

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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			
AUGMENTIN 125mg/5ml SUSPENSION		NP	PA	QLL
AVYCAZ		NP	PA	QLL
AZACTAM		NP	PA	
azithromycin generic	P			QLL
aztreonam generic	P		PA	
BETHKIS	P			QLL
CAYSTON	P			QLL
cefaclor er generic		NP	PA	QLL
cefaclor caps generic	P			QLL
cefaclor oral suspension generic		NP	PA	QLL
cefadroxil caps, suspension generic	P			QLL
cefadroxil tabs generic		NP	PA	QLL
cefazolin iv generic	P			
cefdinir	P			QLL
cefixime suspension generic		NP	PA	QLL
CEFTIN SUSPENSION	P			QLL
ceftriaxone generic	P			
cefepodoxime generic		NP	PA	QLL
cefprozil generic	P			QLL
cefuroxime generic tabs	P			QLL
cefuroxime generic susp	P			QLL
cephalexin 250mg, 500mg caps generic	P			QLL
cephalexin tabs generic		NP	PA	QLL
cephalexin 750mg generic		NP	PA	QLL
CIPRO SUSPENSION	P			QLL
ciprofloxacin/SR generic	P			QLL
ciprofloxacin suspension generic	P			QLL
clarithromycin/ER generic	P			QLL
clarithromycin susp.	P			QLL
CLEOCIN 75MG CAPS	P			
clindamycin caps generic	P			
clindamycin for oral solution generic	P			QLL
clindamycin in D5W injection generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
clindamycin in NaCl 0.9% injection generic	P			
clindamycin injection 150MG/ML (900MG/6ML) generic	P			
DIFICID		NP	PA	QLL
DORYX, -MPC		NP	PA	QLL
doxycycline hyclate generic	P			
doxycycline hyclate delayed release tabs		NP	PA	QLL
doxycycline monohydrate 50mg, 100mg caps, 75mg, 100mg, 150mg tabs generic	P			
doxycycline monohydrate 75mg, 150mg caps, 50mg tabs generic		NP	PA	
doxycycline suspension generic	P			
DYNAPEN SUSP	P			
ERYPED 400mg/5ml suspension		NP	PA	QLL
ERY-TAB		NP	PA	QLL
ERYTHROCIN		NP	PA	QLL
erythromycin cap, tab generic		NP	PA	QLL
erythromycin ethyl succinate suspension generic	P		PA (≥12 yrs)	QLL
erythromycin ethyl succinate 400mg tab generic	P			QLL
FLAGYL CAPS		NP	PA	
GANTRISIN PEDIATRIC	P			
KEFLEX 750mg	P			QLL
KETEK		NP	PA	QLL
KITABIS PAK	P			QLL
levofloxacin injection 25mg/ml generic		NP	PA	QLL
levofloxacin in D5W (generic Levaquin Premix)	P			
levofloxacin solution generic		NP	PA	QLL
levofloxacin tabs generic	P			QLL
LINCOCIN	P			
metronidazole IR tabs generic	P			
metronidazole caps generic		NP	PA	
minocycline caps generic	P			
minocycline IR, SR tab generic		NP	PA	QLL
MORGIDOX KIT		NP	PA	QLL
MOXATAG		NP	PA	QLL
moxifloxacin generic	P			QLL
nitrofurantoin generic	P			
ofloxacin generic	P			QLL
PCE		NP	PA	QLL
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic		NP	PA	
SOLODYN		NP	PA	QLL
SPECTRACEF		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
SUPRAX CAPS	P			QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
TOBI PODHALER		NP	PA	QLL
tobramycin nebulizer generic		NP	PA	QLL
UNASYN 15GM		NP	PA	
VIBRAMYCIN SYRUP	P			
ZERBAXA		NP	PA	
ZOSYN	P			
ZMAX		NP	PA	QLL
TOPICAL ANTIBACTERIAL DRUGS				
BACTROBAN NASAL	P			QLL
CORTISPORIN CREAM, -OINT.	P			QLL
gentamicin cream, -oint. generic	P			
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
ANTIMYCOBACTERIAL DRUGS				
cycloserine generic	P			
ethambutol generic	P			
isoniazid generic	P			
PRIFTIN	P			
pyrazinamide generic	P			
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
SIRTURO	P		PA	QLL
TRECATOR	P			
ANTIFUNGAL DRUGS				
AMBISOME INJ.		NP	PA	
CANCIDAS INJ.		NP	PA	
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	P			
griseofulvin oral susp generic	P			
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin ultramicrosize tab generic	P			QLL
itraconazole generic	P		PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
NOXAFIL		NP	PA	QLL
ONMEL		NP	PA	QLL
ORAVIG		NP	PA	QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
terbinafine tab generic	P			
VFEND SUSP		NP	PA	
voriconazole generic		NP	PA	
TOPICAL ANTIFUNGALS				
CICLODAN KIT		NP	PA	QLL
ciclopirox 0.77% cream, suspension generic	P			
ciclopirox gel/shampoo generic		NP	PA	
ciclopirox nail lacquer	P		PA	
ciclopirox 8% and vitamin E 5% kit		NP	PA	
CNL8 NAIL KIT		NP	PA	QLL
econazole generic	P			
ERTACZO		NP		
EXELDERM		NP		
EXTINA		NP	PA	QLL
GYNAZOLE	P			
JUBLIA SOLN. 10%		NP	PA	QLL
KERYDIN		NP	PA	QLL
ketoconazole aer 2% foam generic		NP	PA	
ketoconazole cream, shampoo	P			
ketocon plus kit generic		NP	PA	QLL
LOPROX KIT		NP	PA	QLL
LUZU		NP	PA	QLL
MENTAX		NP		
miconazole generic	P			QLL
MONISTAT 1	P			QLL
naftifine generic		NP	PA	QLL
nystatin cream	P			
nystatin/triamcinolone cream, ointment generic		NP	PA	
OXISTAT		NP		
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
terconazole generic	P			QLL
ANTIRETROVIRALS & PROTEASE INHIBITORS				
abacavir tabs generic	P			QLL
abacavir/lamivudine generic	P			
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
APTIVUS		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
ATRIPLA	P			
BIKTARVY	P			
CIMDUO	P			QLL
COMPLERA		NP	PA	QLL
CRIXIVAN		NP	PA	
DESCOVY	P			QLL
didanosine delayed-release caps generic	P			
EDURANT	P		PA	QLL
EMTRIVA	P			
EPIVIR SOLN	P			QLL
EVOTAZ	P		PA	QLL
FUZEON		NP	PA	QLL
GENVOYA	P			QLL
INTELENCE		NP	PA	QLL
INVIRASE		NP	PA	
ISENTRESS, -HD	P		PA	QLL
JULUCA		NP	PA	QLL
KALETRA	P			QLL
lamivudine soln. generic	P			QLL
lamivudine generic	P			QLL
lamivudine/zidovudine generic	P			QLL
LEXIVA		NP	PA	
nevirapine suspension generic		NP	PA	QLL
nevirapine tabs generic	P			QLL
nevirapine er generic		NP	PA	QLL
NORVIR POWDER PACKETS		NP	PA	
NORVIR SOLN, TABS	P			
ODEFSEY	P		PA	QLL
PREZCOBIX	P		PA	QLL
PREZISTA	P		PA	
RESCRIPTOR	P			
REYATAZ	P			
ritonavir tabs generic		NP	PA	
SELZENTRY		NP	PA	
stavudine	P			
STRIBILD		NP	PA	QLL
SUSTIVA	P			
SYMFI		NP	PA	QLL
SYMFI LO		NP	PA	QLL
TIVICAY	P		PA	QLL
TRIUMEQ	P		PA	QLL
TRIZIVIR	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
TRUVADA	P			
TYBOST	P		PA	QLL
VIDEX	P			
VIDEX EC		NP		
VIRACEPT	P			
VIRAMUNE SUSPENSION	P			QLL
VIRAMUNE XR		NP	PA	QLL
VIREAD	P			QLL
VITEKTA		NP	PA	QLL
ZIAGEN SOLN.	P			
zidovudine generic	P			
HEPATITIS AGENTS				
adefovir generic		NP	PA	QLL
BARACLUDE SOLN.	P			QLL
COPEGUS		NP	PA	
DAKLINZA		NP	PA	QLL
entecavir generic	P			QLL
EPCLUSA	P		PA	QLL
HARVONI		NP	PA	QLL
HEPSERA	P			QLL
MAVYRET	P		PA	QLL
MODERIBA		NP	PA	
OLYSIO		NP	PA	QLL
PEGASYS, -PROCLICK	P			QLL
PEG-INTRON	P			QLL
REBETOL ORAL SOLUTION	P			
RIBAPAK		NP	PA	
RIBASPHERE 400MG, 600MG		NP	PA	
ribavirin 200mg generic	P			
SOVALDI		NP	PA	QLL
TYZEKA		NP	PA	
VEMLIDY		NP	PA	QLL
VOSEVI	P		PA	QLL
ZEPATIER	P		PA	QLL
OTHER ANTIVIRAL DRUGS				
acyclovir generic	P			
CYTOVENE	P		PA	
EPIVIR HBV	P			
lamivudine HBV generic		NP	PA	QLL
famciclovir generic	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
oseltamivir generic		NP	PA	QLL
PREVYMIS		NP	PA	QLL
RELENZA	P			QLL
rimantadine generic		NP		
SITAVIG		NP	PA	QLL
TAMIFLU	P			QLL
valacyclovir generic	P			QLL
valganciclovir generic		NP	PA	
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
VALCYTE TABS	P			
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				
ALBENZA	P		PA	
ALINIA	P			QLL
atovaquone generic	P			
atovaquone-proguanil generic		NP	PA	
BAXDELA		NP	PA	QLL
benznidazole generic	P		PA	QLL
chloroquine phosphate generic	P			
COARTEM		NP	PA	QLL
CUBICIN	P		PA	
DALVANCE		NP	PA	QLL
DAPSONE	P			
DARAPRIM	P		PA	
DORIBAX		NP	PA	QLL
EMVERM		NP	PA	
hydroxychloroquine sulfate generic	P			
imipenem-cilastatin generic		NP	PA	
IMPAVIDO	P		PA	QLL
INVANZ	P		PA	
ivermectin generic	P			QLL
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
MALARONE		NP	PA	QLL
mefloquine hydrochloride generic	P			
meropenem generic	P		PA	
meropenem/sodium chloride IV soln. generic		NP	PA	
MINTEZOL	P			
NEBUPENT	P			QLL
PRIMAXIN	P		PA	
QUALAQUIN		NP	PA	QLL
quinine sulfate generic		NP	PA	
rifabutin generic	P			QLL
SIVEXTRO		NP	PA	QLL
STROMEKTOL		NP	PA	QLL
TEFLARO		NP	PA	QLL
tinidazole generic		NP	PA	
TYGACIL		NP	PA	
vancomycin generic	P			QLL
VIBATIV		NP	PA	
XIFAXAN		NP	PA	QLL
ZYVOX IV SOLN., ORAL SUSP.	P		PA	QLL
<i>ANTINEOPLASTIC/</i>				
<i>IMMUNOSUPPRESSANT DRUGS</i>				
AFINITOR	P		PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AGRYLIN	P			
ALECENSA	P		PA	QLL
ALKERAN tablets	P			
ALUNBRIG	P		PA	QLL
anastrozole generic	P			QLL
ARCALYST	P		PA	QLL
ASTAGRAF XL		NP	PA	QLL
bexarotene generic		NP	PA	QLL
bicalutamide	P			QLL
BOSULIF	P		PA	QLL
CABOMETYX	P		PA	QLL
CALQUENCE	P		PA	QLL
capecitabine generic		NP	PA	
CAPRELSA		NP	PA	QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CIMZIA		NP	PA	QLL
COMETRIQ	P		PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
COTELLIC	P		PA	QLL
cyclophosphamide generic	P			
cyclosporine generic	P			
DEPO-PROVERA 400mg/ml	P			
ELIGARD	P			
EMCYT	P			
ENBREL	P		PA	QLL
ERLEADA	P		PA	QLL
ERIVEDGE	P		PA	QLL
etoposide capsules generic	P			
ENVARUSUS XR		NP	PA	
exemestane generic	P			QLL
FARESTON	P			
FARYDAK	P		PA	QLL
FIRMAGON	P		PA	QLL
GLEEVEC	P			
GLEOSTINE	P			
GILOTRIF	P		PA	QLL
HUMIRA	P		PA	QLL
HYCANTIN	P			
IBRANCE	P		PA	QLL
ICLUSIG	P		PA	QLL
IDHIFA	P		PA	QLL
ILARIS	P		PA	QLL
IMBRUVICA	P		PA	QLL
INLYTA	P		PA	QLL
IRESSA	P		PA	QLL
JAKAFI	P			QLL
KEVZARA		NP	PA	
KINERET		NP	PA	QLL
KISQALI	P		PA	QLL
KISQALI 200 PAK FEMARA	P		PA	QLL
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic	P			QLL
LEUKERAN	P			
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
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			
LUPRON DEPOT PEDIATRIC 11.25MG, 30MG		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
LYNPARZA	P		PA	QLL
LYSODREN	P			
MATULANE	P			
MEKINIST	P		PA	QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic		NP	PA	QLL
MYFORTIC	P			QLL
MYLERAN	P			
NERLYNX	P		PA	QLL
NEXAVAR	P			QLL
NILANDRON	P			
NINLARO	P		PA	QLL
octreotide generic	P		PA	
ODOMZO	P		PA	QLL
ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT		NP	PA	QLL
POMALYST	P		PA	QLL
PURINETHOL	P			
PURIXAN	P		PA (≥ 12 years)	QLL
REVLIMID	P			QLL
RIDAURA	P			
RUBRACA	P		PA	QLL
RYDAPT	P		PA	QLL
SANDOSTATIN LAR	P		PA	
SILIQ		NP	PA	
SIMPONI		NP	PA	QLL
sirolimus generic	P			
SOMATULINE DEPOT		NP	PA	
SOMAVERT		NP	PA	QLL
SPRYCEL	P		PA	QLL
SYNRIBO	P		PA	QLL
SUTENT	P		PA	QLL
STIVARGA	P		PA	QLL
tacrolimus generic	P			
TAFINLAR	P		PA	QLL
TAGRISSO	P		PA	QLL
TALTZ		NP	PA	QLL
TARCEVA	P		PA	QLL
TARGRETIN CAP	P			QLL
TARGRETIN GEL	P			QLL
TASIGNA	P		PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
temozolomide generic	P		PA	QLL
THALOMID	P			
THIOGUANINE	P			
TRELSTAR LA/-DEPOT	P		PA	QLL
TREMFYA		NP	PA	
tretinoin caps generic	P			
TYKERB	P			
UCERIS		NP	PA	QLL
VENCLEXTA	P		PA	QLL
VERZENIO	P		PA	QLL
VOTRIENT	P		PA	QLL
XALKORI	P		PA	QLL
XELODA	P			
XTANDI	P		PA	QLL
YONSA		NP	PA	
ZEJULA	P		PA	QLL
ZELBORAF	P		PA	QLL
ZOLINZA	P		PA	
ZORTRESS		NP	PA	QLL
ZYDELIG	P		PA	QLL
ZYKADIA	P		PA	QLL
ZYTIGA	P		PA	QLL
<i>CARDIOVASCULAR MEDICATIONS</i>				
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
matzim la (generic Cardizem LA)	P			QLL
nicardipine generic	P			QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
nisoldipine sr generic		NP	PA	QLL
verapamil generic	P			QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
CARDIAC GLYCOSIDES				
digoxin generic	P			
LANOXIN 0.0625MG, 0.1875MG		NP	PA	
LANOXIN INJ	P			
BETA-ADRENERGIC ANTAGONIST DRUGS				
all beta-adrenergic antagonists generics are preferred	P			QLL
BYSTOLIC		NP	PA	QLL
COREG CR		NP	PA	QLL
CORZIDE		NP	PA	QLL
DUTOPROL	P			QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
INNOPRAN XL		NP	PA	QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
nadolol generic	P			
SOTYLIZE	P		PA (≥12 years)	QLL
CENTRALLY ACTING ANTIHYPERTENSIVES				
CATAPRES-TTS	P			QLL
clonidine patch		NP	PA	QLL
ANGIOTENSIN CONVERTING ENZYME INHIBITORS & COMBOS				
benazepril generic	P			QLL
benazepril HCTZ generic	P			QLL
captopril generic	P			QLL
captopril HCTZ generic	P			QLL
enalapril generic	P			QLL
enalapril HCTZ generic	P			QLL
enalaprilat generic	P			QLL
EPANED	P		PA (≥12 years)	QLL
fosinopril generic	P			QLL
fosinopril HCTZ generic	P			QLL
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
perindopril generic		NP	PA	QLL
QBRELIS	P		PA (≥12 years)	QLL
quinapril generic	P			QLL
quinapril HCTZ generic	P			QLL
ramipril caps generic	P			QLL
trandolapril generic	P			QLL
ANGIOTENSIN II RECEPTOR ANTAGONISTS & COMBOS				
amlodipine/valsartan generic	P		PA	QLL
amlodipine/valsartan/hctz generic	P		PA	QLL
AZOR		NP	PA	QLL
BENICAR		NP	PA	QLL
BENICAR HCT		NP	PA	QLL
candesartan generic		NP	PA	QLL
candesartan/hctz generic		NP	PA	QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
ENTRESTO	P		PA	QLL
eprosartan generic		NP	PA	QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
MICARDIS		NP	PA	QLL
MICARDIS HCT		NP	PA	QLL
olmesartan generic		NP	PA	QLL
olmesartan/hctz generic		NP	PA	QLL
telmisartan generic		NP	PA	QLL
telmisartan/HCTZ generic		NP	PA	QLL
telmisartan/amlodipine generic		NP	PA	QLL
TRIBENZOR		NP	PA	QLL
TWYNSTA		NP	PA	QLL
valsartan generic	P			QLL
valsartan/hctz generic	P			QLL
OTHER ANTIHYPERTENSIVES				
amlodipine/benazepril generic	P			QLL
chlorthalidone generic	P			
chlorothiazide 500mg injection generic	P			
hydrochlorothiazide generic	P			
phenoxybenzamine generic		NP	PA	
PRESTALIA		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
trandolapril/verapamil generic (except Greenstone)	P			QLL
trandolapril/verapamil (Greenstone generic)		NP	PA	QLL
VECAMYL		NP	PA	QLL
NITRATES				
GONITRO POWDER		NP	PA	QLL
isosorbide generic	P			
nitroglycerin patches generic	P			QLL
nitroglycerin lingual spray aerosol (generic Nitromist)	P			QLL
nitroglycerin lingual spray soln (generic Nitrolingual)		NP		QLL
NITROLINGUAL SPRAY	P			QLL
NITROMIST SPRAY		NP	PA	QLL
NITROSTAT SL TABS	P			
ANTIDYSRHYTHMIC DRUGS				
amiodarone/pacerone generic	P			
MULTAQ		NP	PA	QLL
propafenone er generic	P			QLL
TONOCARD	P			
TIKOSYN	P			
ANTILIPIDEMIC DRUGS				
ALTOPREV		NP	PA	QLL
amlodipine/atorvastatin generic		NP	PA	QLL
atorvastatin generic	P			QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
CRESTOR		NP	PA	QLL
ezetimibe generic		NP	PA	QLL
fluvastatin generic	P			QLL
fluvastatin er generic		NP	PA	QLL
JUXTAPID		NP	PA	QLL
KYNAMRO		NP	PA	QLL
LESCOL XL	P			QLL
LIVALO		NP	PA	QLL
lovastatin generic	P			QLL
niacin er generic	P			QLL
NIACOR		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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		NP	PA	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
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
VASCEPA		NP	PA	QLL
VYTORIN (except 10-80mg)	P			QLL
VYTORIN 10-80mg	P		PA	QLL
WELCHOL		NP	PA	
XENICAL (covered 12 - 20 yrs old)	P		PA (12 yrs-20 yrs)	
ZETIA	P			QLL
FIBRIC ACID DERIVATIVES				
ANTARA		NP	PA	QLL
fenofibrate caps generic		NP	PA	QLL
fenofibrate tabs generic	P			QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
gemfibrozil generic	P			QLL
TRIGLIDE		NP	PA	QLL
OTHER CARDIOVASCULAR DRUGS				
BIDIL		NP	PA	QLL
CAROSPIR		NP	PA	QLL
CORLANOR		NP	PA	QLL
eplerenone generic		NP	PA	QLL
midodrine generic	P			
milrinone generic	P		PA	
NORTHERA		NP	PA	QLL
PROAMATINE	P			
RANEXA	P		PA	
spironolactone generic	P			QLL
DRUGS FOR PULMONARY HYPERTENSION				
ADCIRCA		NP	PA	QLL
ADEMPAS		NP	PA	QLL
epoprostenol	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
FLOLAN		NP	PA	
LETAIRIS	P			QLL
OPSUMIT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
REMODULIN		NP	PA	
REVATIO SUSPENSION		NP	PA	QLL
sildenafil generic	P		PA	QLL
TRACLEER	P			QLL
TRACLEER 32mg TAB FOR ORAL SUSP		NP	PA	
TYVASO		NP	PA	QLL
UPTRAVI		NP	PA	QLL
VELETRI		NP	PA	
VENTAVIS	P		PA	QLL
DRUGS FOR PHEOCHROMOCYTOMA				
DEMSEER	P			
AUTONOMIC AND CNS MEDICATIONS				
NARCOTIC ANALGESICS				
ABSTRAL		NP	PA	QLL
ACTIQ		NP	PA	QLL
ARYMO ER		NP	PA	QLL
BELBUCA		NP	PA	QLL
butalbital/acetaminophen 300mg/caffeine/codeine generic		NP	PA	
butalbital/acetaminophen 325mg/caffeine/codeine generic	P			QLL
butorphanol nasal generic	P			QLL
BUTRANS	P			QLL
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine/aspirin/caffeine cap (generic Synalgos-DC)		NP	PA	QLL
DILAUDID-5 1mg/ml	P			
EMBEDA	P			QLL
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
FENTORA		NP	PA	QLL
FIORICET (300mg APAP)		NP	PA	QLL
FIORICET W/CODEINE (300mg APAP)		NP	PA	QLL
HYCET		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
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 generic	P			
hydromorphone liquid 1mg/ml generic		NP	PA	
HYSINGLA ER		NP	PA	QLL
IBUDONE	P			
KADIAN		NP	PA	QLL
LAZANDA		NP	PA	
LORTAB ELIXIR	P			QLL
meperidine generic	P			
MORPHABOND ER		NP	PA	QLL
morphine ir generic	P			
morphine sulfate sa caps (generic Kadian)		NP	PA	QLL
morphine sulfate er caps (generic Avinza)		NP	PA	QLL
morphine sulfate sa tabs generic	P			QLL
NUCYNTA		NP	PA	QLL
NUCYNTA ER		NP	PA	QLL
ONSOLIS		NP	PA	QLL
OPANA		NP	PA	QLL
OXAYDO		NP	PA	
oxycodone er generic		NP	PA	QLL
oxycodone ir generic	P			QLL
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
PRIMLEV		NP	PA	
REPREXAIN		NP	PA	
SUBSYS		NP	PA	QLL
SYNALGOS-DC		NP	PA	QLL
XARTEMIS XR		NP	PA	QLL
ZAMICET		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
OTHER ANALGESICS				
BUPAP		NP	PA	
butalbital-acetaminophen tabs generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
butalbital-acetaminophen-caffeine capsule generic		NP	PA	
butalbital-acetaminophen-caffeine tabs generic	P			
butalbital-aspirin-caffeine capsule	P			
CONZIP		NP	PA	QLL
GRALISE		NP	PA	QLL
lidocaine cream, lotion 3% generic	P			
lidocaine gel 2%, jelly 2%, soln. 4% generic	P			
lidocaine ointment 5% generic		NP	PA	
lidocaine pad 5% generic		NP	PA	QLL
LIDODERM		NP	PA	QLL
SAVELLA		NP	PA	QLL
tramadol generic	P			QLL
tramadol/acetaminophen generic	P			QLL
tramadol er (generic Conzip, Ultram ER, Ryzolt)		NP	PA	QLL
ZEBUTAL		NP	PA	
DRUGS TO PREVENT AND TREAT HEADACHES				
almotriptan generic		NP	PA	QLL
AXERT		NP	PA	QLL
CAMBIA		NP	PA	QLL
dihydroergotamine spray generic		NP	PA	QLL
FROVA		NP	PA	QLL
MIGRANAL NS		NP	PA	QLL
naratriptan generic		NP	PA	QLL
ONZETRA XSAIL		NP	PA	QLL
RELPAK	P			QLL
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
SUMAVEL DOSEPRO		NP	PA	QLL
TREXIMET		NP	PA	QLL
ZEMBRACE SYMTOUCH INJ.		NP	PA	QLL
zolmitriptan, -odt generic		NP	PA	QLL
ZOMIG NASAL SPRAY	P			QLL
ZOMIG, -ZMT		NP	PA	QLL
ANXIOLYTICS				
alprazolam generic	P			QLL
alprazolam er, odt generic		NP	PA	
buspirone generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
chlordiazepoxide generic	P			QLL
clorazepate dipotassium generic	P			QLL
diazepam generic	P			QLL
lorazepam generic	P			QLL
oxazepam generic	P			QLL
SEDATIVE/HYPNOTIC DRUGS				
AMBIEN		NP	PA	QLL
AMBIEN CR		NP	PA	QLL
BELSOMRA		NP	PA	QLL
DORAL		NP	PA	
EDLUAR		NP	PA	QLL
eszopiclone generic		NP	PA	QLL
estazolam generic	P			QLL
flurazepam generic	P			QLL
HETLIOZ		NP	PA	QLL
LUNESTA		NP	PA	QLL
midazolam generic		NP	PA	
ROZEREM		NP	PA	QLL
phenobarbital generic	P			
SECONAL		NP	PA	QLL
SILENOR		NP	PA	QLL
SONATA		NP	PA	QLL
temazepam 7.5mg, 22.5mg		NP	PA	
temazepam 15mg, 30mg generic	P			QLL
triazolam	P			QLL
zaleplon generic	P			QLL
zolpidem generic	P			QLL
zolpidem er generic		NP	PA	QLL
zolpidem sl tab generic		NP	PA	QLL
ANTIMANIA DRUGS				
lithium carbonate generic	P			
ANTICONVULSANT DRUGS				
APTIOM		NP	PA	QLL
BANZEL TABS		NP	PA	QLL
BANZEL SUSPENSION		NP	PA	QLL
BRIVIACT		NP	PA	QLL
carbamazepine ir generic	P			
carbamazepine er/sr 200mg, 400mg generic	P			QLL
carbamazepine sr 12 hr (generic Carbatrol)	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
CELONTIN	P			
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
DEPAKOTE sprinkles	P			
DIASTAT	P		PA (> 21 yrs)	QLL
diazepam rectal gel generic		NP	PA	QLL
divalproex sprinkles generic		NP	PA	
divalproex DR, -ER generic	P			
felbamate generic		NP	PA	QLL
felbamate suspension generic		NP	PA	
FYCOMPA		NP	PA	QLL
gabapentin caps generic	P			
gabapentin solution generic	P			
gabapentin tabs generic		NP	PA	
GABITRIL		NP	PA	QLL
LAMICTAL KITS (immediate release)		NP	PA	
LAMICTAL ODT TABS, KITS		NP	PA	
LAMICTAL XR KITS		NP	PA	
lamotrigine chewable dispersable tab generic	P			
lamotrigine kits (immediate release and odt)		NP	PA	QLL
lamotrigine odt generic		NP	PA	
lamotrigine tabs generic	P			
lamotrigine er tabs generic		NP	PA	
levetiracetam solution/tabs generic	P			
levetiracetam tabs er generic		NP	PA	QLL
levetiracetam injection generic	P			QLL
LYRICA	P			QLL
LYRICA CR		NP	PA	QLL
LYRICA SOLN.		NP	PA	QLL
ONFI		NP	PA	QLL
ONFI SUSPENSION		NP	PA	QLL
oxcarbazepine susp., tabs generic	P			QLL
OXTELLAR XR	P		PA**	QLL
PEGANONE	P			
PHENYTEK		NP		
phenytoin generic	P			
primidone generic	P			
QUDEXY XR	P		PA	QLL
SABRIL		NP	PA	QLL
STAVZOR		NP	PA	
TEGRETOL XR 100mg	P			QLL
tiagabine generic		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
topiramate sprinkles generic	P			QLL
topiramate er sprinkles generic	P		PA	QLL
topiramate tabs generic	P			QLL
TROKENDI XR		NP	PA	QLL
valproic acid caps		NP	PA	
valproic acid syrup	P			
VIMPAT	P			QLL
VIMPAT INJ.	P		PA	QLL
zonisamide generic	P			
SELECTIVE SEROTONIN REUPTAKE INHIBITORS				
citalopram generic	P			QLL
escitalopram soln., tabs generic	P			QLL
fluoxetine generic	P			QLL
fluoxetine 90mg caps generic		NP	PA	QLL
fluoxetine 10mg, 20mg tabs generic		NP	PA	QLL
fluoxetine 60mg tab generic		NP		
fluoxetine (pmdd) caps generic		NP	PA	QLL
fluvoxamine generic	P			QLL
fluvoxamine er generic		NP	PA	QLL
paroxetine generic	P			QLL
paroxetine er		NP	PA	QLL
PEXEVA		NP	PA	QLL
SARAFEM		NP	PA	QLL
sertraline generic	P			QLL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS				
desvenlafaxine er tabs generic		NP	PA	QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
FETZIMA		NP	PA	QLL
venlafaxine generic	P			QLL
venlafaxine ER tabs generic	P			QLL
venlafaxine ER caps generic	P			QLL
MODIFIED CYCLICS				
nefazodone generic	P			QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
trazodone 300mg generic		NP	PA	QLL
TRINTELLIX	P		PA	QLL
VIIBRYD		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
MAO INHIBITORS				
EMSAM		NP	PA	QLL
MARPLAN	P			
phenelzine generic	P			QLL
tranylcypromine generic		NP	PA	
TRICYCLIC ANTIDEPRESSANTS				
amitriptyline generic	P			
amoxapine generic	P			
clomipramine authorized generic (Mallinckrodt)	P			
desimpramine generic	P			
doxepin generic	P			
imipramine tabs generic	P			
imipramine caps generic		NP	PA	
nortriptyline generic	P			
protriptyline generic		NP	PA	
SURMONTIL	P			
ALPHA-2 RECEPTOR ANTAGONISTS				
mirtazapine, -odt generic	P			QLL
MISCELLANEOUS ANTIDEPRESSANTS				
APLENZIN		NP	PA	QLL
bupropion IR generic	P			QLL
bupropion ER & SR 100mg, 150mg generic	P			QLL
bupropion SR 200mg generic	P			QLL
FORFIVO XL		NP	PA	QLL
maprotiline generic	P			QLL
ANTIVERTIGO AND ANTIEMETIC DRUGS				
AKYNZEO		NP	PA	QLL
ANZEMET TABS		NP	PA	QLL
ANZEMET INJECTION		NP	PA	
CESAMET		NP	PA	QLL
COMPRO (RECTAL) SUPPOSITORY		NP	PA	
DICLEGIS	P			QLL
dronabinol generic	P		PA	
EMEND CAPS	P			QLL
EMEND SUSP		NP	PA	QLL
granisetron generic		NP	PA	QLL
meclizine generic	P			
promethazine generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
SYNDROS		NP	PA	QLL
TRANSDERM-SCOP	P			
trimethobenzamide generic		NP	PA	
VARUBI		NP	PA	QLL
ZUPLENZ		NP	PA	QLL
ANTIPARKINSON DRUGS				
APOKYN	P			
AZILECT		NP		
bromocriptine generic	P			
carbidopa generic	P			QLL
carbidopa/levodopa generic	P			
carbidopa/levodopa disintegrating tablets generic		NP	PA	
carbidopa/levodopa/entacapone generic		NP	PA	
COMTAN	P			QLL
DUOPA	P			
entacapone generic		NP	PA	
MIRAPEX ER		NP	PA	QLL
NEUPRO		NP	PA	QLL
pramipexole generic	P			QLL
pramipexole er generic		NP	PA	QLL
REQUIP XL		NP	PA	QLL
ropinirole generic	P			
ropinirole er generic		NP	PA	QLL
RYTARY		NP	PA	QLL
selegiline generic	P			
STALEVO	P			
TASMAR	P			
tolcapone generic		NP	PA	
XADAGO		NP	PA	
ZELAPAR		NP	PA	
ATYPICAL ANTIPSYCHOTIC DRUGS				
aripiprazole odt generic		NP	PA	QLL
aripiprazole tabs generic	P		PA	QLL
aripiprazole oral soln. generic		NP	PA	QLL
clozapine generic	P		PA (<18 years)	QLL
clozapine odt generic		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
FANAPT		NP	PA	QLL
FAZACLO		NP	PA (<18 years)	QLL
GEODON inj	P			
INVEGA		NP	PA	QLL
LATUDA	P		PA**	QLL
NUPLAZID		NP	PA	QLL
olanzapine, -odt generic	P		PA (<13 years)	QLL
olanzapine inj. (short-acting) generic		NP	PA	
olanzapine/fluoxetine generic		NP	PA	QLL
paliperidone er generic		NP	PA	QLL
quetiapine generic 25mg, 50mg	P		PA***/PA (<10 years)	QLL
quetiapine generic 100mg, 200mg, 300mg, 400mg	P		PA (<10 years)	QLL
REXULTI	status based on diagnosis	status based on diagnosis	PA**	QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
SAPHRIS		NP	PA	QLL
SEROQUEL XR		NP	PA	QLL
SYMBYAX		NP	PA	QLL
VERSACLOZ SUSPENSION		NP	PA	QLL
VRAYLAR		NP	PA	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ZYPREXA INJECTABLE		NP		
ATYPICAL ANTIPSYCHOTIC LONG ACTING INJECTABLES				
ABILIFY MAINTENA	P		PA	QLL
ARISTADA	P		PA	QLL
INVEGA SUSTENNA, -TRINZA	P		PA	QLL
RISPERDAL CONSTA	P		PA	QLL
ZYPREXA RELPREVV	P		PA	QLL
OTHER ANTIPSYCHOTIC DRUGS				
EQUETRO	P			
fluphenazine decanoate vial generic	P			QLL
haloperidol decanoate vial generic	P			QLL
molindone generic	P			
CNS STIMULANT DRUGS				
ADDERALL XR		NP	PA	QLL
ADZENYS XR		NP	PA	QLL
amphetamine salt combination generic	P		PA (≥ 21 years)	QLL
amphetamine salt combination ER generic		NP	PA	QLL
APTENSIO XR		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
armodafinil generic	P		PA (≥ 21 years)	QLL
atomoxetine generic	P		PA (≥ 21 years)	QLL
CONCERTA	P		PA (≥ 21 years)	QLL
COTEMPLA		NP	PA	QLL
DAYTRANA		NP	PA	QLL
DESOXYN		NP	PA	QLL
dexamethylphenidate, -er generic		NP	PA	QLL
dextroamphetamine generic	P		PA (≥ 21 years)	QLL
dextroamphetamine er generic		NP	PA	QLL
dextroamphetamine soln. generic		NP	PA	QLL
DYANAVEL XR SUSP.		NP	PA	QLL
EVEKEO		NP	PA	QLL
FOCALIN	P		PA (≥ 21 years)	QLL
FOCALIN XR	P		PA (≥ 21 years)	QLL
methamphetamine generic		NP	PA	QLL
METHYLIN CHEW TABS		NP	PA	QLL
METHYLIN SOLN	P		PA (≥ 21 years)	QLL
METHYLIN TABS	P		PA (≥ 21 years)	QLL
METHYLIN ER	P		PA (≥ 21 years)	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate cd generic	P		PA (≥ 21 years)	QLL
methylphenidate chew tabs generic	P		PA (≥ 21 years)	QLL
methylphenidate 10mg er (generic for Metadate ER)	P		PA (≥ 21 years)	QLL
methylphenidate/metadate 20mg er/sr (generic for Ritalin SR)		NP	PA	QLL
methylphenidate er (generic for Ritalin LA)		NP	PA	QLL
methylphenidate sa osm (generic for Concerta; preferred manufacturer: Actavis/Watson)	P		PA (≥ 21 years)	QLL
methylphenidate osm 72mg generic		NP	PA	QLL
methylphenidate solution generic		NP	PA	QLL
modafinil generic	P		PA (≥ 21 years)	QLL
MYDAYIS		NP	PA	QLL
PROCENTRA		NP	PA	QLL
QUILLICHEW ER	P		PA (≥ 21 years)	QLL
QUILLIVANT SUSP XR	P		PA (≥ 21 years)	QLL
RITALIN LA 10mg		NP	PA	QLL
VYVANSE	P		PA (≥ 21 years)	QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
OTHER CNS/AUTONOMIC DRUGS				
BUNAVAIL		NP	PA	QLL
buprenorphine generic	P			QLL
buprenorphine/naloxone sl tabs generic		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
caffeine citrate injection 60mg/3ml generic	P			
clonidine 0.1mg er generic		NP	PA	QLL
guanfacine er generic	P		PA (≥ 21 years)	QLL
HORIZANT		NP	PA	QLL
KAPVAY	P		PA (≥ 21 years)	QLL
MESTINON	P			
naloxone injection generic	P			
NARCAN SPRAY	P		PA	
nimodipine generic	P			QLL
NYMALIZE	P		PA	QLL
ORAP	P			
pimozide generic		NP	PA	
pyridostigmine generic		NP	PA	
SUBOXONE	P			QLL
VIVITROL	P			QLL
XYREM		NP	PA	QLL
ZUBSOLV		NP	PA	QLL
ANTIDEMENTIA DRUGS				
donepezil, -ODT generic	P			QLL
donepezil 23mg generic		NP	PA	QLL
EXELON PATCH	P			QLL
galantamine, -er generic	P			
galantamine soln. generic	P			
memantine soln. generic		NP	PA	QLL
memantine tabs, titration pak generic	P			QLL
NAMENDA TITRATION PAK		NP	PA	QLL
NAMENDA XR		NP	PA	QLL
NAMZARIC		NP	PA	QLL
rivastigmine caps generic	P			
rivastigmine patches generic		NP	PA	QLL
DRUGS TO TREAT MULTIPLE SCLEROSIS				
AMPYRA	P		PA	QLL
AUBAGIO	P			QLL
AVONEX	P			QLL
BETASERON	P			QLL
COPAXONE KIT 20MG/ML	P			QLL
COPAXONE 40MG/ML		NP	PA	QLL
EXTAVIA		NP	PA	QLL
GILENYA 0.5mg	P			QLL
GLATOPA		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
PLEGRIDY		NP	PA	QLL
REBIF, REBIDOSE	P			QLL
TECFIDERA	P			QLL
SMOKING CESSATION DRUGS				
buproban/bupropion sr 150mg (generic Zyban)	P		PA	QLL
CHANTIX	P			QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
MISCELLANEOUS				
acamprosate generic	P			QLL
ACTHAR HP	P		PA	
AMPHADASE	P		PA	
AUSTEDO		NP	PA	QLL
BRISDELLE		NP	PA	QLL
CUVPOSA		NP	PA	QLL
disulfiram generic	P			QLL
GOCOVRI		NP	PA	QLL
HYLENEX	P		PA	
INGREZZA		NP	PA	QLL
NUDEXTA		NP	PA	QLL
tetrabenazine generics		NP	PA	QLL
VITRASE	P		PA	
XENAZINE	P		PA	QLL
DERMATOLOGICAL MEDICATIONS				
TOPICAL CORTICOSTEROID				
all topical corticosteroid generics (unless listed otherwise)	P			
alclometasone cream/oint. generic		NP	PA	
amcinonide lotion, ointment generic		NP	PA	
APEXICON E CREAM		NP	PA	
betamethasone dipropionate gel, ointment generic		NP	PA	
betamethasone dipropionate (augmented) cream, lotion, ointment generic		NP	PA	
betamethasone valerate aerosol foam 0.12%, lotion generic		NP	PA	
CAPEX SHAMPOO		NP	PA	
clobetasol emulsion foam (generic OLUX-E)		NP	PA	QLL
clobetasol emollient cream		NP	PA	
clobetasol foam (generic OLUX)		NP	PA	QLL
clobetasol cream, lotion, shampoo generic		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
clobetasol spray generic		NP	PA	QLL
CLOBEX LOTION, -SHAMPOO		NP	PA	
CLODAN KIT		NP	PA	QLL
CLODERM		NP	PA	QLL
clocortolone generic		NP	PA	QLL
CORDRAN TAPE		NP	PA	QLL
CUTIVATE CREAM, OINT.		NP	PA	
DESONATE		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	P			
fluocinonide cream 0.1% generic	P			QLL
fluocinonide ointment generic		NP	PA	
fluticasone cream, lotion, ointment generic		NP	PA	
HALOG, -E		NP	PA	
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream generic		NP	PA	
hydrocortisone valerate cream, ointment generic		NP	PA	
KENALOG AEROSOL		NP	PA	
KENALOG-10,40 INJ	P			
LUXIQ		NP	PA	QLL
NEO-SYNALAR KIT		NP	PA	QLL
OLUX-E		NP	PA	QLL
PANDEL		NP	PA	
PEDIADERM HC KIT (covered < 21 yrs old)		NP	PA	QLL
PEDIADERM TA KIT (covered < 21 yrs old)		NP	PA	QLL
prednicarbate ointment generic		NP	PA	
PSORCON E		NP	PA	
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
TEXACORT SOLN		NP	PA	
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL
triamcinolone acetonide spray generic		NP	PA	
TRIANEX OINTMENT		NP	PA	QLL
ULTRAVATE X KIT		NP	PA	QLL
TOPICAL ANTIACNE DRUGS				
ACANYA GEL		NP	PA	QLL
ACZONE GEL		NP	PA	
adapalene gel, cream, lotion generic		NP	PA	QLL
AZELEX	P		PA (≥ 21 years)	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
AVITA	P		PA (≥ 21 years)	QLL
BENZACLIN	P			QLL
BENZEFOAM		NP	PA	QLL
benzoyl peroxide cream 5.5% generic		NP	PA	QLL
benzoyl peroxide pads generic		NP	PA	
benzoyl peroxide cleanser generic	P			
bpo, se bpo cloths generic		NP	PA	QLL
BPS gel	P			
CLINDACIN KIT PAC 1%		NP	PA	QLL
clindamycin aer 1% generic		NP	PA	
clindamycin 1% gel, lotion, topical solution generic	P			
clindamycin pads/swabs generic		NP	PA	
clindamycin-benzoyl peroxide gel 1-5% (generic for Benzacilin)		NP	PA	QLL
clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac)	P			
DIFFERIN		NP	PA (≥ 21 years)	QLL
EPIDUO	P		PA (≥ 21 years)	QLL
EPIDUO FORTE		NP	PA	QLL
ERY PAD 2%		NP	PA	
erythromycin pads generic		NP	PA	
erythromycin/benzoyl peroxide gel (generic Benzamycin)	P			
EVOCLIN		NP	PA	
FABIOR AER 0.1%		NP	PA	QLL
FINACEA		NP	PA	QLL
INOVA KITS		NP	PA	QLL
metronidazole cream, 1% gel, lotion generic		NP	PA	
METROGEL	P			QLL
METROGEL PUMP		NP	PA	QLL
NORITATE		NP		
NEUAC KIT		NP	PA	QLL
ONEXTON		NP	PA	QLL
OSCION		NP	PA	
RETIN-A MICRO		NP	PA	QLL
ROSDAN KIT		NP	PA	QLL
sulfacetamide sodium lotion/suspension generic	P			
SUMAXIN PADS		NP	PA	QLL
SUMAXIN WASH		NP	PA	QLL
TAZORAC	P		PA (≥ 30 years)	QLL
tretinoin cream generic	P		PA (≥ 21 years)	QLL
tretinoin gel generic	P		PA (≥ 21 years)	QLL
tretinoin microsphere gel/gel pump generic		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
VELTIN		NP	PA	QLL
ZIANA	P		PA (≥ 21 years)	QLL
ORAL ANTIACNE DRUGS				
ABSORICA		NP	PA	QLL
isotretinoin generics	P		PA	QLL
ANTIPSORIASIS AND ANTIECZEMA DRUGS				
acitretin generic		NP	PA	QLL
calcipotriene cream generic	P			QLL
calcipotriene oint. generic		NP	PA	
calcipotriene scalp soln. generic	P			
calcitriol ointment generic		NP	PA	QLL
calcipotriene-betamethasone ointment generic		NP	PA	QLL
COSENTYX		NP	PA	QLL
ENSTILAR		NP	PA	QLL
methoxsalen generic		NP	PA	
OXSORALEN-UL	P			
SORIATANE	P			QLL
SORILUX		NP	PA	QLL
STELARA 90mg/ml		NP	PA	QLL
TACLONEX		NP	PA	QLL
VECTICAL		NP	PA	QLL
OTHER TOPICAL DERMATOLOGICAL DRUGS				
CARAC		NP	PA	QLL
CONDYLOX GEL	P			
diclofenac gel generic		NP	PA	QLL
DUPIXENT		NP	PA	QLL
ELIDEL	P			QLL
EUCRISA	P			QLL
fluorouracil 0.5% cream generic	P			
fluorouracil 5% cream, inj., soln. generic	P			
imiquimod 5% generic	P			
latrix xm generic		NP	PA	QLL
KERAFOAM		NP	PA	
PANRETIN	P		PA	
PICATO		NP	PA	QLL
podofilox soln. generic	P			
PROTOPIC	P			QLL
REGRANEX	P		PA	QLL
SANTYL		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

	Preferred	Non-Preferred	PA	QLL
tacrolimus ointment generic		NP	PA	QLL
TOLAK	P			QLL
UMECTA PD		NP	PA	QLL
URAMAXIN		NP	PA	
urea cream/lotion/ointment generic	P			
urea gel/emulsion generic		NP	PA	
urea nail kit generic		NP	PA	QLL
VALCHLOR GEL	P		PA	QLL
VUSION		NP	PA	
ZYCLARA		NP	PA	
PEDICULOCIDES and SCABICIDES				
EURAX CREAM		NP	PA	QLL
EURAX LOTION		NP	PA	QLL
LINDANE LOTION, SHAMPOO		NP	PA	QLL
malathion lotion		NP	PA	QLL
NATROBA	P			QLL
OVIDE		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
SKLICE	P			QLL
spinosad generic		NP	PA	QLL
ROSACEA AGENTS				
doxycycline (rosacea) 40mg cap generic		NP	PA	QLL
ORACEA		NP	PA	QLL
FINACEA		NP	PA	
SOOLANTRA		NP	PA	QLL
EAR-NOSE-THROAT MEDICATIONS				
DRUGS AFFECTING THE EAR				
CERUMENEX	P			
CIPRODEX	P			QLL
CIPRO HC	P			
ciprofloxacin otic generic	P			
DERMOTIC		NP	PA	
fluocinolone (otic) oil 0.01%	P			
neomycin/polymyxin/hc generic	P			QLL
ofloxacin otic generic		NP	PA	
OTOVEL		NP	PA	QLL
DRUGS AFFECTING THE NOSE				

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
azelastine 137mcg (0.1%) generic	P			QLL
azelastine 0.15% generic		NP	PA	QLL
BECONASE AQ		NP	PA	QLL
budesonide nasal susp. generic		NP	PA	QLL
DYMISTA		NP	PA	QLL
flunisolide generic		NP	PA	QLL
fluticasone generic	P			QLL
ipratropium nasal spray generic	P			QLL
NASONEX	P			QLL
olopatadine generic		NP	PA	QLL
OMNARIS		NP	PA	QLL
PATANASE		NP	PA	QLL
QNASL		NP	PA	QLL
VERAMYST		NP	PA	QLL
ZETONNA		NP	PA	QLL
DRUGS AFFECTING THE THROAT AND MOUTH				
cevimeline generic	P			
pilocarpine tabs generic	P			
RADIACARE	P			
SALAGEN	P			
ENDOCRINE MEDICATIONS				
BONE OSSIFICATION AGENTS				
ACTONEL 5mg, 30mg		NP	PA	QLL
alendronate generic	P			QLL
alendronate oral soln generic		NP	PA	QLL
ATELVIA		NP	PA	QLL
BINOSTO		NP	PA	QLL
calcitonin nasal solution generic	P			QLL
etidronate disodium generic	P			QLL
FORTEO		NP	PA	
FOSAMAX-D		NP	PA	QLL
FOSAMAX SOLUTION		NP	PA	QLL
ibandronate -inj., -tabs generic		NP	PA	QLL
MIACALCIN INJECTION		NP	PA	QLL
risedronate, -dr generic		NP	PA	QLL
TYMLOS		NP	PA	
INSULIN				
AFREZZA		NP	PA	
APIDRA		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
APIDRA SOLOSTAR		NP	PA	QLL
BASAGLAR		NP	PA	QLL
HUMALOG	P			QLL
HUMALOG KWIKPEN 200 units/ml		NP	PA	QLL
HUMALOG pens and cartridges	P		PA (≥ 21 years)	QLL
HUMALOG MIX 50/50	P			QLL
HUMALOG MIX 75/25	P			QLL
HUMULIN 70/30	P			QLL
HUMULIN N	P			QLL
HUMULIN R U-100	P			QLL
HUMULIN R U-500 vial and pen	P			QLL
HUMULIN pens		NP	PA	QLL
LANTUS	P			QLL
LANTUS SOLOSTAR	P			QLL
LEVEMIR	P			QLL
LEVEMIR FLEXTOUCH	P			QLL
NOVOLIN		NP	PA	QLL
NOVOLOG		NP	PA	QLL
NOVOLOG MIX		NP	PA	QLL
NOVOLOG pens and cartridges		NP	PA	QLL
TOUJEO		NP	PA	QLL
TRESIBA FLEX		NP	PA	QLL
XULTOPHY		NP	PA	QLL
ORAL ANTIDIABETIC AGENTS				
acarbose	P			
ACTOPLUS MET XR		NP	PA	QLL
alogliptin 6.25mg, 12.5mg generic		NP	PA	QLL
alogliptin-metformin generic		NP	PA	QLL
alogliptin-pioglitazone generic		NP	PA	QLL
AVANDIA		NP	PA	QLL
AVANDAMET		NP	PA	QLL
chlorpropamide generic		NP	PA	
CYCLOSET		NP	PA	QLL
FARXIGA		NP	PA	QLL
FORTAMET ER		NP	PA	QLL
glimepiride generic	P			
glipizide, XL	P			
glipizide/metformin generic	P			QLL
GLUMETZA ER		NP	PA	QLL
glyburide generic	P			QLL
glyburide/metformin generic	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

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

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

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
TANZEUM		NP	PA	QLL
TRULICITY		NP	PA	QLL
VICTOZA	P		PA	QLL
THYROID SUPPLEMENTS				
ARMOUR THYROID	P			
CYTOMEL	P			
levothyroxine tabs generic	P			
levothyroxine inj. generic	P		PA	QLL
liothyronine tabs generic		NP	PA	
np thyroid 30mg, 60mg 90mg tab generic	P			
THYROLAR	P			
TIROSINT		NP	PA	
MISC. ENDOCRINE DRUGS				
BUPHENYL	P			QLL
CEREZYME	P		PA	
cortisone generic	P			
CERDELGA	P		PA	QLL
DDAVP NASAL	P			
desmopressin generic	P			
dexamethasone generic	P			
DEXPAK		NP	PA	
DOSTINEX	P			QLL
ELAPRASE	P		PA	
ELELYSO	P		PA	
EMFLAZA		NP	PA	QLL
FLO-PRED SUSPENSION		NP	PA	
FORTEO		NP	PA	
hydrocortisone generic	P			
KORLYM	P		PA	QLL
MEDROL 2mg	P			
methylprednisolone generic	P			
MILLIPRED ORAL SOLN., TABS		NP	PA	
MYALEPT	P		PA	QLL
NATPARA		NP	PA	QLL
ORAPRED ODT		NP	PA	
ORFADIN	P			
ORFADIN SUSP.	P		PA	
prednisolone oral soln. 10mg/5ml		NP	PA	
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 20mg/5ml		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
prednisolone oral soln. 25mg/5ml generic	P			
prednisolone odt generic		NP	PA	
prednisone generic	P			
raloxifene generic	P			QLL
RAVICTI		NP	PA	QLL
RAYOS		NP	PA	QLL
SIGNIFOR, -LAR		NP	PA	QLL
sodium phenylbutyrate generic		NP	PA	QLL
STRENSIQ	P		PA	
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VIMIZIM	P		PA	
VPRIV	P		PA	
ZAVESCA	P			QLL
ANABOLIC STEROIDS				
ANADROL-50	P		PA	
oxandrolone	P		PA	QLL
GASTROINTESTINAL MEDICATIONS				
ANTIULCER DRUGS				
cimetidine generic	P			QLL
famotidine tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
ranitidine cap generic		NP	PA	QLL
ranitidine syrup, tab generic	P			QLL
PROTON PUMP INHIBITORS (PPI)				
ACIPHEX TABS, SPRINKLES		NP	PA	QLL
DEXILANT		NP	PA	QLL
esomeprazole inj. generic		NP	PA	QLL
esomeprazole magnesium cap (generic Nexium)		NP	PA	QLL
esomeprazole strontium cap generic		NP	PA	QLL
lansoprazole generic		NP	PA	QLL
NEXIUM		NP	PA	QLL
NEXIUM INJ		NP	PA	QLL
omeprazole generic	P		PA	QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL
pantoprazole generic	P		PA	QLL
pantoprazole inj. generic		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
PREVACID SOLUTAB		NP	PA	QLL
PROTONIX INJ		NP	PA	QLL
PROTONIX PAK		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL
ZEGERID Rx CAP, -POWDER		NP	PA	QLL
HELICOBACTER PYLORI DRUGS				
HELIDAC		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
PYLERA	P		PA	QLL
OTHER GI DRUGS				
ACTIGALL	P			
alosetron generic		NP	PA	QLL
AMITIZA	P		PA	QLL
ANALPRAM-HC 1-1% CREAM		NP	PA	
APRISO	P			
balsalazide generic	P			
budesonide SR caps generic	P			QLL
CANASA	P			
CHENODAL		NP	PA	
CHOLBAM	P		PA	QLL
COLYTE	P			QLL
CORTIFOAM	P			
CREON	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
DELZICOL	P			QLL
diphenoxylate-atropine generic	P			
FULYZAQ		NP	PA	QLL
GATTEX		NP	PA	QLL
GAVILYTE-H KIT		NP	PA	QLL
GIAZO		NP	PA	QLL
GOLYTELY	P			QLL
GLYCATE		NP	PA	QLL
glycopyrrolate generic	P			
hc pramoxine cream 1-1% generic		NP	PA	
hydrocortisone acetate cream generic	P			QLL
KRISTALOSE		NP	PA	QLL
lactulose generic	P			
LIALDA	P			
LINZESS		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
LOTRONEX		NP		QLL
mesalamine enema generic		NP	PA	
mesalamine kit generic		NP	PA	QLL
mesalamine tab generic		NP	PA	
metoclopramide generic	P			
metoclopramide odt generic		NP	PA	QLL
METOZOLV		NP	PA	QLL
MOVANTIK		NP	PA	QLL
MOVIPREP	P			QLL
MYTESI		NP	PA	QLL
NULYTELY	P			QLL
OCALIVA	P		PA	
PANCREAZE		NP	PA	QLL
PENTASA	P			
PERTZYE		NP	PA	
polyethylene glycol generic	P			QLL
pramcort cream 1-1% generic	P			
PRAMOSONE CREAM 1%	P			
PREPOPIK	P			QLL
PROCORT		NP	PA	
PROCTOFOAM-HC	P			
RECTIV OINT 0.4%		NP	PA	QLL
RELISTOR		NP	PA	QLL
SFROWASA		NP	PA	
SUCLEAR	P			QLL
sulfasalazine generic	P			
SUPREP	P			QLL
SYMPROIC		NP	PA	
TRULANCE		NP	PA	QLL
ursodiol generic	P			
VIBERZI		NP	PA	QLL
VIOKACE		NP	PA	
XERMELO	P		PA	QLL
ZENPEP	P			QLL
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
IMMUNOLOGICALS				
ACTIMMUNE	P			
ALFERON N	P			
ARANESP		NP	PA	QLL
BENLYSTA SUBCUTANEOUS SOLN.	P		PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
BIVIGAM	P		PA	
CARIMUNE NF	P		PA	
CUVITRU	P		PA	
CYTOGAM	P		PA	
EPOGEN	P		PA	
FLEBOGAMMA/DIF	P		PA	
GAMASTAN	P		PA	
GAMMAGARD/SD	P		PA	
GAMMAKED	P		PA	
GAMMAPLEX	P		PA	
GAMUNEX-C	P		PA	
GRANIX	P			QLL
HEPAGAM B		NP	PA	
HIZENTRA	P		PA	
HYQVIA	P		PA	
INTRON A	P			
LEUKINE	P		PA	QLL
MOZOBIL	P		PA	
NEULASTA	P		PA	QLL
NEUMEGA	P			QLL
NEUPOGEN	P		PA	QLL
NPLATE		NP	PA	
OCTAGAM	P		PA	
PRIVIGEN	P		PA	
PROCRIT	P		PA	
PROLEUKIN	P			
PROMACTA	P		PA	QLL
RETACRIT		NP	PA	
SYLATRON	P		PA	
SYNAGIS	P		PA	QLL
ZARXIO		NP	PA	QLL
GROWTH HORMONES				
EGRIFTA	P		PA	QLL
GENOTROPIN	P		PA	
HUMATROPE		NP	PA	
NORDITROPIN	P		PA	
NUTROPIN AQ	P		PA	
OMNITROPE		NP	PA	
SAIZEN		NP	PA	
SEROSTIM		NP	PA	
ZOMACTON		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
ZORBTIVE		NP	PA	
GROWTH FACTORS				
INCRELEX		NP	PA	
MUSCULOSKELETAL MEDICATIONS				
NON-STEROIDAL ANTIINFLAMMATORY AGENTS				
celecoxib generic		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
DUEXIS		NP	PA	QLL
etodolac er tab generic		NP	PA	
fenoprofen calcium cap, tab generic		NP	PA	QLL
FLECTOR PAD		NP	PA	
generic NSAIDs (unless listed otherwise)	P			QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			
ketoprofen, -er generic		NP	PA	
meclofenamate sodium cap generic		NP	PA	
mefenamic acid generic		NP	PA	QLL
meloxicam suspension generic		NP	PA	QLL
meloxicam tablets generic	P			QLL
NALFON		NP	PA	QLL
NAPRELAN		NP	PA	QLL
naproxen dr tab generic		NP	PA	
naproxen sodium cr tab (generic for Naprelan)		NP	PA	QLL
naproxen suspension generic	P			
oxaprozin tab generic		NP	PA	
PENNSAID		NP	PA	QLL
TIVORBEX		NP	PA	QLL
tolmetin sodium generic		NP	PA	
VIMOVO		NP	PA	QLL
VIVLODEX		NP	PA	QLL
VOLTAREN GEL		NP	PA	
ZIPSOR		NP	PA	QLL
ZORVOLEX		NP	PA	QLL
OTHER DRUGS FOR ARTHRITIS				
ACTEMRA		NP	PA	QLL
CUPRIMINE	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
OTEZLA		NP	PA	QLL
OTREXUP		NP	PA	QLL
RASUVO		NP	PA	QLL
XATMEP		NP	PA	QLL
XELJANZ IR (5MG)	P		PA	QLL
XELJANZ XR (11MG) - requires LOMN after at least a 30-day trial of Xeljanz (IR-5MG)	P		PA	QLL
DRUGS FOR GOUT				
allopurinol generic	P			
colchicine generic	P			QLL
COLCRYS		NP	PA	QLL
MITIGARE		NP	PA	QLL
probenecid generic	P			
probenecid/colchicine generic	P			
ULORIC		NP	PA	QLL
ZURAMPIC		NP	PA	QLL
SKELETAL MUSCLE RELAXANTS				
AMRIX		NP	PA	QLL
baclofen generic	P			
carisoprodol 250mg generic		NP	PA	QLL
carisoprodol 350mg generic	P			QLL
carisoprodol w/aspirin generic	P			
carisoprodol w/aspirin and codeine generic		NP	PA	
chlorzoxazone generic	P			
cyclobenzaprine 5mg, 10mg generic	P			QLL
cyclobenzaprine 7.5mg generic		NP	PA	QLL
dantrolene sodium generic	P			
FEXMID		NP	PA	QLL
GABLOFEN INJ.	P			
LIORESAL INJ.	P			
LORZONE		NP	PA	QLL
metaxalone generic		NP		QLL
methocarbamol generic	P			
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
SOMA 250mg		NP	PA	QLL
THERABENZAPR PAK -60	P			
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
ZANAFLEX CAPS		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
NEUROMUSCULAR AGENTS				
riluzole generic	P			QLL
NUTRITION / BLOOD MODIFIERS / ELECTROLYTES				
END STAGE RENAL DISEASE				
aluminum hydroxide generic	P		PA	
AURYXIA		NP	PA	QLL
calcitriol generic	P			
calcium acetate caps	P			
calcium acetate tabs		NP	PA	
calcium carbonate generic	P		PA	
calcium carbonate/glycine generic	P		PA	
calcium lactate	P		PA	
DIALYVITE/ZINC	P		PA	
DIALYVITE SUPREME D		NP	PA	
docusate sodium/calcium	P		PA	
doxercalciferol generic		NP	PA	
ergocalciferol generic	P			
FERAHEME		NP	PA	
FERRETES FE CHEW TABS	P			
ferric gluconate injection generic		NP	PA	
folic acid 1mg generic	P			QLL
FOSRENOL		NP	PA	
HECTOROL		NP	PA	
INFED	P		PA	
INJECTAFER		NP	PA	QLL
INTRALIPID		NP	PA	
KABIVEN		NP	PA	
levocarnitine generic	P			
magnesium carbonate generic	P		PA	
MAGNEBIND	P		PA	
NEPHPLEX RX		NP	PA	
NEPHRON FA	P		PA	
niacin generic	P		PA	
NUTRALIPID	P			
paricalcitol 1mcg, 2mcg generic	P			
paricalcitol 4mcg generic		NP	PA	
PERIKABIVEN		NP	PA	
PHOSLYRA		NP	PA	
pyridoxine (vitamin B-6) inj. generic	P		PA	
RAYALDEE		NP	PA	QLL
RENAGEL	P			QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
REVELA PAK, TAB		NP	PA	QLL
ROCALTROL	P			
SENSIPAR		NP	PA	
SMOFLIPID		NP	PA	
sodium bicarbonate generic	P		PA	
thiamine (vitamin B-1) generic	P		PA	
VELPHORO		NP	PA	QLL
VENOFER	P		PA	
vitamin B complex generic	P		PA	
vitamin B-12 injection generic	P			
ORAL ANTICOAGULANTS, VITAMIN K				
COUMADIN TABS	P			
COUMADIN INJ	P			
ELIQUIS	P			QLL
MEPHYTON	P			
PRADAXA	P			QLL
SAVAYSA		NP	PA	QLL
warfarin sodium generic	P			
XARELTO	P			QLL
HEPARIN AND HEPARIN ANTAGONISTS				
enoxaparin syringe generic (Winthrop/Fresenius)	P			QLL
enoxaparin syringe generic (except Winthrop/Fresenius)		NP		QLL
enoxaparin vial generic		NP		QLL
fondaparinux generic		NP	PA	QLL
FRAGMIN SYRINGE		NP	PA	QLL
FRAGMIN VIAL	P			QLL
heparin generic	P			
ANTIPLATELET DRUGS				
AGGRENEX	P			
aspirin (enteric coated)	P			
aspirin/dipyridamole generic		NP	PA	
BRILINTA	P			QLL
cilostazol generic	P			
clopidogrel 75mg generic	P			QLL
clopidogrel 300mg generic		NP	PA	QLL
dipyridamole generic	P			
DURLAZA		NP	PA	QLL
EFFIENT		NP	PA	QLL
ticlopidine generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
PLAVIX 300mg	P			QLL
ZONTIVITY		NP	PA	QLL
CHELATING AGENT				
EXJADE	P			
FERRIPROX		NP	PA	QLL
JADENU TABS, SPRINKLES		NP	PA	QLL
SYPRINE	P			
ANTIHEMOPHILIC FACTOR DRUGS				
ADVATE		NP	PA	
ADYNOVATE		NP	PA	
AFSTYLA		NP	PA	
ALPHANATE		NP	PA	
ALPHANINE	P			
ALPROLIX		NP	PA	
BEBULINE	P			
BENEFIX	P			
ELOCTATE		NP	PA	
FEIBA		NP	PA	
HEMLIBRA	P		PA	QLL
HEMOFIL	P			
HUMATE-P		NP	PA	
IDELVION		NP	PA	
IXINITY		NP	PA	
KOATE	P			
KOGENATE FS	P			
KOVALTRY		NP	PA	
MONOCLATE	P			
MONONINE	P			
NOVOEIGHT	P			
NOVOSEVEN RT		NP	PA	
NUWIQ	P			
PROFILNINE	P			
REBINYN		NP	PA	
RECOMBINATE		NP	PA	
RIXUBIS		NP	PA	
VONVENDI		NP	PA	
WILATE	P			
XYNTHA	P			
PRENATAL VITAMINS				

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
CONCEPT DHA	P			
prenatal brands/generics with DHA	P			
prenatal brand/generics (without DHA)	P			
VITAMIN AND MINERAL PRODUCTS (covered <21 years old)				
CORVITE	P			QLL
corvita generic		NP	PA	QLL
FERIVA	P			
FERRALET 90	P			
FUSION PLUS, -SPRINKLE	P			
HEMOCYTE-F	P			
HEMOCYTE PLS	P			
INTEGRA F	P			
INTEGRA PLUS	P			
MAXARON FORTE	P			
OTHER				
AMICAR	P			
aminocaproic acid tabs generic	P			
BERINERT	P			
CARBAGLU	P		PA	
CINRYZE	P			
CYKLOKAPRON		NP	PA	
ENDARI	P		PA	QLL
FIRAZYR	P			QLL
HAEGARDA		NP	PA	
JYNARQUE	P		PA	QLL
KALBITOR		NP		
KEVEYIS	P		PA	QLL
KLOR-CON	P			
KUVAN	P			
PALYNZIQ	P		PA	
pentoxifylline generic	P			
potassium chloride generic	P			
potassium citrate 5meq, 10meq generic	P			QLL
potassium citrate 15meq generic		NP	PA	QLL
RUCONEST		NP	PA	
SAMSCA	P			QLL
tranexamic acid inj.		NP	PA	
UROCIT-K 15		NP	PA	QLL
VELTASSA		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS				
MISCELLANEOUS OB/GYN DRUGS				
CLEOCIN SUPPOSITORY		NP	PA	
clindamycin 2% cream generic	P			
CLINDESSE	P			QLL
methylergonovine generic	P			QLL
NUVESSA		NP	PA	QLL
SYNAREL	P			
tranexamic acid tab generic		NP	PA	QLL
ANDROGEN DRUGS				
ANADROL-50	P		PA	
ANDRODERM PATCH	P		PA	QLL
ANDROGEL GEL, PACKETS 1.62%, PUMP	P		PA	QLL
ANDROID		NP	PA	
ANDROXY	P		PA	
AXIRON		NP	PA	QLL
danazol	P		PA	
DELATESTRYL	P		PA	
DEPO-TESTOSTERONE	P		PA	
FORTESTA GEL		NP	PA	QLL
METHITEST	P		PA	
methyltestosterone cap generic		NP	PA	QLL
oxandrolone generic	P		PA	QLL
NATESTO		NP	PA	QLL
STRIANT		NP	PA	QLL
TESTRED		NP	PA	
TESTIM		NP	PA	QLL
testosterone gel generic		NP	PA	QLL
testosterone injection generic	P		PA	
testosterone topical soln. generic		NP	PA	QLL
VOGELXO		NP	PA	QLL
ESTROGEN DRUGS				
ALORA	P			QLL
DIVIGEL		NP	PA	
ELESTRIN		NP	PA	
ESTRACE CREAM	P			QLL
estradiol patch generic	P			QLL
estradiol tabs generic	P			
ESTRASORB		NP	PA	
EVAMIST		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
MENEST	P			
MINIVELLE		NP	PA	
PREMARIN	P			QLL
VIVELLE DOT	P			QLL
yuvaferm (estradiol) vaginal tab generic	P			
ESTROGEN COMBINATIONS				
ANGELIQ	P			QLL
CLIMARA PRO PATCH	P			QLL
COMBIPATCH	P			
DUAVEE		NP	PA	QLL
estradiol/norethindrone generic	P			QLL
FEMHRT	P			QLL
FEMRING		NP		QLL
ljinteli (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	
MAKENA 250MG/ML	P		PA	QLL
MEGACE ES		NP	PA	
megestrol 40mg/ml susp generic	P			
megestrol 625mg/5ml susp generic		NP	PA	
progesterone caps generic	P			
CONTRACEPTIVES				
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
aranelle (generic Tri-Norinyl)		NP	PA	
camrese, -lo generic		NP	PA	QLL
DEPO-SQ PROVERA 104		NP		QLL
drospirenone/ethinyl estradiol/levomefolate generic		NP	PA	QLL
ELLA	P			QLL
gildess 24 fe generic	P			
gianvi (drospirenone/ethinyl estradiol) generic		NP	PA	QLL
jolessa generic	P			QLL
junel fe 24 generic	P			
larin 24 fe generic	P			
leena (generic Tri-Norinyl)		NP	PA	

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
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
MINASTRIN 24 CHW FE		NP	PA	QLL
NATAZIA		NP	PA	QLL
NECON 1/50		NP	PA	
next choice 0.75mg generic (covered < 17 yrs old)	P			QLL
next choice 1.5mg generic (covered < 17 yrs old)	P			QLL
norethindrone 0.35mg generic	P			
norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew)		NP	PA	QLL
norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7)	P			
norgestimate/ethinyl estradiol, tri-estaryll, tri-linyah, trinessa, tri-previfem, tri-sprintec, etc. (generic for Ortho Tri-Cyclen)	P			
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	
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
tri-legest/tilia fe generic	P			
trinessa lo generic	P			QLL
wymza fe chew (generic for Femcon FE Chew)		NP	PA	QLL
YASMIN		NP	PA	
xulane (norelgestromin-ethinyl estradiol) generic		NP	PA	QLL
zarah generic		NP	PA	
zenchent fe chew (generic for Femcon FE Chew)		NP	PA	QLL
zeosa chew generic		NP	PA	
zovia 1/50e (ethynodiol) generic		NP	PA	
OPHTHALMIC MEDICATIONS				
OPHTHALMIC QUINOLONES				

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
BESIVANCE		NP	PA	QLL
CILOXAN ophth. oint.	P			
ciprofloxacin HCL drops	P			QLL
gatifloxacin ophth. soln. generic		NP	PA	QLL
levofloxacin 0.5% ophth generic		NP	PA	QLL
MOXEZA	P			QLL
ofloxacin drops generic		NP	PA	QLL
VIGAMOX	P			QLL
ZYMAXID		NP	PA	QLL
OPHTHALMIC CORTICOSTEROID DRUGS				
ALREX	P			QLL
DUREZOL	P			QLL
FML-FORTE	P			QLL
LOTEMAX GEL	P			QLL
LOTEMAX SUSP	P			QLL
LOTEMAX OINT	P			QLL
VEXOL	P			QLL
OPHTHALMIC COMBINATIONS				
neomycin/polymyxin/hc ophth. susp. generic	P			QLL
neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic	P			
TOBRADEX	P			QLL
TOBRADEX ST	P			QLL
tobramycin/dexamethasone generic		NP	PA	QLL
ZYLET	P			
ORAL ANTIGLAUCOMA DRUGS				
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
TOPICAL ANTIGLAUCOMA DRUGS				
ALPHAGAN-P 0.1%	P			QLL
ALPHAGAN-P 0.15%	P			QLL
apraclonidine generic	P			
AZOPT	P			
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

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
carteolol hcl generic	P			
COMBIGAN 5ml	P			QLL
COMBIGAN 10ml		NP	PA	QLL
COSOPT PF		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
IOPIDINE 1%	P			
ISOPTO CARBACHOL	P			
ISTALOL		NP	PA	
latanoprost generic	P			QLL
levobunolol hcl generic	P			
LUMIGAN	P			QLL
metipranolol generic	P			
PHOSPHOLINE IODIDE	P			
pilocarpine ophthalmic generic	P			
PILOPINE H.S.	P			
SIMBRINZA	P			QLL
timolol maleate generic	P			
TIMOPTIC OCUDOSE		NP	PA	
TRAVATAN Z	P			QLL
travoprost generic		NP	PA	
ZIOPTAN	P			QLL
OPHTHALMIC ANTIHISTAMINES				
azelastine ophth. generic		NP	PA	QLL
BEPREVE	P			QLL
ELESTAT		NP	PA	QLL
EMADINE		NP	PA	QLL
epinastine generic		NP	PA	QLL
LASTACAFT		NP	PA	QLL
olopatadine 0.1% soln. generic	P			QLL
PATADAY		NP	PA	QLL
PAZEO	P			QLL
OPHTHALMIC MAST CELL STABILIZERS				
ALOCRIIL		NP	PA	QLL
ALOMIDE		NP	PA	QLL
cromolyn sodium generic	P			QLL
OTHER OPHTHALMIC DRUGS				
ACUVAIL		NP	PA	QLL
atropine sulfate ophthalmic soln. generic	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
AZASITE		NP	PA	
bromfenac ophth soln generic		NP	PA	QLL
BROMSITE		NP	PA	
CYCLOGYL 0.5%	P			
CYCLOGYL 2%		NP	PA	
cyclopentol 1%, 2% ophth soln generic	P			
CYSTARAN	P			QLL
diclofenac ophth soln generic	P			
flurbiprofen ophth susp generic	P			
ILEVRO	P			QLL
ketorolac ophthalmic generic	P			QLL
NEVANAC		NP	PA	
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
PROLENSA		NP	PA	QLL
RESTASIS	P			QLL
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide ophthalmic drops generic	P			
tobramycin ophthalmic generic	P			
trifluridine generic	P			
XIIDRA		NP	PA	
ZIRGAN		NP	PA	QLL
RESPIRATORY MEDICATIONS				
BRONCHODILATORS AND RELATED DRUGS				
albuterol for nebulization generic 2.5mg/3ml, 5mg/ml	P			QLL
albuterol for nebulization generic 0.63mg/3ml, 1.25mg/3ml		NP	PA	QLL
albuterol sulfate tabs generic		NP	PA	
ARCAPTA		NP	PA	QLL
BROVANA	P			
ELIXOPHYLLIN ELIXIR	P			
levalbuterol neb generic		NP	PA (> 8 years)	QLL
PERFOROMIST		NP	PA	QLL
PROAIR HFA		NP	PA	QLL
PROAIR RESPICLICK		NP	PA	QLL
PROVENTIL HFA	P			QLL
SEREVENT DISKUS	P			QLL
STRIVERDI RESPIMAT		NP	PA	QLL
theophylline generic	P			
VENTOLIN HFA		NP	PA	QLL
XOPENEX HFA		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
COPD ANTICHOLINERGICS				
albuterol/ipratropium neb soln generic	P			QLL
ANORO ELLIPTA		NP	PA	QLL
ATROVENT HFA	P			QLL
BEVESPI	P			QLL
COMBIVENT RESPIMAT		NP	PA	QLL
INCRUSE ELLIPTA		NP	PA	QLL
ipratropium inhalation solution generic	P			QLL
SEEBRI NEOHALER		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT		NP	PA	QLL
STIOLTO RESPIMAT		NP	PA	QLL
TUDORZA		NP	PA	QLL
UTIBRON NEOHALER		NP	PA	QLL
INHALED STEROIDS/PULMONARY ANTIINFLAMMATORY DRUGS				
ADVAIR DISKUS	P			QLL
ADVAIR HFA		NP	PA	QLL
AIRDUO RESPICLICK		NP	PA	QLL
ALVESCO		NP	PA	QLL
ARMONAIR		NP	PA	QLL
ARNUITY ELLIPTA		NP	PA	QLL
ASMANEX HFA		NP	PA	QLL
ASMANEX TWISTHALER 110mcg	P		PA (≥ 12 years)	QLL
ASMANEX TWISTHALER 220mcg	P			QLL
BREO ELLIPTA		NP	PA	QLL
budesonide inhalation susp		NP	PA	QLL
DULERA	P			QLL
FLOVENT DISKUS/HFA	P			QLL
fluticasone/salmeterol inhaler generic		NP	PA	
PULMICORT FLEXHALER	P			QLL
PULMICORT RESPULES	P			QLL
QVAR	P			QLL
QVAR REDIHALER		NP	PA	QLL
SYMBICORT	P			QLL
LEUKOTRIENE MODIFIERS				
montelukast generic	P		PA	QLL
zafirlukast generic	P		PA	QLL
ZYFLO CR, IR		NP	PA	QLL

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
ANTI-HISTAMINE AND DECONGESTANT DRUGS				
carbinoxamine generic	P			
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
CLARINEX-D	P		PA	QLL
CLARINEX SYRUP		NP	PA	QLL
desloratadine tab generic		NP	PA	QLL
desloratadine ODT generic	P		PA	QLL
KARBINAL ER		NP	PA	QLL
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
loratadine, -D generic OTC	P			QLL
RYVENT		NP	PA	QLL
SEMPREX-D	P			
ALPHA-1 PROTEINASE INHIBITORS				
ARALAST-NP	P		PA	
GLASSIA	P		PA	
PROLASTIN-C	P		PA	
ZEMAIRA	P		PA	
OTHER RESPIRATORY DRUGS				
ADRENACLICK		NP	PA	QLL
ALLFEN	P			
AUVI-Q		NP	PA	QLL
DALIRESP		NP	PA	QLL
EPIPEN, -JR.		NP	PA	QLL
epinephrine 0.15mg, 0.3mg injection generic brand)	P	NP	PA	QLL
ESBRIET		NP	PA	QLL
GRASTEK		NP	PA	QLL
KALYDECO	P		PA	QLL
OFEV		NP	PA	QLL
ORALAIR		NP	PA	QLL
ORKAMBI	P		PA	QLL
PULMOZYME	P			
RAGWITEK		NP	PA	QLL
SYMDEKO	P		PA	QLL
UROLOGICAL/RENAL MEDICATIONS				
CALCIBIND	P			
CYSTAGON	P			

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective September 1, 2018

This Preferred Drug List is subject to change without notice. Generics are considered preferred unless noted. This list does not include all drugs covered under the Georgia Medicaid/PeachCare for Kids outpatient pharmacy program. **KEY: Preferred / P:** medications associated with a lower member copayment; **Non-Preferred / NP:** medications associated with a higher member copayment; **PA:** prior authorization required; **QLL:** quantity or therapy limits apply. The QLL listing and therapy 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
ELMIRON	P			
ENABLEX		NP	PA	QLL
flavoxate generic		NP	PA	QLL
GELNIQUE		NP	PA	QLL
methenamine generic	P			
methenamine hippurate generic		NP	PA	
MONUROL	P			
MYRBETRIQ		NP	PA	QLL
oxybutynin generic	P			QLL
oxybutynin ER generic	P			QLL
OXYTROL	P			QLL
PROCYSBI		NP	PA	
tolterodine, -er generic		NP	PA	QLL
TOVIAZ	P			QLL
tropium generic		NP	PA	QLL
tropium er generic		NP	PA	QLL
URELLE		NP	PA	
URIMAR-T		NP	PA	
URIN D/S	P			
UR N-C		NP	PA	
UROGESIC BLUE		NP	PA	QLL
VESICARE	P			QLL
DRUGS FOR BPH				
alfuzosin generic	P			QLL
CARDURA XL		NP	PA	
CIALIS 2.5MG, 5MG		NP	PA	QLL
dutasteride generic		NP	PA	QLL
dutasteride-tamsulosin generic		NP	PA	QLL
finasteride generic	P			QLL
JALYN		NP	PA	QLL
RAPAFLO		NP	PA	QLL
tamsulosin generic	P			QLL
DIABETIC SUPPLIES				
METERS -Abbott select brands are covered through manufacturer	n/a	n/a	n/a	n/a
TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose