

# Georgia Medicaid/PeachCare Cough and Cold Preferred Drug List

**Effective February 1, 2020**

This Preferred Drug List is subject to change without notice. All agents are considered preferred unless otherwise noted.

Drug Class	Sample Brand Name	Generic Name	Strength
<b>ANTITUSSIVES</b>			
	TESSALON PERLES	BENZONATATE CAP	100 MG
	BENZONATATE CAP	BENZONATATE CAP	200 MG
<b>DECONGESTANTS / ANTIHISTAMINES / ANTIITUSSIVES</b>			
	BROMFED DM SYRUP	PSEUDOEPHEDRINE- BROMPHENIRAMINE- DEXTROMETHORPHAN HBR SYRUP	30-2-10 MG/5ML
	PROMETH VC W/ CODEINE	PHENYLEPHRINE- PROMETHAZINE W/ CODEINE SYRUP	5-6.25-10 MG/5ML
<b>ANTITUSSIVES / ANTIHISTAMINES</b>			
	PROMETHAZINE-DM	PROMETHAZINE-DM	6.25-15 MG/5ML
	PROMETHAZINE/CODEINE	PROMETHAZINE/CODEINE	6.25-10 MG/5ML
	DIPHENHYDRAMINE ELIXIR 4 OZ (OTC)	DIPHENHYDRAMINE	12.5MG/5ML
	DIPHENHYDRAMINE LIQUID 4 oz (OTC)	DIPHENHYDRAMINE	12.5MG/5ML
	DIPHENHYDRAMINE TABLET 48 COUNT (OTC)	DIPHENHYDRAMINE	25MG
	DIPHENHYDRAMINE CAPSULE 48 COUNT (OTC)	DIPHENHYDRAMINE	25MG
<b>ANTIISTAMINE / DECONGESTANTS</b>			
	PROMETHAZINE VC	PROMETHAZINE & PHENYLEPHRINE SYRUP	6.25-5 MG/5ML