVAKIT	P		PA	QLL
BALVERSA	P		PA	QLL
BYNFEZIA		NP	PA	
bicalutamide	P			QLL
BOSULIF	P		PA	QLL
BRAFTOVI	P		PA	QLL
BRUKINSA	P		PA	QLL
CABOMETYX	P		PA	QLL
CALQUENCE TABS	P		PA	QLL
CAMCEVI		NP	PA	QLL
capecitabine generic	P			
CAPRELSA		NP	PA	QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CIBINQO		NP	PA	QLL
CIMZIA		NP	PA	QLL
COMETRIQ	P		PA	QLL
COPIKTRA	P		PA	QLL
COSENTYX, -UNO		NP	PA	QLL
COTELLIC	P		PA	QLL
cyclophosphamide generic	P			
cyclosporine generic	P			
DEPO-PROVERA 400mg/ml	P			
DAURISMO	P		PA	QLL
DUPIXENT	P		PA	QLL
ELIGARD	P			
EMCYT	P			
ENBREL	P		PA	QLL
ENSPRYNG		NP	PA	QLL
ENVARUSUS XR		NP	PA	
ERLEADA	P		PA	QLL
ERIVEDGE	P		PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
erlotinib generic	P		PA	QLL
ETOPOPHOS	P		PA	
etoposide capsules generic	P			
etoposide inj. generic	P		PA	
everolimus tab (generic Afinitor)	P		PA	QLL
exemestane generic	P			QLL
FARESTON	P			
FENSOLVI	P			QLL
FIRMAGON	P		PA	QLL
FOTIVDA	P		PA	QLL
FRUZAQLA	P		PA	
GAVRETO	P		PA	QLL
GILOTRIF	P		PA	QLL
HUMIRA	P		PA	QLL
HYCANTIN	P			
IBRANCE CAPS	P		PA	QLL
ICLUSIG	P		PA	QLL
IDHIFA	P		PA	QLL
ILARIS	P		PA	QLL
imatinib generic	P			QLL
IMBRUVICA	P		PA	QLL
INQOVI	P		PA	QLL
INREBIC	P		PA	QLL
INLYTA	P		PA	QLL
IRESSA	P		PA	QLL
JAKAFI	P			QLL
JAYPIRCA	P		PA	
JOENJA		NP	PA	
JYLAMVO		NP	PA	
KEVZARA	P		PA	QLL
KINERET		NP	PA	QLL
KISQALI	P		PA	QLL
KISQALI 200 PAK FEMARA	P		PA	QLL
KOSELUGO	P		PA	QLL
KRAZATI	P		PA	
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic	P			QLL
LEUKERAN	P			
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
leuprolide 22.5mg injection (3 month) generic	P			QLL
LITFULO		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
LUMAKRAS		NP	PA	QLL
LUPKYNIS	P		PA	QLL
LORBRENA	P		PA	QLL
LONSURF	P		PA	QLL
LUPRON DEPOT 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG	P			QLL
LUPRON DEPOT 45MG		NP	PA	QLL
LUPRON DEPOT PEDIATRIC 7.5MG, 15MG	P			QLL
LUPRON DEPOT PEDIATRIC 11.25MG, 30MG		NP	PA	QLL
LYNPARZA	P		PA	QLL
LYSODREN	P			
LYTGOBI	P		PA	QLL
MATULANE	P			
MEKINIST	P		PA	QLL
MEKTOVI	P		PA	QLL
melpharan tab generic	P			
MYCAPSSA		NP	PA	QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic	P			QLL
MYLERAN	P			
NERLYNX	P		PA	QLL
NEXAVAR	P		PA	QLL
nilutamide generic	P			
NINLARO	P		PA	QLL
NUBEQA	P		PA	QLL
octreotide generic	P		PA	
ODOMZO	P		PA	QLL
OGSIVEO	P		PA	
OJJAARA	P		PA	
ONUREG	P		PA	QLL
ORSERDU	P		PA	QLL
ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT		NP	PA	QLL
ORGOVYX	P		PA	QLL
PEMAZYRE	P		PA	QLL
PHESGO	P		PA	QLL
PIQRAY	P		PA	QLL
POMALYST	P		PA	QLL
PROGRAF GRANULES		NP	PA	
PURINETHOL	P			
PURIXAN		NP	PA	QLL
QINLOCK	P		PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
RETEVMO	P		PA	QLL
REVLIMID	P			QLL
REZLIDHIA	P		PA	
REZUROCK		NP	PA	QLL
RIDAURA	P			
RINVOQ ER	P		PA	QLL
ROZLYTREK	P		PA	QLL
RUBRACA	P		PA	QLL
RYDAPT	P		PA	QLL
SANDOSTATIN LAR	P		PA	
SCEMBLIX	P		PA	QLL
SILIQ		NP	PA	
SIMPONI		NP	PA	QLL
sirolimus soln., -tabs generic	P			QLL
SKYRIZI CARTRIDGE, -PEN, -SYRINGE		NP	PA	QLL
SOMATULINE DEPOT		NP	PA	
SOMAVERT		NP	PA	QLL
SOTYKTU		NP	PA	
SPRYCEL	P		PA	QLL
STELARA 90mg/ml		NP	PA	QLL
STIVARGA	P		PA	QLL
SUTENT	P		PA	QLL
SYNRIBO	P		PA	QLL
TABRECTA	P		PA	QLL
tacrolimus generic	P			
TAFINLAR	P		PA	QLL
TAGRISSO	P		PA	QLL
TALZENNA	P		PA	QLL
TALTZ	P		PA	QLL
TARGRETIN CAP	P			QLL
TASIGNA	P		PA	QLL
TAVNEOS		NP	PA	QLL
TAZVERIK	P		PA	QLL
temozolomide generic	P		PA	QLL
THALOMID	P			QLL
THIOGUANINE	P			
TIBSOVO	P		PA	QLL
TEPMETKO	P		PA	QLL
TOPOSAR	P		PA	
TREMFYA		NP	PA	QLL
tretinoin caps generic	P			
TRUQAP	P		PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
TUKYSA	P		PA	QLL
TURALIO	P		PA	QLL
TYKERB	P			QLL
UCERIS		NP	PA	QLL
VANFLYTA	P		PA	
VENCLEXTA	P		PA	QLL
VERZENIO	P		PA	QLL
VITRAKVI	P		PA	QLL
VIZIMPRO	P		PA	QLL
VONJO		NP	PA	QLL
VOTRIENT	P		PA	QLL
WELIREG	P		PA	QLL
XALKORI	P		PA	QLL
XOSPATA	P		PA	QLL
XPOVIO PAK	P		PA	QLL
XTANDI CAPS	P		PA	QLL
YONSA		NP	PA	QLL
ZEJULA	P		PA	QLL
ZELBORAF	P		PA	QLL
ZOLINZA	P		PA	
ZORTRESS		NP	PA	QLL
ZYDELIG	P		PA	QLL
ZYKADIA	P		PA	QLL
ZYTIGA 250mg	P		PA	QLL
ZYTIGA 500mg		NP	PA	QLL
CARDIOVASCULAR MEDICATIONS				
CALCIUM ANTAGONISTS				
afeditab cr generic	P			QLL
amlodipine	P			QLL
CARDIZEM LA 120mg	P			QLL
diltiazem (generic Cardizem)	P			QLL
diltiazem cd/er 360mg (generic Cardizem CD)		NP	PA	QLL
diltiazem cd/er, cartia xt, dilt-cd (generic Cardizem CD-all strengths except 360mg)	P			QLL
diltiazem er, diltzac, taztia xt caps (generic Tiazac)	P			QLL
diltiazem er, dilt-xr (generic Dilacor XR)	P			QLL
felodipine er generic	P			QLL
isradipine generic		NP	PA	QLL
KATERZIA		NP	PA	QLL
levamlodipine generic		NP	PA	QLL
matzim la (generic Cardizem LA)		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
nicardipine generic		NP	PA	QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL
NORLIQVA		NP	PA	QLL
NYMALIZE		NP	PA	QLL
nisoldipine sr generic		NP	PA	QLL
verapamil generic	P			QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
verapamil sr caps 360mg (generic Verelan SR)		NP	PA	QLL
CARDIAC GLYCOSIDES				
digoxin 0.0625MG generic		NP	PA	
digoxin 0.125MG generic	P			
LANOXIN INJ	P			
BETA-ADRENERGIC ANTAGONIST DRUGS				
all beta-adrenergic antagonists generics are preferred	P			QLL
DUTOPROL	P			QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
INNOPRAN XL		NP	PA	QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
nadolol generic	P			QLL
nebivolol generic	P			QLL
SOTYLIZE		NP	PA	QLL
timolol tabs generic		NP	PA	QLL
CENTRALLY ACTING ANTIHYPERTENSIVES				
clonidine patch generic	P			QLL
clonidine 0.17mg er tabs generic		NP	PA	QLL
ANGIOTENSIN CONVERTING ENZYME INHIBITORS & COMBOS				
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
captopril generic	P			QLL
captopril HCTZ generic	P			QLL
enalapril generic	P			QLL
enalapril soln. generic	P		PA (≥12 years)	QLL
enalapril HCTZ generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
enalaprilat generic	P			QLL
fosinopril generic	P			QLL
fosinopril HCTZ generic	P			QLL
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL
perindopril generic		NP	PA	QLL
QBRELIS	P		PA (≥12 years)	QLL
quinapril generic	P			QLL
quinapril HCTZ generic		NP	PA	QLL
ramipril caps generic	P			QLL
trandolapril generic	P			QLL
ANGIOTENSIN II RECEPTOR ANTAGONISTS & COMBOS				
amlodipine/olmesartan		NP	PA	QLL
amlodipine/valsartan generic	P		PA	QLL
candesartan generic	P			QLL
candesartan/hctz generic	P			QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
ENTRESTO	P		PA	QLL
EXFORGE HCT		NP	PA	QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
olmesartan generic	P			QLL
olmesartan/hctz generic	P			QLL
telmisartan generic	P			QLL
telmisartan/HCTZ generic	P			QLL
telmisartan/amlodipine generic		NP	PA	QLL
TRIBENZOR		NP	PA	QLL
TWYNSTA		NP	PA	QLL
valsartan tabs generic	P			QLL
valsartan soln. generic		NP	PA	QLL
valsartan/hctz generic	P			QLL
OTHER ANTIHYPERTENSIVES				
amlodipine/benazepril generic	P			QLL
chlorthalidone generic	P			
chlorothiazide 500mg injection generic	P			

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
hydrochlorothiazide generic	P			
phenoxybenzamine generic		NP	PA	
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
trandolapril/verapamil generic	P			QLL
VECAMYL		NP	PA	QLL
NITRATES				
GONITRO POWDER		NP	PA	QLL
isosorbide generic	P			
nitroglycerin patches generic	P			QLL
nitroglycerin lingual spray soln (generic Nitrolingual)		NP	PA	QLL
nitroglycerin sublingual tabs generic	P			
NITROSTAT SL TABS	P			
ANTIDYSRHYTHMIC DRUGS				
amiodarone/pacerone generic	P			
dofetilide generic	P			
MULTAQ		NP	PA	QLL
propafenone er generic	P			QLL
ANTILIPIDEMIC DRUGS				
ALTOPREV		NP	PA	QLL
amlodipine/atorvastatin generic		NP	PA	QLL
ATORVALIQ		NP	PA	QLL
atorvastatin generic	P			QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
EZALLOR SPRINKLE		NP	PA	QLL
ezetimibe generic	P			QLL
ezetimibe-simvastatin generic (except 10-80mg)	P			QLL
ezetimibe-simvastatin 10-80mg generic	P		PA	QLL
fluvastatin generic		NP	PA	QLL
fluvastatin er generic		NP	PA	QLL
JUXTAPID		NP	PA	QLL
LIVALO		NP	PA	QLL
lovastatin generic	P			QLL
NEXLETOL		NP	PA	QLL
NEXLIZET		NP	PA	QLL
niacin er generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
omega-3-acid generic	P			QLL
PRALUENT		NP	PA	QLL
pravastatin generic	P			QLL
PREVALITE PACKETS		NP	PA	
PREVALITE POWDER	P			
REPATHA		NP	PA	QLL
REPATHA PUSH INJ.		NP	PA	QLL
rosuvastatin generic	P			QLL
SAXENDA		NP	PA (12 yrs-17 yrs)	
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
VASCEPA		NP	PA	QLL
WELCHOL		NP	PA	
XENICAL (covered 12 - 17 yrs old)	P		PA (12 yrs-17 yrs)	
ZYPITAMAG		NP	PA	QLL
FIBRIC ACID DERIVATIVES				
ANTARA		NP	PA	QLL
fenofibrate caps generic		NP	PA	QLL
fenofibrate tabs generic	P			QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
gemfibrozil generic	P			QLL
TRIGLIDE		NP	PA	QLL
OTHER CARDIOVASCULAR DRUGS				
ASPRUZYO		NP	PA	QLL
BIDIL		NP	PA	QLL
bumetanide generic	P			
CAMZYOS		NP	PA	
CAROSPIR		NP	PA	QLL
CORLANOR		NP	PA	QLL
droxidopa generic		NP	PA	QLL
eplerenone generic		NP	PA	QLL
ethacrynic acid generic		NP	PA	
INPEFA		NP	PA	QLL
midodrine generic	P			
milrinone generic	P		PA	
PROAMATINE	P			
ranolazine generic	P		PA	
spironolactone tabs generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
triamterene generic		NP	PA	
VERQUVO		NP	PA	QLL
VYNDAMAX	P		PA	QLL
VYNDAQEL	P		PA	QLL
DRUGS FOR PULMONARY HYPERTENSION				
ADEMPAS		NP	PA	QLL
ambrisentan generic	P			QLL
epoprostenol inj. (Teva generic for Flolan)	P			
epoprostenol inj. (Sun generic for Veletri)		NP	PA	
FLOLAN		NP	PA	
LIQREV		NP	PA	QLL
OPSUMIT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
ORENITRAM TITRATION PAK		NP	PA	QLL
REMODULIN		NP	PA	
REVATIO SUSPENSION		NP	PA	QLL
sildenafil tabs generic	P		PA	QLL
tadalafil (generic Adcirca)	P		PA	QLL
TADLIQ		NP	PA	QLL
TRACLEER	P			QLL
TRACLEER 32mg TAB FOR ORAL SUSP		NP	PA	
TYVASO, -DPI		NP	PA	QLL
UPTRAVI		NP	PA	QLL
VENTAVIS	P		PA	QLL
DRUGS FOR PHEOCHROMOCYTOMA				
metirosine caps generic	P		PA	
AUTONOMIC AND CNS MEDICATIONS				
NARCOTIC ANALGESICS				
ACTIQ		NP	PA	QLL
BELBUCA		NP	PA	QLL
benzhydrocodone/acetaminophen		NP	PA	
butalbital/acetaminophen 300mg/caffeine/codeine generic		NP	PA	
butalbital/acetaminophen 325mg/caffeine/codeine generic	P			QLL
butalbital/aspirin/caffeine/codeine cap generic		NP	PA	
butorphanol nasal generic	P			QLL
BUTRANS	P			QLL
codeine tab generic		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine compound tab (acetaminophen/caffeine/dihydrocodeine) generic		NP	PA	
DILAUDID 1mg/ml		NP	PA	
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
FENTORA		NP	PA	QLL
HYGET		NP	PA	QLL
hydrocodone-APAP 7.5mg/325mg/15mL soln. generic	P			QLL
hydrocodone-APAP 10mg/325mg/15mL soln. generic		NP	PA	QLL
hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic	P			QLL
hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10- 200mg generic		NP	PA	
hydrocodone/ibuprofen 7.5-200mg generic	P			
hydromorphone er tabs generic		NP	PA	QLL
hydromorphone ir tabs generic	P			
hydromorphone suppositories generic		NP	PA	
HYSINGLA ER		NP	PA	QLL
IBUDONE		NP	PA	
LAZANDA		NP	PA	
levorphanol generic		NP	PA	QLL
LORTAB ELIXIR	P			QLL
meperidine solution generic		NP	PA	
meperidine tabs generic		NP	PA	
morphine ir generic	P			
morphine sulfate sa caps (generic Kadian)		NP	PA	QLL
morphine sulfate er caps (generic Avinza)		NP	PA	QLL
morphine sulfate sa tabs generic	P			QLL
morphine sulfate suppositories generic		NP	PA	
NALOCET		NP	PA	
NUCYNTA		NP	PA	QLL
NUCYNTA ER		NP	PA	QLL
OXAYDO		NP	PA	
oxycodone concentrate generic		NP	PA	
oxycodone ir generic	P			QLL
oxycodone/aspirin tabs generic		NP	PA	
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
OXYCONTIN		NP	PA	QLL
pentazocine/naloxone tabs generic		NP	PA	
PRIMLEV		NP	PA	
PROLATE SOLN.		NP	PA	QLL
ROXYBOND		NP	PA	QLL
SUBSYS		NP	PA	QLL
XTAMPZA ER		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
OTHER ANALGESICS				
BUPAP (butalbital-acetaminophen tabs 50-300mg)		NP	PA	
butalbital-acetaminophen tabs 50-325mg generic	P			
butalbital-acetaminophen caps 50-300mg generic		NP	PA	
butalbital-acetaminophen-caffeine capsule generic		NP	PA	
butalbital-acetaminophen-caffeine tabs generic	P			
butalbital-aspirin-caffeine capsule	P			
CONZIP		NP	PA	QLL
GRALISE		NP	PA	QLL
lidocaine cream, lotion 3% generic	P			
lidocaine gel 2%, jelly 2%, soln. 4% generic	P			
lidocaine ointment 5% generic		NP	PA	
lidocaine pad/patch 5% generic	P			QLL
SAVELLA		NP	PA	QLL
SEGLENTIS		NP	PA	QLL
tramadol generic (except 100mg tab)	P			QLL
tramadol/acetaminophen generic	P			QLL
tramadol er (generic Conzip, Ryzolt)		NP	PA	QLL
tramadol er (generic Ultram ER)	P			QLL
ZEBUTAL		NP	PA	
ZTLIDO		NP	PA	QLL
DRUGS TO PREVENT AND TREAT HEADACHES				
AIMOVIG	P		PA	QLL
AJOVY	P		PA	QLL
almotriptan generic		NP	PA	QLL
diclofenac potassium powder packets generic		NP	PA	QLL
dihydroergotamine spray generic		NP	PA	QLL
eletriptan generic		NP	PA	QLL
ELYXYB		NP	PA	QLL
EMGALITY 100mg/ml		NP	PA	QLL
EMGALITY 120mg/ml		NP	PA	QLL
FROVA		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
MIGERGOT		NP	PA	
naratriptan generic		NP	PA	QLL
NURTEC ODT	P		PA	QLL
ONZETRA XSAIL		NP	PA	QLL
QULIPTA	P		PA	QLL
REYVOW		NP	PA	
rizatriptan odt generic	P			QLL
rizatriptan tab generic	P			QLL
sumatriptan injection		NP	PA	QLL
sumatriptan nasal spray generic	P			QLL
sumatriptan tabs generic	P			QLL
TOSYMRA		NP	PA	QLL
TREXIMET		NP	PA	QLL
TRUDHESA		NP	PA	QLL
UBRELVY	P		PA	
ZAVZPRET		NP	PA	QLL
ZEMBRACE SYMTOUCH INJ.		NP	PA	QLL
zolmitriptan, -odt generic		NP	PA	QLL
ZOMIG NASAL SPRAY	P			QLL
ANXIOLYTICS				
alprazolam tabs generic	P			QLL
alprazolam er, odt generic		NP	PA	
alprazolam intensol generic		NP	PA	
buspirone generic	P			
chlordiazepoxide generic	P			QLL
clorazepate dipotassium generic		NP	PA	QLL
diazepam inj., soln., tabs generic	P			QLL
lorazepam generic	P			QLL
LOREEV XR		NP	PA	QLL
meprobamate generic		NP	PA	
oxazepam generic		NP	PA	QLL
SEDATIVE/HYPNOTIC DRUGS				
AMBIEN		NP	PA	QLL
BELSOMRA		NP	PA	QLL
DAYVIGO		NP	PA	QLL
doxepin tab generic	P			QLL
EDLUAR		NP	PA	QLL
eszopiclone generic	P			QLL
HETLIOZ		NP	PA	QLL
midazolam generic		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
QUAZEPAM		NP	PA	
QUVIVIQ		NP	PA	QLL
ROZEREM		NP	PA	QLL
phenobarbital generic	P			
SECONAL		NP	PA	QLL
SONATA		NP	PA	QLL
temazepam 7.5mg, 22.5mg		NP	PA	
temazepam 15mg, 30mg generic	P			QLL
triazolam	P			QLL
zaleplon generic	P			QLL
zolpidem generic	P			QLL
zolpidem er generic	P			QLL
zolpidem sl tab generic		NP	PA	QLL
ANTIMANIA DRUGS				
lithium carbonate generic	P			
ANTICONVULSANT DRUGS				
APTIOM	P		PA	QLL
BANZEL TABS		NP	PA	QLL
BANZEL SUSPENSION		NP	PA	QLL
BRIVIACT	P		PA	QLL
carbamazepine ir generic	P			
carbamazepine er/sr 200mg, 400mg generic	P			QLL
carbamazepine sr 12 hr (generic Carbatrol)	P			
CELONTIN	P			
clobazam suspension generic		NP	PA	QLL
clobazam tabs generic	P			QLL
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
DIACOMIT		NP	PA	QLL
diazepam rectal gel	P			QLL
divalproex sprinkles generic	P			
divalproex DR, -ER generic	P			
ELEPSIA XR		NP	PA-LOMN	QLL
EPIDIOLEX	P		PA	QLL
EPRONTIA		NP	PA-LOMN	QLL
felbamate susp. generic	P			QLL
FELBATOL TABS	P			QLL
FINTEPLA		NP	PA	QLL
FYCOMPA	P		PA	QLL
gabapentin caps generic	P			

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
gabapentin solution generic	P			
gabapentin tabs generic	P			
lacosamide inj. generic	P		PA	QLL
lacosamide soln., tabs generic	P			QLL
LAMICTAL KITS (immediate release)		NP	PA-LOMN	
LAMICTAL ODT TABS, KITS		NP	PA-LOMN	
LAMICTAL XR KITS		NP	PA-LOMN	
lamotrigine chewable dispersable tab generic	P			QLL
lamotrigine kits (immediate release and odt)		NP	PA-LOMN	QLL
lamotrigine odt generic		NP	PA-LOMN	
lamotrigine tabs generic	P			QLL
lamotrigine er tabs generic		NP	PA-LOMN	
levetiracetam solution/tabs generic	P			
levetiracetam tabs er generic	P			QLL
levetiracetam injection generic	P			QLL
LYRICA	P			QLL
LYRICA CR		NP	PA-LOMN	QLL
MOTPOLY XR		NP	PA-LOMN	
NAYZILAM	P			QLL
oxcarbazepine tabs generic	P			QLL
OXTELLAR XR		NP	PA-LOMN	QLL
PEGANONE	P			
PHENYTEK		NP		
phenytoin generic	P			
primidone generic	P			
primidone 125mg generic	P			QLL
QUDEXY XR	P			QLL
SABRIL		NP	PA	QLL
STAVZOR		NP	PA	
SYMPAZAN		NP	PA-LOMN	QLL
TEGRETOL XR 100mg	P			QLL
tiagabine generic		NP	PA	
topiramate sprinkles generic	P			QLL
topiramate er sprinkles (upsher-smith generic only)		NP	PA-LOMN	QLL
topiramate tabs generic	P			QLL
TRILEPTAL SUSP.	P			QLL
TROKENDI XR		NP	PA-LOMN	QLL
valproic acid caps	P			
valproic acid syrup	P			
VALTOCO	P			QLL
XCOPRI TABS, PAK	P		PA	QLL
ZONISADE		NP	PA-LOMN	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
zonisamide generic	P			
ZTALMY		NP	PA	QLL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS				
citalopram tab generic	P			QLL
escitalopram tabs generic	P			QLL
escitalopram soln. generic		NP	PA	QLL
fluoxetine generic	P			QLL
fluoxetine 90mg caps generic		NP	PA	QLL
fluoxetine 10mg, 20mg tabs generic		NP	PA	QLL
fluoxetine 60mg tab generic		NP		
fluoxetine (pmdd) caps, tabs generic		NP	PA	QLL
fluvoxamine generic	P			QLL
fluvoxamine er generic		NP	PA	QLL
paroxetine generic	P			QLL
paroxetine er		NP	PA	QLL
PAXIL SUSP.		NP	PA	
PEXEVA		NP	PA	QLL
sertraline generic	P			QLL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS				
desvenlafaxine er tabs (generic Khedezla)		NP	PA	QLL
desvenlafaxine succinate er tabs (generic Pristiq)	P			QLL
DRIZALMA		NP	PA	QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
FETZIMA		NP	PA	QLL
venlafaxine generic	P			QLL
venlafaxine besylate er tabs generic		NP	PA	QLL
venlafaxine hcl er tabs generic		NP	PA	QLL
venlafaxine er caps generic	P			QLL
MODIFIED CYCLICS				
nefazodone generic		NP	PA	QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
trazodone 300mg generic		NP	PA	QLL
TRINTELLIX	P		PA	QLL
VIIBRYD		NP	PA	QLL
MAO INHIBITORS				
EMSAM		NP	PA	QLL
MARPLAN		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
phenelzine generic		NP	PA	QLL
tranylcypromine generic		NP	PA	
TRICYCLIC ANTIDEPRESSANTS				
amitriptyline generic	P			
amoxapine generic	P			
clomipramine generic	P			
desimpramine generic	P			
doxepin generic	P			
imipramine tabs generic	P			
imipramine caps generic		NP	PA	
nortriptyline generic	P			
protriptyline generic		NP	PA	
trimipramine generic		NP	PA	
ALPHA-2 RECEPTOR ANTAGONISTS				
mirtazapine, -odt generic	P			QLL
MISCELLANEOUS ANTIDEPRESSANTS				
ALENZIN		NP	PA	QLL
AUVELITY		NP	PA	
bupropion IR generic	P			QLL
bupropion ER & SR 100mg, 150mg generic	P			QLL
bupropion SR 200mg generic	P			QLL
FORFIVO XL		NP	PA	QLL
SPRAVATO		NP	PA	
ZURZUVAE		NP	PA	QLL
ANTIVERTIGO AND ANTIEMETIC DRUGS				
AKYNZEO		NP	PA	QLL
ANZEMET TABS		NP	PA	QLL
ANZEMET INJECTION		NP	PA	
aprepitant caps, pack generic	P			QLL
chlorpromazine concentrate generic		NP	PA	QLL
COMPRO (RECTAL) SUPPOSITORY		NP	PA	
DICLEGIS	P			QLL
dimenhydrinate inj. generic		NP	PA	
dronabinol generic	P		PA	
EMEND SUSP		NP	PA	QLL
granisetron generic		NP	PA	QLL
meclizine generic	P			
promethazine generic	P			

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
promethazine 50mg rectal suppository generic		NP	PA	
ondansetron generic	P			QLL
ondansetron inj. generic	P		PA	
SANCUSO		NP	PA	QLL
TIGAN INJ.		NP	PA	
TRANSDERM-SCOP	P			
trimethobenzamide generic		NP	PA	
ANTIPARKINSON DRUGS				
APOKYN		NP	PA	
AZILECT		NP		
bromocriptine generic	P			
carbidopa generic	P			QLL
carbidopa/levodopa generic	P			
carbidopa/levodopa disintegrating tablets generic		NP	PA	
carbidopa/levodopa/entacapone generic	P			
DUOPA		NP	PA	
entacapone generic	P			
INBRIJA		NP	PA	
KYNMOBI		NP	PA	QLL
MIRAPEX ER		NP	PA	QLL
NEUPRO		NP	PA	QLL
NOURIANZ		NP	PA	QLL
ONGENTYS		NP	PA	
pramipexole generic	P			QLL
pramipexole er generic		NP	PA	QLL
ropinirole generic	P			
ropinirole er generic		NP	PA	QLL
RYTARY		NP	PA	QLL
selegiline generic	P			
tolcapone generic		NP	PA	
XADAGO		NP	PA	
ZELAPAR		NP	PA	
ATYPICAL ANTIPSYCHOTIC DRUGS				
ABILIFY MYCITE		NP	PA-LOMN	QLL
aripiprazole odt generic		NP	PA-LOMN	QLL
aripiprazole tabs generic	P		PA (<10 years)	QLL
aripiprazole oral soln. generic	P		PA (<10 years)	QLL
asenapine sl tabs generic	P		PA (<18 years)	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
CAPLYTA	P		PA (<18 yrs or Non-FDA approved diagnosis)	QLL
clozapine generic	P		PA (<18 years)	QLL
clozapine odt generic		NP	PA-LOMN	QLL
FANAPT	P		PA (<18 years)	QLL
GEODON inj	P			
lurasidone generic	P		PA (<13 years)	QLL
LYBALVI		NP	PA	QLL
NUPLAZID		NP	PA	QLL
olanzapine, -odt generic	P		PA (<13 years)	QLL
olanzapine inj. (short-acting) generic	P			
olanzapine/fluoxetine generic		NP	PA-LOMN	QLL
paliperidone er generic	P		PA (<12 years)	QLL
quetiapine generic 25mg, 50mg	P		PA***/PA (<10 years)	QLL
quetiapine generic 100mg, 150mg, 200mg, 300mg, 400mg	P		PA (<10 years)	QLL
quetiapine er generic	P		PA (<10 years)	QLL
REXULTI	P		PA (<13 yrs or Non-FDA approved diagnosis)	QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
SECUADO		NP	PA-LOMN	QLL
VERSACLOZ SUSPENSION		NP	PA-LOMN	QLL
VRAYLAR	P		PA (<18 yrs or Non-FDA approved diagnosis)	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ATYPICAL ANTIPSYCHOTIC LONG ACTING INJECTABLES				
ABILIFY MAINTENA	P		PA	QLL
ABILIFY ASIMTUFI	P		PA	QLL
ARISTADA	P		PA	QLL
ARISTADA INITIO	P		PA	QLL
INVEGA SUSTENNA, -TRINZA, -HAFYERA	P		PA	QLL
PERSERIS	P		PA	QLL
RISPERDAL CONSTA	P		PA	QLL
RYKINDO	P		PA	
UZEDY	P		PA	QLL
ZYPREXA RELPREVV	P		PA	QLL
OTHER ANTIPSYCHOTIC DRUGS				

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
EQUETRO	P			
fluphenazine decanoate vial generic	P			QLL
haloperidol decanoate vial generic	P			QLL
molindone generic	P			
CNS STIMULANT DRUGS				
ADHANSIA XR		NP	PA	QLL
ADZENYS XR		NP	PA	QLL
amphetamine salt combination, -er generic	P		PA (≥ 21 years)	QLL
APTENSIO XR		NP	PA	QLL
armodafinil generic	P		PA (≥ 21 years)	QLL
atomoxetine generic	P		PA (≥ 21 years)	QLL
AZSTARYS		NP	PA	QLL
COTEMPLA		NP	PA	QLL
DAYTRANA		NP	PA	QLL
DESOXYN		NP	PA	QLL
dexamethylphenidate generic	P		PA (≥ 21 years)	QLL
dexamethylphenidate er 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
DYANAVEL XR SUSP., -CHEW TABS		NP	PA	QLL
EVEKEO, -ODT		NP	PA	QLL
JORNAY PM		NP	PA	QLL
lisdexamfetamine chew tabs generic		NP	PA	QLL
methamphetamine generic		NP	PA	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate cd generic	P		PA (≥ 21 years)	QLL
methylphenidate chew tabs generic		NP	PA	QLL
methylphenidate 10mg er (generic for Metadate ER)	P		PA (≥ 21 years)	QLL
methylphenidate/metadate 20mg er/sr (generic for Ritalin SR)	P		PA (≥ 21 years)	QLL
methylphenidate er (generic for Ritalin LA; except 10mg)		NP	PA	QLL
methylphenidate sa osm (generic for Concerta)	P		PA (≥ 21 years)	QLL
methylphenidate osm 45mg, 63mg, 72mg (generic for Relexxii)		NP	PA	QLL
methylphenidate solution generic	P		PA (≥ 21 years)	QLL
modafinil generic	P		PA (≥ 21 years)	QLL
MYDAYIS		NP	PA	QLL
QELBREE	P		PA	QLL
QUILLICHEW ER		NP	PA	QLL
QUILLIVANT SUSP XR		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
RITALIN LA 10mg		NP	PA	QLL
SUNOSI		NP	PA	QLL
VYVANSE CAPS	P		PA (≥ 21 years)	QLL
WAKIX		NP	PA	QLL
XELSTRYM		NP	PA	QLL
XYWAV		NP	PA	QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
OTHER CNS/AUTONOMIC DRUGS				
buprenorphine sl tabs, inj., generic	P			QLL
buprenorphine/naloxone sl tabs generic	P			QLL
caffeine citrate injection 60mg/3ml generic	P			
clonidine 0.1mg er generic	P		PA (≥ 21 years)	QLL
FIRDAPSE	P		PA	QLL
guanfacine er generic	P		PA (≥ 21 years)	QLL
HORIZANT		NP	PA	QLL
KLOXXADO SPRAY	P			
MESTINON	P			QLL
naloxone injection generic	P			
naloxone nasal spray OTC	P			
NARCAN SPRAY OTC	P			
nimodipine generic	P			QLL
NYMALIZE	P		PA	QLL
OPVEE SPRAY		NP	PA	
pimozide generic	P			
pyridostigmine generic		NP	PA	QLL
SUBOXONE	P			QLL
TEGSEDI		NP	PA	QLL
VIVITROL	P			QLL
XYREM		NP	PA	QLL
ZIMHI		NP	PA	
ZUBSOLV		NP	PA	QLL
ANTIDEMENTIA DRUGS				
ADLARITY		NP	PA	QLL
donepezil, -ODT generic	P			QLL
donepezil 23mg generic	P			QLL
galantamine tabs, -er caps generic	P			
galantamine soln. generic		NP	PA	
memantine soln. generic		NP	PA	QLL
memantine tabs, titration pak generic	P			QLL
memantine er caps generic		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
NAMZARIC		NP	PA	QLL
rivastigmine caps, -patches generic	P			
DRUGS TO TREAT MULTIPLE SCLEROSIS				
AVONEX	P			QLL
BAFIERTAM		NP	PA	QLL
BETASERON		NP	PA	QLL
COPAXONE KIT 20MG/ML	P			QLL
COPAXONE 40MG/ML		NP	PA	QLL
dalfampridine generic	P		PA	QLL
dimethyl fumarate generic	P			QLL
EXTAVIA		NP	PA	QLL
fingolimod 0.5mg generic	P			QLL
GLATOPA		NP	PA	QLL
KESIMPTA	P			QLL
MAVENCLAD		NP	PA	QLL
MAYZENT		NP	PA	QLL
PLEGRIDY		NP	PA	QLL
PONVORY		NP	PA	QLL
REBIF, REBIDOSE		NP	PA	QLL
TASCENSO ODT		NP	PA	QLL
teriflunomide generic	P			QLL
VUMERITY		NP	PA	QLL
ZEPOSIA STARTER KIT/PACK		NP	PA	QLL
SMOKING CESSATION DRUGS				
buproban/bupropion sr 150mg (generic Zyban)	P		PA	QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
varenicline generic	P			QLL
SPINAL MUSCLULAR ATROPHY				
EVRYSDI	P		PA	QLL
MISCELLANEOUS				
acamprosate generic	P			QLL
ACTHAR HP	P		PA (≥ 2 years)	QLL
AMPHADASE	P		PA	
AUSTEDO, TITRATION KITS, -XR	P		PA	QLL
BRISDELLE		NP	PA	QLL
disulfiram generic	P			QLL
glycopyrrolate oral soln. generic		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
GOCOVRI		NP	PA	QLL
HYLENEX	P		PA	
INGREZZA	P		PA	QLL
LUCEMYRA		NP	PA	
NUDEXTA		NP	PA	QLL
SKYCLARYS		NP	PA	
tetrabenazine generic	P			QLL
VITRASE	P		PA	
DERMATOLOGICAL MEDICATIONS				
TOPICAL CORTICOSTEROID				
all topical corticosteroid generics (unless listed otherwise)	P			
alclometasone cream generic	P			
alclometasone oint. generic		NP	PA	
amcinonide cream, lotion, ointment generic		NP	PA	
APEXICON E CREAM		NP	PA	
BESER KIT		NP	PA	QLL
betamethasone dipropionate cream, ointment generic		NP	PA	
betamethasone dipropionate (augmented) lotion, gel, ointment generic		NP	PA	
betamethasone dipropionate (augmented) cream generic	P			
betamethasone valerate aerosol foam 0.12% generic		NP	PA	
betamethasone valerate aerosol lotion generic	P			
CAPEX SHAMPOO		NP	PA	
clobetasol emulsion foam (generic OLUX-E)		NP	PA	QLL
clobetasol emollient cream		NP	PA	
clobetasol foam (generic OLUX)		NP	PA	QLL
clobetasol cream generic	P			
clobetasol gel, lotion, shampoo generic		NP	PA	
clobetasol spray generic		NP	PA	QLL
CLODAN KIT		NP	PA	QLL
clocortolone generic		NP	PA	QLL
CUTIVATE CREAM, OINT.		NP	PA	
DERMA-SMOOTH FS	P			
DESONATE		NP	PA	
desonide cream, lotion, ointment generic		NP	PA	
desoximetasone cream, gel, ointment generic		NP	PA	QLL
diflorasone diacetate cream and ointment generic		NP	PA	
fluocinolone acetonide cream, ointment, solution generic		NP	PA	
fluocinolone acetonide scalp/body oil generic		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
fluocinonide cream 0.1% generic		NP	PA	QLL
fluocinonide 0.05% cream, e cream, gel, oint., soln. generic		NP	PA	
flurandrenolide cream, lotion generic		NP	PA	
fluticasone cream, ointment generic	P			
fluticasone lotion generic		NP	PA	
BRYHALI		NP	PA	QLL
halobetasol aerosol 0.05%, ointment generic		NP	PA	
HALOG, -E		NP	PA	
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream, lipophilic cream, ointment, solution generic		NP	PA	
hydrocortisone valerate cream, ointment generic		NP	PA	
KENALOG AEROSOL		NP	PA	
KENALOG-10,40, 80 INJ	P			
NEO-SYNALAR KIT		NP	PA	QLL
PANDEL		NP	PA	
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
TEXACORT SOLN		NP	PA	
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL
triamcinolone acetone 0.05% oint. generic	P			QLL
triamcinolone acetone spray generic		NP	PA	
ULTRAVATE LOTION		NP	PA	
TOPICAL ANTIACNE DRUGS				
ACANYA GEL		NP	PA	QLL
ACZONE GEL 7.5%		NP	PA	
adapalene 0.3% gel, cream generic		NP	PA	QLL
adapalene/benzoyl peroxide 0.1-2.5% (generic Epiduo)		NP	PA	QLL
AKLIEF		NP	PA	QLL
AMZEEQ		NP	PA	QLL
ALTRENO LOTION		NP	PA	QLL
ARAZLO		NP	PA	QLL
AVITA	P		PA (≥ 21 years)	QLL
BENZEFOAM		NP	PA	QLL
BP 10-1 emulsion generic		NP	PA	
CLINDACIN KIT PAC 1%		NP	PA	QLL
clindamycin aer 1% generic		NP	PA	
clindamycin 1% gel, lotion, topical solution generic	P			
clindamycin pads/swabs generic	P			
clindamycin-benzoyl peroxide gel 1-5% (generic for Benzacilin)		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac)	P			
dapsone gel 5% generic		NP	PA	
DIFFERIN		NP	PA (≥ 21 years)	QLL
EPIDUO FORTE	P		PA (≥ 21 years)	QLL
EPSOLAY		NP	PA	QLL
ERY PAD 2%		NP	PA	
erythromycin/benzoyl peroxide gel (generic Benzamycin)		NP	PA	
EVOCLIN		NP	PA	
FABIOR AER 0.1%		NP	PA	QLL
FINACEA	P			QLL
INOVA KITS		NP	PA	QLL
metronidazole cream generic	P			
metronidazole gel, lotion generic		NP	PA	
NORITATE		NP		
NEUAC Gel, KIT		NP	PA	QLL
ONEXTON		NP	PA	QLL
OSCION		NP	PA	
RETIN-A MICRO		NP	PA	QLL
ROSDAN KIT		NP	PA	QLL
sodium sulfacetamide/sulfur 10-5% aerosol, cream, emulsion generic		NP	PA	
Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic		NP	PA	
sulfacetamide sodium 10% lotion/wash generic		NP	PA	
SUMAXIN PADS		NP	PA	QLL
tazarotene cream 0.1% generic		NP	PA	QLL
tazarotene gel 0.1%, 0.05% generic		NP	PA	QLL
tretinoin cream generic	P		PA (≥ 21 years)	QLL
tretinoin gel 0.01%, 0.025% generic	P		PA (≥ 21 years)	QLL
tretinoin gel 0.05% generic		NP	PA	QLL
tretinoin microsphere gel/gel pump generic		NP	PA	QLL
VELTIN		NP	PA	QLL
WINLEVI		NP	PA	QLL
ZIANA		NP	PA	QLL
ORAL ANTIACNE DRUGS				
ABSORICA, -LD		NP	PA	QLL
isotretinoin 10mg, 20mg, 30mg, 40mg generics	P		PA	QLL
ANTIPSORIASIS AND ANTIECZEMA DRUGS				
acitretin generic	P			QLL
calcipotriene cream generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
calcipotriene oint. generic		NP	PA	
calcipotriene scalp soln. generic	P			
calcitriol ointment generic		NP	PA	QLL
calcipotriene-betamethasone ointment generic		NP	PA	QLL
ENSTILAR		NP	PA	QLL
methoxsalen generic	P			
OXSORALEN-UL	P			
SORILUX		NP	PA	QLL
TACLONEX		NP	PA	QLL
VECTICAL		NP	PA	QLL
VTAMA		NP	PA	QLL
ZORYVE		NP	PA	QLL
OTHER TOPICAL DERMATOLOGICAL DRUGS				
bexarotene gel 1%	P			QLL
CARAC	P			QLL
CONDYLOX GEL	P			
diclofenac gel generic	P			QLL
doxepin 5% cream generic		NP	PA	QLL
EFUDEX	P			
ELIDEL	P			QLL
EUCRISA	P			QLL
fluorouracil 5% inj., soln. generic	P			
HYFTOR GEL	P		PA	QLL
imiquimod 5% generic	P			
LICART		NP	PA	QLL
OPZELURA		NP	PA	QLL
PANRETIN	P		PA	
podofilox soln. generic		NP	PA	
PRUDOXIN		NP	PA	QLL
QBREXZA		NP	PA	QLL
REGRANEX	P		PA	QLL
SALEX SHAMPOO 6%		NP	PA	
salicylic acid aerosol/foam, gel 6% generic		NP	PA	
tacrolimus ointment generic	P			QLL
urea cream/lotion 40% generic	P			
urea cream 41% generic		NP	PA	QLL
VALCHLOR GEL	P		PA	QLL
VUSION		NP	PA	
VYJUVEK GEL		NP	PA	QLL
ZONALON		NP	PA	QLL
ZYCLARA		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
PEDICULOCIDES and SCABICIDES				
CROTAN LOTION		NP	PA	QLL
ivermectin lotion generic		NP	PA	QLL
LINDANE LOTION, SHAMPOO		NP	PA	QLL
malathion lotion		NP	PA	QLL
NATROBA		NP	PA	QLL
OVIDE		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
SKLICE		NP	PA	QLL
spinosad generic		NP	PA	QLL
ROSACEA AGENTS				
doxycycline (rosacea) 40mg cap generic		NP	PA	QLL
ORACEA		NP	PA	QLL
ZILXI		NP	PA	QLL
EAR-NOSE-THROAT MEDICATIONS				
DRUGS AFFECTING THE EAR				
CERUMENEX	P			
ciprofloxacin/dexamethasone otic susp. generic	P			QLL
ciprofloxacin/fluocinolone (pf) otic soln. generic		NP	PA	QLL
CIPRO HC	P			
ciprofloxacin otic generic		NP	PA	
DERMOTIC	P			
neomycin/polymyxin/hc generic	P			QLL
ofloxacin otic generic	P			
DRUGS AFFECTING THE NOSE				
azelastine 137mcg (0.1%) generic	P			QLL
azelastine 0.15% generic		NP	PA	QLL
BECONASE AQ		NP	PA	QLL
DYMISTA		NP	PA	QLL
flunisolide generic		NP	PA	QLL
fluticasone generic	P			QLL
ipratropium nasal spray generic	P			QLL
mometasone nasal spray generic		NP	PA	QLL
olopatadine generic		NP	PA	QLL
OMNARIS		NP	PA	QLL
QNASL		NP	PA	QLL
XHANCE		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
ZETONNA		NP	PA	QLL
DRUGS AFFECTING THE THROAT AND MOUTH				
cevimeline generic	P			
pilocarpine tabs generic	P			
RADIACARE	P			
SALAGEN	P			
ENDOCRINE MEDICATIONS				
BONE OSSIFICATION AGENTS				
ACTONEL 5mg, 30mg		NP	PA	QLL
alendronate generic	P			QLL
alendronate oral soln generic		NP	PA	QLL
ATELVIA		NP	PA	QLL
calcitonin nasal solution generic	P			QLL
etidronate disodium generic	P			QLL
FORTEO		NP	PA	
FOSAMAX-D		NP	PA	QLL
FOSAMAX SOLUTION		NP	PA	QLL
ibandronate -inj., -tabs generic		NP	PA	QLL
MIACALCIN INJECTION		NP	PA	QLL
risedronate, -dr generic		NP	PA	QLL
TYMLOS		NP	PA	
INSULIN				
AFREZZA		NP	PA	
APIDRA	P			QLL
APIDRA SOLOSTAR	P			QLL
BASAGLAR KWIKPEN		NP	PA	QLL
FIASP		NP	PA	QLL
HUMALOG vial	P			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
HUMULIN 70/30	P			QLL
HUMULIN N	P			QLL
HUMULIN R U-100	P			QLL
HUMULIN R U-500 vial	P			QLL
HUMULIN R U-500 pen	P		PA (≥ 21 years)	QLL
HUMULIN 70/30 KWIKPEN	P		PA (≥ 21 years)	QLL
HUMULIN N KWIKPEN		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
insulin aspart pens and cartridges generic	P		PA (≥ 21 years)	QLL
insulin aspart vial generic	P			QLL
insulin aspart protamine/insulin aspart 70/30 pens generic	P		PA (≥ 21 years)	QLL
insulin aspart protamine/insulin aspart 70/30 vial generic	P			QLL
insulin lispro pens generic	P		PA (≥ 21 years)	QLL
insulin lispro vial generic	P			QLL
insulin lispro protamine/insulin lispro 75/25 pens generic		NP	PA	QLL
LANTUS	P			QLL
LANTUS SOLOSTAR	P			QLL
LYUMJEV KWIKPEN, -VIAL		NP	PA	QLL
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
SEMGLEE vials and pens		NP	PA	QLL
TOUJEO	P		PA	QLL
TRESIBA FLEX, -INJ.		NP	PA	QLL
XULTOPHY		NP	PA	QLL
ORAL ANTIDIABETIC AGENTS				
acarbose	P			
alogliptin generic		NP	PA	QLL
alogliptin-metformin generic		NP	PA	QLL
alogliptin-pioglitazone generic		NP	PA	QLL
AVANDIA		NP	PA	QLL
CYCLOSET		NP	PA	QLL
FARXIGA	P			QLL
FORTAMET ER		NP	PA	QLL
glimepiride generic	P			
glipizide, XL	P			
glipizide/metformin generic	P			QLL
GLUMETZA ER		NP	PA	QLL
glyburide generic	P			QLL
glyburide/metformin generic	P			QLL
GLYXAMBI		NP	PA	QLL
INVOKANA		NP	PA	QLL
INVOKAMET		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
INVOKAMET XR		NP	PA	QLL
JANUMET	P			QLL
JANUMET XR	P			QLL
JANUVIA	P			QLL
JARDIANCE	P			QLL
JENTADUETO	P			QLL
JENTADUETO XR	P			QLL
KOMBIGLYZE	P			QLL
metformin generic	P			QLL
metformin er (generic for Glucophage XR)	P			
metformin er (generic for Glumetza)	P			QLL
metformin er osmotic (generic for Fortamet ER)		NP	PA	QLL
miglitol generic		NP	PA	
nateglinide generic	P			QLL
ONGLYZA	P			QLL
pioglitazone generic	P			QLL
pioglitazone/glimepiride generic		NP	PA	QLL
pioglitazone/metformin generic		NP	PA	QLL
QTERN		NP	PA	QLL
repaglinide generic	P			QLL
RIOMET	P			QLL
RIOMET ER		NP	PA	QLL
SEGLUROMET		NP	PA	QLL
STEGLATRO		NP	PA	QLL
STEGLUJAN		NP	PA	QLL
SYNJARDY, -XR		NP	PA	QLL
tolbutamide generic		NP	PA	
TRADJENTA	P			QLL
TRIJARDY XR		NP	PA	QLL
XIGDUO XR	P			QLL
MISC. ANTIDIABETIC AGENTS				
ADLYXIN		NP	PA	QLL
BYDUREON BCISE		NP	PA	QLL
BYETTA	P			QLL
MOUNJARO		NP	PA	QLL
OZEMPIC		NP	PA	QLL
RYBELSUS		NP	PA	QLL
SOLIQUA		NP	PA	QLL
SYMLINPEN	P		PA	QLL
TRULICITY		NP	PA	QLL
VICTOZA	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
THYROID SUPPLEMENTS				
ARMOUR THYROID	P			
ERMEZA	P		PA	
levothyroxine tabs generic	P			
levothyroxine inj. generic	P		PA	QLL
liothyronine inj. generic	P		PA	
liothyronine tabs generic	P			
np thyroid 30mg, 60mg 90mg tab generic	P			
THYQUIDITY		NP	PA	QLL
TIROSINT		NP	PA	QLL
MISC. ENDOCRINE DRUGS				
ALKINDI		NP	PA	
BAQSIMI	P		PA	QLL
BUPHENYL	P			QLL
CEREZYME	P		PA	
cortisone generic	P			
CERDELGA	P		PA	QLL
CRYSVITA		NP	PA	
DDAVP NASAL	P			
desmopressin generic	P			
dexamethasone generic	P			
DOSTINEX	P			QLL
ELELYSO	P		PA	
EMFLAZA		NP	PA	QLL
FLO-PRED SUSPENSION		NP	PA	
GALAFOLD	P		PA	QLL
GLUCAGON INJ. KIT (except Fresenius)	P			
GVOKE PFS, -HYPO		NP	PA	QLL
HEMADY		NP	PA	QLL
hydrocortisone generic	P			
ISTURISA	P		PA	QLL
KERENDIA		NP	PA	QLL
KORLYM	P		PA	QLL
MEDROL 2mg	P			
methylprednisolone generic	P			
MILLIPRED ORAL SOLN.		NP	PA	
MYALEPT	P		PA	QLL
NATPARA		NP	PA	QLL
nitisinone generic	P			
OLPRUVA PAK	P		PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
OPFOLDA		NP	PA	QLL
ORFADIN SUSP.	P		PA	
PHEBURANE	P			QLL
prednisolone oral soln. 10mg/5ml		NP	PA	
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 20mg/5ml		NP	PA	
prednisolone oral soln. 25mg/5ml generic	P			
prednisolone odt generic		NP	PA	
prednisolone tabs generic		NP	PA	
prednisone generic	P			
raloxifene generic	P			QLL
RAVICTI		NP	PA	QLL
RAYOS		NP	PA	QLL
RECORLEV		NP	PA	QLL
REVCOVI		NP	PA	
SIGNIFOR, -LAR		NP	PA	QLL
sodium phenylbutyrate generic		NP	PA	QLL
STRENSIQ	P		PA	
TAPERDEX		NP	PA	QLL
TARPEYO		NP	PA	QLL
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VIMIZIM	P		PA	
VPRIV	P		PA	
ZAVESCA	P			QLL
ZEGALOGUE		NP	PA	QLL
<i>GASTROINTESTINAL MEDICATIONS</i>				
ANTIULCER DRUGS				
cimetidine generic	P			QLL
famotidine inj., tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
PROTON PUMP INHIBITORS (PPI)				
ACIPHEX SPRINKLES		NP	PA	QLL
DEXILANT		NP	PA	QLL
esomeprazole inj. generic		NP	PA	QLL
esomeprazole magnesium cap (generic Nexium)		NP	PA	QLL
esomeprazole strontium cap generic		NP	PA	QLL
KONVOMEPE		NP	PA	QLL
lansoprazole generic		NP	PA	QLL
NEXIUM GRANULES/SUSPENSION	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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

	Preferred	Non-Preferred	PA	QLL
omeprazole generic	P			QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL
pantoprazole generic	P			QLL
pantoprazole inj. generic		NP	PA	QLL
PREVACID SOLUTAB		NP	PA	QLL
PRILOSEC POWDER		NP	PA	QLL
PROTONIX PAK		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL
ZEGERID POWDER		NP	PA	QLL
HELICOBACTER PYLORI DRUGS				
HELIDAC		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
PYLERA	P		PA	QLL
TALICIA		NP	PA	QLL
OTHER GI DRUGS				
AEMCOLO		NP	PA	QLL
alosetron generic		NP	PA	QLL
ANALPRAM-HC 1-1% CREAM		NP	PA	
APRISO	P			
balsalazide generic	P			
budesonide SR caps generic	P			QLL
BYLVAY		NP	PA	QLL
CHENODAL		NP	PA	
chlordiazepoxide-clidinium generic		NP	PA	
CHOLBAM	P		PA	QLL
CLENPIQ		NP	PA	
CORTIFOAM	P			
CREON	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
DARTISLA ODT		NP	PA	QLL
DELZICOL	P			QLL
diphenoxylate-atropine generic	P			
enulose generic	P			
FULYZAQ		NP	PA	QLL
GATTEX		NP	PA	QLL
generlac generic	P			
GIAZO		NP	PA	QLL
GIMOTI		NP	PA	QLL
GOLYTELY	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
GLYCATE		NP	PA	QLL
glycopyrrolate tab generic	P			
glycopyrrolate injection generic		NP	PA	QLL
glycopyrrolate injection PF prefilled syringe generic	P			QLL
GLYRX-PF	P			
hc pramoxine cream 1-1% generic		NP	PA	
hydrocortisone acetate cream generic	P			QLL
IBSRELA		NP	PA	QLL
KRISTALOSE		NP	PA	QLL
lactulose generic	P			
LIALDA	P			
LINZESS	P			QLL
LIVMARLI		NP	PA	QLL
LOTRONEX		NP		QLL
lubiprostone generic	P		PA	QLL
mesalamine enema generic		NP	PA	
mesalamine kit generic		NP	PA	QLL
mesalamine suppositories generic	P			
mesalamine tab generic		NP	PA	
methscopolamine generic		NP	PA	
metoclopramide generic	P			
MOTEGRITY		NP	PA	QLL
MOTOFEN		NP	PA	
MOVANTIK		NP	PA	QLL
MOVIPREP	P			QLL
MYTESI		NP	PA	QLL
NULYTELY	P			QLL
OCALIVA	P		PA	
OPIUM TINCTURE		NP	PA	
ORTIKOS		NP	PA	QLL
PENTASA	P			
PERTZYE		NP	PA	
PLENVU		NP	PA	QLL
pramcort cream 1-1% generic	P			
PRAMOSONE CREAM 1%	P			
PROCORT		NP	PA	
PROCTOFOAM-HC	P			
propantheline generic		NP	PA	
REBYOTA		NP	PA	
RECTIV OINT 0.4%		NP	PA	QLL
RELISTOR		NP	PA	QLL
RELTONE		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
SFROWASA		NP	PA	
sodium/potassium/magnesium sulfate oral soln. generic		NP	PA	QLL
SUCLEAR	P			QLL
sulfasalazine generic	P			
SYMPROIC		NP	PA	
TRULANCE		NP	PA	QLL
ursodiol caps generic	P			
ursodiol tabs generic	P			
VIBERZI		NP	PA	QLL
VIKACE		NP	PA	
VOWST		NP	PA	QLL
XERMELO	P		PA	QLL
ZENPEP	P			QLL
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
IMMUNOLOGICALS				
ACTIMMUNE	P			QLL
ALFERON N	P			
ARANESP		NP	PA	QLL
BENLYSTA SUBCUTANEOUS SOLN.	P		PA	
BESREMI	P		PA	QLL
BIVIGAM		NP	PA	
CUTAQUIG		NP	PA	
CUVITRU		NP	PA	
CYTOGAM	P		PA	
DOPTELET	P		PA	
EPOGEN	P		PA	
FLEBOGAMMA/DIF		NP	PA	
FULPHILA		NP	PA	QLL
FYLNETRA	P		PA	QLL
GAMASTAN, -S/D		NP	PA	
GAMMAGARD/SD	P		PA	
GAMMAKED		NP	PA	
GAMMAPLEX		NP	PA	
GAMUNEX-C	P		PA	
GRANIX 300mcg/0.5ml, 480mcg/0.8ml syringes (non-needle guard)		NP	PA	QLL
HEPAGAM B		NP	PA	
HIZENTRA	P		PA	
HYQVIA		NP	PA	
INTRON A	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
LEUKINE	P		PA	QLL
MIRCERA		NP	PA	QLL
MOZOBIL	P		PA	
MULPLETA	P		PA	
NEULASTA		NP	PA	QLL
NEUPOGEN	P			QLL
NIVESTYM		NP	PA	QLL
NPLATE		NP	PA	
NYVEPRIA	P		PA	QLL
OCTAGAM		NP	PA	
PANZYGA		NP	PA	
PRIVIGEN		NP	PA	
PROCRIT		NP	PA	
PROLEUKIN	P			
PROMACTA	P		PA	QLL
RELEUKO		NP	PA	QLL
RETACRIT	P		PA	
ROLVEDON		NP	PA	
STIMUFEND		NP	PA	
SYNAGIS	P		PA	QLL
TAVALISSE		NP	PA	QLL
UDENYCA		NP	PA	QLL
XEMBIFY		NP	PA	
ZARXIO		NP	PA	QLL
ZIEXTENZO	P		PA	
GROWTH HORMONES				
EGRIFTA SV		NP	PA	QLL
GENOTROPIN	P		PA	
HUMATROPE		NP	PA	
NGENLA		NP	PA	
NORDITROPIN	P		PA	
NUTROPIN AQ		NP	PA	
OMNITROPE		NP	PA	
SAIZEN		NP	PA	
SEROSTIM		NP	PA	
SKYTROFA		NP	PA	
SOGROYA		NP	PA	
ZOMACTON		NP	PA	
ZORBTIVE		NP	PA	
GROWTH FACTORS				

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
INCRELEX		NP	PA	
VOXZOGO	P		PA	QLL
MUSCULOSKELETAL MEDICATIONS				
NON-STEROIDAL ANTIINFLAMMATORY AGENTS				
celecoxib generic		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL
diclofenac epolamine patch 1.3% generic		NP	PA	
diclofenac potassium cap generic		NP	PA	QLL
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
diflunisal generic		NP	PA	
DUEXIS		NP	PA	QLL
etodolac er tab generic		NP	PA	
fenoprofen calcium cap, tab generic		NP	PA	QLL
generic NSAIDs (unless listed otherwise)	P			QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			
ketoprofen er generic		NP	PA	
meclofenamate sodium cap generic		NP	PA	
mefenamic acid generic		NP	PA	QLL
meloxicam caps, -suspension generic		NP	PA	QLL
meloxicam tablets generic	P			QLL
NALFON		NP	PA	QLL
NAPRELAN		NP	PA	QLL
naproxen dr tab generic		NP	PA	
naproxen sodium cr tab (generic for Naprelan)		NP	PA	QLL
naproxen suspension generic		NP	PA	
oxaprozin tab generic		NP	PA	
PENNSAID		NP	PA	QLL
RELAFEN DS		NP	PA	QLL
salsalate generic		NP	PA	
VIMOVO		NP	PA	QLL
OTHER DRUGS FOR ARTHRITIS				
ACTEMRA		NP	PA	QLL
CUPRIMINE	P			
OLUMIANT		NP	PA	QLL
OTEZLA	P		PA	QLL
OTREXUP		NP	PA	QLL
RASUVO		NP	PA	QLL
REDITREX		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
XATMEP		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
DRUGS FOR GOUT				
allopurinol 100mg generic	P			
colchicine tab generic	P			QLL
febuxostat generic	P			QLL
GLOPERBA		NP	PA	QLL
MITIGARE	P			QLL
probenecid generic	P			
probenecid/colchicine generic	P			
SKELETAL MUSCLE RELAXANTS				
AMRIX		NP	PA	QLL
baclofen 10mg, 20mg generic	P			
baclofen suspension 25mg/5ml generic		NP	PA	QLL
baclofen solution generic		NP	PA	QLL
carisoprodol 250mg generic		NP	PA	QLL
carisoprodol 350mg generic	P			QLL
carisoprodol w/aspirin and codeine generic		NP	PA	
chlorzoxazone generic	P			
cyclobenzaprine 5mg, 10mg generic	P			QLL
cyclobenzaprine 7.5mg generic		NP	PA	QLL
dantrolene sodium	P			
FEXMID		NP	PA	QLL
GABLOFEN INJ.	P			QLL
LIORESAL INJ.	P			
LYVISPAH		NP	PA	QLL
metaxalone generic		NP		QLL
methocarbamol generic	P			
NORGESIC FORTE		NP	PA	
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
THERABENZAPR PAK -60	P			
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
ZANAFLEX CAPS		NP	PA	
NEUROMUSCULAR AGENTS				
EXSERVAN		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
RADICAVA ORS		NP	PA	QLL
RELYVRIO		NP	PA	
riluzole generic	P			QLL
TIGLUTIK		NP	PA	QLL
OTHER				
SOHONOS		NP	PA	
<i>NUTRITION / BLOOD MODIFIERS / ELECTROLYTES</i>				
END STAGE RENAL DISEASE				
ACCRUFER		NP	PA	QLL
aluminum hydroxide generic	P		PA	
AURYXIA		NP	PA	QLL
calcitriol generic	P			
calcium acetate caps	P			
calcium acetate tabs		NP	PA	
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
DIALYVITE/ZINC	P		PA	
DIALYVITE SUPREME D		NP	PA	
docusate sodium/calcium	P		PA	
DOJOLVI		NP	PA	
doxercalciferol generic		NP	PA	
ergocalciferol generic	P			
FERRETTES FE CHEW TABS	P			
ferric gluconate injection generic		NP	PA	
ferumoxytol generic		NP	PA	
folic acid 1mg generic	P			QLL
INFED	P		PA	
INJECTAFER		NP	PA	QLL
INTRALIPID		NP	PA	
KABIVEN		NP	PA	
lanthanum chew tab generic		NP	PA	
levocarnitine generic	P			
magnesium carbonate generic	P		PA	
MAGNEBIND	P		PA	
MONOFERRIC		NP	PA	QLL
MULTRYS	P			
NEPHPLEX RX		NP	PA	
NEPHRON FA	P		PA	
niacin generic	P		PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
NUTRILIPID	P			
OMEGAVEN	P		PA	
paricalcitol 1mcg, 2mcg generic	P			
paricalcitol 4mcg generic		NP	PA	
PERIKABIVEN		NP	PA	
pyridoxine (vitamin B-6) inj. generic	P		PA	
RAYALDEE		NP	PA	QLL
ROCALTROL	P			
SENSIPAR		NP	PA	
sevelamer 400mg generic		NP	PA	
sevelamer carbonate tabs generic	P			QLL
sevelamer powder packet generic		NP	PA	QLL
SMOFLIPID		NP	PA	
sodium bicarbonate generic	P		PA	
thiamine (vitamin B-1) generic	P		PA	
TRALEMENT	P			
VELPHORO		NP	PA	QLL
VENOFER	P		PA	
vitamin B complex generic	P		PA	
vitamin B-12 injection generic	P			
ORAL ANTICOAGULANTS, VITAMIN K				
ELIQUIS	P			QLL
phytonadione generic	P			QLL
PRADAXA	P			QLL
PRADAXA PAK		NP	PA	
SAVAYSA		NP	PA	QLL
warfarin sodium generic	P			
XARELTO SUSPENSION	P		PA	QLL
XARELTO TABS	P			QLL
HEPARIN AND HEPARIN ANTAGONISTS				
enoxaparin syringe and vial generic	P			QLL
fondaparinux generic		NP	PA	QLL
FRAGMIN SYRINGE		NP	PA	QLL
FRAGMIN 2500U VIAL		NP	PA	
heparin generic	P			
ANTIPLATELET DRUGS				
aspirin (enteric coated)	P			
aspirin/dipyridamole generic	P			
BRILINTA	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
cilostazol generic	P			
clopidogrel generic	P			QLL
dipyridamole generic	P			
ticlopidine generic	P			
prasugrel generic	P			QLL
ZONTIVITY		NP	PA	QLL
CHELATING AGENT				
CUVRIOR		NP	PA	
deferasirox sprinkles generic		NP	PA	QLL
deferasirox tabs, -tabs for oral susp.	P			QLL
DEPEN TITRATABS	P		PA	
FERPRX 2-DAY		NP	PA	QLL
FERRIPROX		NP	PA	QLL
trientine 250mg caps generic	P			
ANTIHEMOPHILIC FACTOR DRUGS				
ADVATE	P			
ADYNOVATE		NP	PA	
AFSTYLA	P			
ALPHANATE	P			
ALPHANINE	P			
ALPROLIX		NP	PA	
ALTUVIIIIO		NP	PA	
BEBULINE	P			
BENEFIX	P			
ELOCTATE		NP	PA	
ESPEROCT		NP	PA	
FEIBA		NP	PA	
HEMLIBRA	P			
HEMOFIL	P			
HUMATE-P		NP	PA	
IDELVION		NP	PA	
IXINITY		NP	PA	
JIVI		NP	PA	
KOGENATE FS	P			
KOVALTRY	P			
MONONINE	P			
NOVOEIGHT	P			
NOVOSEVEN RT		NP	PA	
NUWIQ	P			
PROFILNINE	P			

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
REBINYN	P			
RECOMBINATE		NP	PA	
RIXUBIS		NP	PA	
SEVENFACT		NP	PA	
TRETTEN		NP	PA	
VONVENDI		NP	PA	
WILATE	P			
XYNTHA	P			
PRENATAL VITAMINS				
prenatal brands/generics with DHA	P			
prenatal brand/generics (without DHA)	P			
SELECT-OB + DHA	P			
TRICARE	P			
VITAFOL FE+	P			
VITAFOL NANO	P			
VITAFOL TAB CHEW	P			
VITAFOL ULTRA	P			
VITAFOL-OB	P			
VITAFOL-OB+DHA	P			
VITAFOL-ONE	P			
VITAMIN AND MINERAL PRODUCTS (covered <21 years old)				
corvita 150 generic	P			
FERIVA	P			
FERIVA 21-7		NP	PA	
FERIVA FA		NP	PA	
FERRALET 90	P			
FUSION PLUS, -SPRINKLE	P			
HEMOCYTE-F	P			
HEMOCYTE PLS	P			
INTEGRA F	P			
INTEGRA PLUS	P			
SELENIOS	P			QLL
TANDEM PLUS	P			
OTHER				
AMICAR	P			QLL
aminocaproic acid soln., tabs generic	P			QLL
BERINERT	P			
CABLIVI		NP	PA	
CARBAGLU	P		PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
CATHFLO ACTIVASE	P			QLL
CINRYZE		NP	PA	
dichlorphenamide generic	P		PA	QLL
DROXIA	P			
EMPAVELI		NP	PA	QLL
ENDARI	P		PA	QLL
FIRAZYR	P			QLL
HAEGARDA	P			
hydroxyurea generic	P			
icatibant generic	P			QLL
JYNARQUE	P		PA	QLL
KALBITOR		NP		
KLOR-CON	P			
K-PHOS	P			
LOKELMA	P			
ORLADEYO	P		PA	QLL
OXBRYTA		NP	PA	QLL
PALYNZIQ	P		PA	QLL
pentoxifylline generic	P			
potassium chloride generic	P			
potassium citrate 5meq, 10meq generic	P			QLL
potassium citrate 15meq generic		NP	PA	QLL
potassium iodide soln. generic		NP	PA	
PYRUKYND	P		PA	QLL
RUCONEST		NP	PA	
SAMSCA	P			QLL
SIKLOS		NP	PA	QLL
sapropterin tabs generic	P			QLL
TAKHZYRO		NP	PA	QLL
tranexamic acid inj.		NP	PA	
UROCIT-K 15		NP	PA	QLL
VELTASSA	P			QLL
VIJOICE	P		PA	QLL
ZOKINVY	P		PA	QLL
<i>OBSTETRICAL & GYNECOLOGICAL MEDICATIONS</i>				
MISCELLANEOUS OB/GYN DRUGS				
CLEOCIN SUPPOSITORY	P			
CLINDESSE		NP	PA	QLL
INTRAROSA		NP	PA	
methylergonovine generic	P			QLL
MYFEMBREE	P		PA	QLL
NUVESSA	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
ORIAHNN	P		PA	
ORLISSA	P		PA	
OSPHENA		NP	PA	
SYNAREL	P			
tranexamic acid tab generic	P			QLL
VANAZOLE GEL		NP	PA	
XACIATO GEL		NP	PA	
ANDROGEN DRUGS				
ANDROGEL 1.62% GEL PUMP	P		PA	QLL
danazol generic	P		PA	
DELATESTRYL	P		PA	
DEPO-TESTOSTERONE	P		PA	
JATENZO		NP	PA	QLL
METHITEST	P		PA	
methyltestosterone cap generic		NP	PA	QLL
NATESTO		NP	PA	QLL
testosterone gel generic (Fortesta, Testim, Vogelxo generics only)		NP	PA	QLL
testosterone gel pump 1.62% (generic for Androgel)	P		PA	QLL
testosterone gel pump (generics for Vogelxo)		NP	PA	QLL
testosterone injection generic	P		PA	
testosterone topical soln. generic		NP	PA	QLL
TLANDO		NP	PA	QLL
XYOSTED		NP	PA	QLL
ESTROGEN DRUGS				
DIVIGEL		NP	PA	QLL
ELESTRIN		NP	PA	
estradiol cream, patch generic	P			QLL
estradiol tabs generic	P			
ESTRASORB		NP	PA	
EVAMIST	P			
IMVEXXY		NP	PA	
MENEST	P			
MINIVELLE		NP	PA	
PREMARIN	P			QLL
VEOZAH		NP	PA	QLL
VIVELLE DOT	P			QLL
yuvafem (estradiol) vaginal tab generic	P			
ESTROGEN COMBINATIONS				
ANGELIQ	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
BIJUVA		NP	PA	QLL
CLIMARA PRO PATCH	P			QLL
COMBIPATCH	P			
DUAVEE		NP	PA	QLL
estradiol/norethindrone generic	P			QLL
FEMRING		NP		QLL
jinteli (norethindrone/estradiol 1mg-5mcg) generic	P			
norethindrone/estradiol 0.5mg-2.5mcg generic		NP	PA	QLL
PREFEST	P			
PREMPHASE	P			QLL
PREMPRO	P			QLL
PROGESTIN DRUGS				
CRINONE GEL		NP	PA	
MEGACE ES		NP	PA	
megestrol 40mg/ml susp generic	P			
megestrol 625mg/5ml susp generic		NP	PA	
progesterone caps generic	P			
CONTRACEPTIVES				
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
ANNOVERA		NP	PA	QLL
aranelle (generic Tri-Norinyl)		NP	PA	
BALCOLTRA		NP	PA	QLL
camrese, -lo generic		NP	PA	QLL
DEPO-SQ PROVERA 104		NP		QLL
drosiprenone/ethinyl estradiol/levomefolate generic		NP	PA	QLL
ELLA	P			QLL
gildess 24 fe generic	P			
gianvi (drosiprenone/ethinyl estradiol) generic		NP	PA	QLL
jolessa generic	P			QLL
junel fe 24 generic	P			
larin 24 fe generic	P			
leena (generic Tri-Norinyl)		NP	PA	
levonorgestrel 1.5mg generics (covered < 17 yrs old)	P			QLL
levonorgestrel/ethinyl estradiol (generic LoSeasonique)		NP	PA	QLL
LO LOESTRIN FE		NP	PA	QLL
lomedica 24 fe generic	P			
LO MINASTRIN FE		NP	PA	QLL
LOSEASONIQUE	P			QLL
medroxyprogesterone 150mg/ml generic	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
MINASTRIN 24 CHW FE		NP	PA	QLL
NATAZIA		NP	PA	QLL
NECON 1/50		NP	PA	
NEXTSTELLIS		NP	PA	QLL
norethindrone 0.35mg generic	P			
norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew)		NP	PA	QLL
norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7)	P			
norgestimate/ethinyl estradiol, tri-estaryll, tri-linyah, trinessa, tri-previfem, tri-sprintec, etc. (generic for Ortho Tri-Cyclen)	P			
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	
NUVARING	P			
ocella generic		NP	PA	
PHEXXI GEL		NP	PA	QLL
PLAN B ONE STEP (covered < 17 yrs old)	P			QLL
QUARTETTE		NP	PA	QLL
quasense generic	P			QLL
SAFYRAL		NP	PA	QLL
SEASONIQUE	P			QLL
SLYND		NP	PA	QLL
tri-legest/tilia fe generic	P			
trinessa lo generic	P			QLL
TWIRLA		NP	PA	QLL
TYBLUME		NP	PA	QLL
wymza fe chew (generic for Femcon FE Chew)		NP	PA	QLL
xulane (norelgestromin-ethinyl estradiol) generic		NP	PA	QLL
zarah generic		NP	PA	
zenchent fe chew (generic for Femcon FE Chew)		NP	PA	QLL
zeosa chew generic		NP	PA	
zovia 1/50e (ethynodiol) generic		NP	PA	
<i>OPHTHALMIC MEDICATIONS</i>				
OPHTHALMIC QUINOLONES				
BESIVANCE		NP	PA	QLL
CILOXAN ophth. oint.	P			
ciprofloxacin HCL drops	P			QLL
gatifloxacin ophth. soln. generic		NP	PA	QLL
levofloxacin 0.5% ophth generic		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
moxifloxacin ophthalmic soln. 0.5% (generic for Moxeza)		NP	PA	QLL
moxifloxacin ophthalmic soln. 0.5% (generic for Vigamox)	P			QLL
ofloxacin drops generic	P			QLL
ZYMAXID		NP	PA	QLL
OPHTHALMIC CORTICOSTEROID DRUGS				
ALREX	P			QLL
DUREZOL	P			QLL
EYSUVIS		NP	PA	QLL
FML-FORTE	P			QLL
LOTEMAX, -SM GEL		NP	PA	QLL
LOTEMAX OINT	P			QLL
loteprednol 0.5% ophth. susp. (Oceanside generic)		NP	PA	QLL
VEXOL	P			QLL
OPHTHALMIC COMBINATIONS				
neomycin/polymyxin/bacitracin/hc ophth. oint. generic		NP	PA	
neomycin/polymyxin/hc ophth. susp. generic		NP	PA	QLL
neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic	P			
TOBRADEX ST		NP	PA	QLL
tobramycin/dexamethasone ophth. susp. generic	P			QLL
ZYLET	P			
ORAL ANTIGLAUCOMA DRUGS				
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
TOPICAL ANTIGLAUCOMA DRUGS				
ALPHAGAN-P 0.1%	P			QLL
ALPHAGAN-P 0.15%	P			QLL
apraclonidine generic		NP	PA	
AZOPT		NP	PA	
betaxolol generic	P			
BETIMOL		NP	PA	
BETOPTIC S	P			
bimatoprost generic		NP	PA	QLL
brimonidine 0.2% generic	P			
brimonidine 0.15% generic		NP	PA	QLL
carteolol hcl generic	P			
COMBIGAN 5ml	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
COMBIGAN 10ml		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
dorzolamide/timolol/pf generic	P			QLL
IOPIDINE 1%	P			
ISOPTO CARBACHOL	P			
ISTALOL		NP	PA	
IYUZEH		NP	PA	
latanoprost generic	P			QLL
levobunolol hcl generic	P			
LUMIGAN	P			QLL
PHOSPHOLINE IODIDE	P			
pilocarpine ophthalmic generic		NP	PA	
PILOPINE H.S.	P			
RHOPRESSA	P		PA	QLL
ROCKLATAN	P		PA	
SIMBRINZA		NP	PA	QLL
timolol maleate generic	P			
TIMOPTIC OCUDOSE		NP	PA	
travoprost (Sandoz generic only)	P			QLL
VYZULTA		NP	PA	QLL
XELPROS		NP	PA	QLL
ZIOPTAN		NP	PA	QLL
OPHTHALMIC ANTIHISTAMINES				
azelastine ophth. generic		NP	PA	QLL
BEPREVE	P			QLL
epinastine generic		NP	PA	QLL
LASTACAFT		NP	PA	QLL
olopatadine ophth. soln. generic	P			QLL
ZERVIAE		NP	PA	QLL
OPHTHALMIC MAST CELL STABILIZERS				
ALOCRIIL		NP	PA	QLL
ALOMIDE		NP	PA	QLL
cromolyn sodium ophthalmic generic	P			QLL
OTHER OPHTHALMIC DRUGS				
ACUVAIL		NP	PA	QLL
atropine sulfate ophthalmic soln. generic	P			
AZASITE		NP	PA	
bacitracin ophthalmic oint. generic		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
bromfenac ophth soln generic		NP	PA	QLL
BROMSITE		NP	PA	
CEQUA		NP	PA	
CYCLOGYL 0.5%	P			
CYCLOGYL 2%		NP	PA	
cyclopentol 1%, 2% ophth soln generic	P			
CYSTADROPS	P		PA	QLL
CYSTARAN	P		PA	QLL
diclofenac ophth soln generic	P			
flurbiprofen ophth susp generic	P			
ILEVRO		NP	PA	QLL
ketorolac ophthalmic generic	P			QLL
MIEBO		NP	PA	QLL
NATACYN		NP	PA	
neomycin/polymyxin/gramicidin ophthalmic soln. generic		NP	PA	
NEVANAC		NP	PA	
OXERVATE	P		PA	QLL
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
PROLENSA		NP	PA	QLL
RESTASIS MULTIDOSE		NP	PA	QLL
RESTASIS single dose vials	P			QLL
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide ophthalmic drops generic	P			
tobramycin ophthalmic generic	P			
trifluridine generic	P			
TYRVAYA		NP	PA	QLL
VERKAZIA		NP	PA	QLL
XIIDRA	P			
ZIRGAN		NP	PA	QLL
RESPIRATORY MEDICATIONS				
BRONCHODILATORS AND RELATED DRUGS				
albuterol for nebulization generic 2.5mg/3ml, 5mg/ml	P			QLL
albuterol for nebulization generic 0.63mg/3ml, 1.25mg/3ml		NP	PA	QLL
albuterol sulfate tabs generic		NP	PA	
BROVANA		NP	PA	
levalbuterol neb generic		NP	PA (> 8 years)	QLL
PERFOROMIST		NP	PA	QLL
SEREVENT DISKUS	P			QLL
STRIVERDI RESPIMAT		NP	PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
terbutaline tabs generic		NP	PA	
theophylline generic	P			
XOPENEX HFA		NP	PA	QLL
VENTOLIN HFA	P			QLL
COPD ANTICHOLINERGICS				
albuterol/ipratropium neb soln generic	P			QLL
ANORO ELLIPTA	P			QLL
ATROVENT HFA	P			QLL
BEVESPI		NP	PA	QLL
BREZTRI		NP	PA	QLL
COMBIVENT RESPIMAT		NP	PA	QLL
DUAKLIR		NP	PA	QLL
INCRUSE ELLIPTA		NP	PA	QLL
ipratropium inhalation solution generic	P			QLL
LONHALA MAGNAIR		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT		NP	PA	QLL
STIOLTO RESPIMAT	P			QLL
TRELEGY ELLIPTA		NP	PA	QLL
TUDORZA		NP	PA	QLL
YUPELRI		NP	PA	QLL
INHALED STEROIDS/PULMONARY ANTIINFLAMMATORY DRUGS				
ADVAIR HFA (12gm package size)	P			QLL
ADVAIR DISKUS	P			QLL
AIRDUO RESPICLICK		NP	PA	QLL
AIRSUPRA		NP	PA	QLL
ALVESCO		NP	PA	QLL
ARNUITY ELLIPTA	P			QLL
ASMANEX HFA	P			QLL
ASMANEX TWISTHALER	P			QLL
BREO ELLIPTA		NP	PA	QLL
budesonide inhalation susp	P			QLL
DULERA (except 50-5mcg)	P			QLL
fluticasone diskus generic		NP	PA	
fluticasone hfa generic	P		PA _{≥13 years}	QLL
fluticasone/salmeterol inhaler (generic AIRDUO)		NP	PA	
PULMICORT FLEXHALER		NP	PA	QLL
QVAR REDHALER	P			QLL
SYMBICORT	P			QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
LEUKOTRIENE MODIFIERS				
montelukast chewables, tabs generic	P			QLL
montelukast granules generic	P		PA	QLL
zafirlukast generic		NP	PA	QLL
zileuton er generic		NP	PA	QLL
ZYFLO IR		NP	PA	QLL
ANTIHISTAMINE AND DECONGESTANT DRUGS				
carbinoxamine generic	P			
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
CLARINEX-D		NP	PA	QLL
desloratadine tab generic		NP	PA	QLL
desloratadine ODT generic		NP	PA	QLL
KARBINAL ER		NP	PA	QLL
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
loratadine, -D generic OTC	P			QLL
RYCLORA		NP	PA	
RYVENT		NP	PA	QLL
ALPHA-1 PROTEINASE INHIBITORS				
ARALAST-NP	P		PA	
GLASSIA	P		PA	
PROLASTIN-C	P		PA	
ZEMAIRA	P		PA	
OTHER RESPIRATORY DRUGS				
ALLFEN	P			
AUVI-Q		NP	PA	
BRONCHITOL	P		PA	QLL
cromolyn sodium nebulizer soln. generic	P			
EPIPEN, -JR. brand)	P			QLL
FASENRA PEN	P		PA	QLL
GRASTEK		NP	PA	QLL
KALYDECO	P		PA	QLL
NUCALA AUTO-INJECTOR	P		PA	
ODACTRA		NP	PA	QLL
OFEV	P		PA	QLL
ORALAIR		NP	PA	QLL
ORKAMBI	P		PA	QLL

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
PALFORZIA		NP	PA	
pirfenidone generic		NP	PA	QLL
PULMOZYME	P			QLL
RAGWITEK		NP	PA	QLL
roflumilast generic		NP	PA	QLL
SYMDEKO	P		PA	QLL
SYMJEPI		NP	PA	QLL
TEZSPIRE PEN		NP	PA	
TRIKAFTA	P		PA	QLL
<i>UROLOGICAL/RENAL MEDICATIONS</i>				
CALCIBIND	P			
CYSTAGON	P			
ELMIRON	P			
darifenacin generic		NP	PA	QLL
fesoterodine er generic	P			QLL
FILSPARI	P		PA	QLL
flavoxate generic		NP	PA	QLL
fosfomycin powder pack generic	P			
GELNIQUE		NP	PA	QLL
GEMTESA		NP	PA	QLL
methenamine generic	P			
methenamine hippurate generic		NP	PA	
MYRBETRIQ		NP	PA	QLL
oxybutynin 5mg tabs, syrup/soln. generic	P			QLL
oxybutynin ER generic	P			QLL
OXLUMO	P		PA	QLL
OXYTROL	P			QLL
PROCYSBI		NP	PA	QLL
solifenacin generic	P			QLL
THIOLA EC	P		PA	QLL
tiopronin generic	P			
tolterodine generic		NP	PA	QLL
tolterodine er generic				
tropium generic		NP	PA	QLL
tropium er generic		NP	PA	QLL
UROGESIC BLUE		NP	PA	QLL
VESICARE LS SUSP.	P		PA	QLL
DRUGS FOR BPH				
alfuzosin generic	P			QLL
CARDURA XL		NP	PA	

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2024

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
CIALIS 2.5MG, 5MG		NP	PA	QLL
dutasteride generic	P			QLL
dutasteride-tamsulosin generic		NP	PA	QLL
ENTADFI		NP	PA	QLL
finasteride generic	P			QLL
JALYN		NP	PA	QLL
RAPAFLO		NP	PA	QLL
tamsulosin generic	P			QLL
<i>DIABETIC SUPPLIES</i>				
METERS -Trividia select brands are covered through manufacturer	n/a	n/a	n/a	n/a
OMNIPOD DASH, -5 (covered 2 - 21 yrs old)	P		PA (2 yrs-21 yrs)	QLL
TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a
<i>VACCINES</i>				
For a complete list of covered vaccines, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Vaccines	n/a	n/a	n/a	n/a

PA*** Requires PA based on dose