

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 chew tabs, IR tabs, susp generic | P | | | 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 250/5ML SUSP | | NP | PA | QLL |
| AUGMENTIN XR | | NP | PA | QLL |
| AVELOX | | NP | PA | QLL |
| AVELOX ABC | | NP | PA | QLL |
| AVYCAZ | | NP | PA | QLL |
| AZACTAM | | NP | PA | |
| azithromycin generic | P | | | QLL |
| aztreonam generic | P | | PA | |
| BETHKIS | | NP | PA | QLL |
| BIAXIN | | NP | | QLL |
| BIAXIN SUSPENSION | | NP | | QLL |
| BIAXIN XL | | NP | | QLL |
| CAYSTON | P | | | QLL |
| CEDAX | | NP | PA | QLL |
| cefaclor er generic | P | | | QLL |
| cefaclor caps generic | P | | | QLL |
| cefaclor oral suspension generic | | NP | PA | QLL |
| cefadroxil generic | P | | | QLL |
| cefazolin iv generic | P | | | |
| cefdinir | P | | | QLL |
| cefditoren generic | P | | | QLL |
| cefixime suspension generic | | NP | PA | QLL |
| ceftibuten generic | | NP | PA | QLL |
| CEFTIN SUSPENSION | P | | | QLL |
| ceftriaxone generic | P | | | |
| 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 |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|--------------|-----|
| ciprofloxacin/SR generic | P | | | QLL |
| ciprofloxacin suspension generic | | NP | PA | QLL |
| clarithromycin/ER generic | P | | | QLL |
| clarithromycin susp. | P | | | QLL |
| CLEOCIN 75MG CAPS | P | | | |
| CLEOCIN/D5W INJ. | P | | | |
| clindamycin caps generic | P | | | |
| clindamycin for oral solution generic | P | | | QLL |
| clindamycin in D5W injection generic | | NP | PA | |
| 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, 150mg caps, 75mg, 100mg, 150mg tabs generic | P | | | |
| doxycycline monohydrate 75 mg caps, 50 mg tabs generic | | NP | PA | |
| doxycycline suspension generic | | NP | PA | |
| DYNAPEN SUSP | P | | | |
| E.E.S. 400 TAB | | NP | PA | QLL |
| E.E.S. GRANULES SUSPENSION | | NP | PA | QLL |
| ERYPED | | 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 | |
| FLAGYL ER | | NP | PA | QLL |
| GANTRISIN PEDIATRIC | P | | | |
| KEFLEX 750mg | P | | | QLL |
| KETEK | | NP | PA | QLL |
| KITABIS PAK | P | | | QLL |
| LEVAQUIN TABS | | NP | | 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 | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| minocycline caps generic | P | | | |
| minocycline IR, SR tab generic | | NP | PA | QLL |
| MACRODANTIN 25mg | P | | | |
| MORGIDOX KIT | | NP | PA | QLL |
| MOXATAG | | NP | PA | QLL |
| moxifloxacin generic | | NP | PA | QLL |
| nitrofurantoin 25mg cap generic | | NP | PA | |
| nitrofurantoin generic | P | | | |
| ofloxacin generic | P | | | QLL |
| OMNICEF | | NP | | QLL |
| OMNICEF SUSPENSION | | NP | | QLL |
| PCE | | NP | PA | QLL |
| piperacillin generic | P | | | |
| piperacillin sodium-tazobactam sodium generic | | NP | PA | |
| SOLODYN | | NP | PA | QLL |
| SPECTRACEF | | NP | PA | QLL |
| SUPRAX CAPS | P | | PA | QLL |
| SUPRAX 500MG/5ML SUSP., CHEW TABS | | NP | PA | QLL |
| TOBI PODHALER | | NP | PA | QLL |
| tobramycin nebulizer generic | | NP | PA | QLL |
| TROVAN | | NP | | |
| UNASYN 15GM | | NP | PA | |
| VIBRAMYCIN SYRUP, SUSPENSION | P | | | |
| ZERBAXA | | NP | PA | |
| ZITHROMAX SUSPENSION | | NP | | QLL |
| ZITHROMAX TABLETS | | NP | | QLL |
| ZOSYN | P | | | |
| ZMAX | | NP | PA | QLL |
| | | | | |
| TOPICAL ANTIBACTERIAL DRUGS | | | | |
| ALTABAX | | NP | PA | QLL |
| BACTROBAN CREAM | P | | | QLL |
| BACTROBAN NASAL | P | | | QLL |
| BACTROBAN OINTMENT | | NP | | QLL |
| mupirocin cream generic | | NP | PA | |
| mupirocin ointment generic | P | | | |
| | | | | |
| ANTIMYCOBACTERIAL DRUGS | | | | |
| cycloserine generic | P | | | |
| ethambutol generic | P | | | |
| isoniazid generic | P | | | |
| PRIFTIN | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|-----------|------------|
| pyrazinamide generic | P | | | |
| RIFAMATE | P | | | |
| rifampin generic | P | | | |
| RIFATER | P | | | |
| SIRTURO | P | | PA | QLL |
| TRECTOR | P | | | |
| ANTIFUNGAL DRUGS | | | | |
| AMBISOME INJ. | | NP | PA | |
| CANCIDAS INJ. | | NP | PA | |
| clotrimazole troche generic | P | | | |
| CRESEMBA CAPS | | NP | PA | QLL |
| DIFLUCAN | | NP | | |
| fluconazole generic | P | | | |
| DIFLUCAN 150MG TAB | | NP | | QLL |
| 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 |
| NOXAFIL | | NP | PA | QLL |
| ONMEL | | NP | PA | QLL |
| ORAVIG | | NP | PA | QLL |
| SPORANOX ORAL SOLUTION | P | | PA | QLL |
| terbinafine tab generic | P | | | |
| TERBINEX KIT | | NP | PA | QLL |
| VFEND IV, 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 | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| 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 |
| KETODAN KIT | | NP | PA | QLL |
| LAMISIL SOLUTION | | NP | | |
| LOPROX SHAMPOO | | NP | PA | |
| LUZU | | NP | PA | QLL |
| MENTAX | | NP | | |
| miconazole generic | P | | | QLL |
| MONISTAT 1 | P | | | QLL |
| NAFTIN | | NP | PA | 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 |
| PEDIPIROX-4 KIT NAIL | | NP | PA | QLL |
| terconazole generic | P | | | QLL |
| ANTIRETROVIRALS & PROTEASE INHIBITORS | | | | |
| abacavir tabs generic | P | | | QLL |
| abacavir/lamivudine/zidovudine generic | | NP | PA | QLL |
| APTIVUS | | NP | PA | |
| ATRIPLA | P | | | |
| COMPLERA | | NP | PA | QLL |
| CRIVAN | | NP | PA | |
| DESCOVY | P | | | QLL |
| didanosine delayed-release caps generic | P | | | |
| EDURANT | P | | PA | QLL |
| EMTRIVA | P | | | |
| EPIVIR SOLN | P | | | QLL |
| EPZICOM | P | | | |
| EVOTAZ | P | | PA | QLL |
| FUZEON | | NP | PA | QLL |
| GENVOYA | P | | | QLL |
| INTELENCE | | NP | PA | QLL |
| INVIRASE | | NP | PA | |
| ISENTRESS | P | | PA | QLL |
| KALETRA | P | | | QLL |
| lamivudine soln. 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 January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|-------------------------------|-----------|---------------|----|-----|
| lamivudine 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 CAPS, SOLN, TABS | P | | | |
| ODEFSEY | | NP | PA | QLL |
| PREZCOBIX | P | | PA | QLL |
| PREZISTA | P | | PA | |
| RESCRIPTOR | P | | | |
| RETROVIR | | NP | | |
| REYATAZ | P | | | |
| SELZENTRY | | NP | PA | |
| stavudine | P | | | |
| STRIBILD | | NP | PA | QLL |
| SUSTIVA | P | | | |
| TIVICAY | P | | | QLL |
| TRIUMEQ | P | | | QLL |
| TRIZIVIR | P | | | QLL |
| TRUVADA | P | | | |
| TYBOST | P | | PA | QLL |
| VIDEX | P | | | |
| VIDEX EC | | NP | | |
| VIRACEPT | P | | | |
| VIRAMUNE SUSPENSION | P | | | QLL |
| VIRAMUNE TABS | | NP | | QLL |
| VIRAMUNE XR | | NP | PA | QLL |
| VIREAD | P | | | QLL |
| VITEKTA | | NP | PA | QLL |
| ZERIT | | NP | | |
| ZIAGEN SOLN. | P | | | |
| zidovudine generic | P | | | |
| HEPATITIS AGENTS | | | | |
| adefovir generic | | NP | PA | QLL |
| BARACLUDE | P | | | QLL |
| COPEGUS | | NP | PA | |
| DAKLINZA | | NP | PA | QLL |
| entecavir generic | | NP | PA | |
| EPCLUSA | P | | PA | QLL |
| HARVONI | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|--------------|-----|
| HEPSERA | P | | | QLL |
| MODERIBA | | NP | PA | |
| OLYSIO | | NP | PA | QLL |
| PEGASYS, -PROCLICK | P | | | QLL |
| PEG-INTRON | P | | | QLL |
| REBETOL | | NP | | |
| REBETOL ORAL SOLUTION | P | | | |
| RIBAPAK | | NP | PA | |
| RIBASPHERE 400MG, 600MG | | NP | PA | |
| ribavirin 200mg generic | P | | | |
| SOVALDI | | NP | PA | QLL |
| TECHNIVIE | P | | PA | QLL |
| TYZEKA | | NP | | |
| VIEKIRA PAK, -XR | 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 |
| FAMVIR | | NP | | QLL |
| ganciclovir caps generic | P | | | |
| ganciclovir inj generic | | NP | PA | |
| 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 | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| ALINIA | P | | | QLL |
| atovaquone generic | | NP | PA | |
| atovaquone-proguanil generic | | NP | PA | |
| 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 | |
| INVANZ | P | | PA | |
| ivermectin generic | | NP | PA | |
| linezolid iv soln., suspension generic | | NP | PA | QLL |
| linezolid tabs generic | P | | PA | QLL |
| MALARONE | | NP | PA | QLL |
| mefloquine hydrochloride generic | P | | | |
| MEPRON | P | | | QLL |
| 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 | P | | | QLL |
| TEFLARO | | NP | PA | QLL |
| TINDAMAX | | NP | PA | |
| tinidazole generic | | NP | PA | |
| TYGACIL | | NP | PA | |
| vancomycin generic | P | | | QLL |
| VIBATIV | | NP | PA | |
| XIFAXAN | | NP | PA | QLL |
| ZYVOX IV SOLN., ORAL SUSP. | P | | PA | QLL |
| | | | | |
| ANTINEOPLASTIC/ | | | | |
| IMMUNOSUPPRESSANT DRUGS | | | | |
| AFINITOR | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|----------------------------|-----------|---------------|----------------|-----|
| AFINITOR DISPERZ | P | | PA | QLL |
| AGRYLIN | P | | | |
| ALECENSA | P | | PA | QLL |
| ALKERAN tablets | P | | | |
| anastrozole generic | P | | | QLL |
| ARAVA | | NP | | QLL |
| ARCALYST | P | | PA | QLL |
| ARIMIDEX | | NP | | QLL |
| AROMASIN | | NP | | QLL |
| ASTAGRAF XL | | NP | PA | QLL |
| bexarotene generic | | NP | PA | QLL |
| bicalutamide | P | | | QLL |
| BOSULIF | P | | PA | QLL |
| CABOMETYX | P | | PA | QLL |
| capecitabine generic | | NP | PA | |
| CAPRELSA | | NP | PA | QLL |
| CASODEX | | NP | | QLL |
| CELLCEPT IV INJ | P | | | |
| CELLCEPT SUSPENSION | P | | PA (≥18 years) | |
| CIMZIA | | NP | PA | QLL |
| COMETRIQ | P | | 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 |
| ERIVEDGE | P | | PA | QLL |
| etoposide capsules generic | P | | | |
| ENVARUSUS XR | | NP | PA | |
| exemestane generic | P | | | QLL |
| FARESTON | P | | | |
| FARYDAK | P | | PA | QLL |
| FEMARA | P | | | QLL |
| FIRMAGON | P | | PA | QLL |
| GLEEVEC | P | | | |
| GLEOSTINE | P | | | |
| GILOTRIF | P | | PA | QLL |
| HUMIRA | P | | PA | QLL |
| HYCANTIN | P | | | |
| IBRANCE | P | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|-----------------|-----|
| IRESSA | P | | PA | QLL |
| ICLUSIG | P | | PA | QLL |
| ILARIS | P | | PA | QLL |
| IMBRUVICA | P | | PA | QLL |
| INLYTA | P | | PA | QLL |
| JAKAFI | P | | | QLL |
| KINERET | | NP | PA | QLL |
| leflunomide generic | P | | | QLL |
| LENVIMA | P | | PA | QLL |
| letrozole generic | | NP | PA | 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 |
| 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 | | | |
| NEXAVAR | P | | | QLL |
| NILANDRON | P | | | |
| NINLARO | P | | PA | QLL |
| octreotide generic | P | | PA | |
| ODOMZO | P | | PA | QLL |
| ORENCIA 125MG/ML, CLICKJECT | | NP | PA | QLL |
| POMALYST | P | | PA | QLL |
| PROGRAF | | NP | | |
| PURINETHOL | P | | | |
| PURIXAN | P | | PA (≥ 12 years) | QLL |
| REVLIMID | P | | | QLL |
| RIDAURA | P | | | |
| SANDOSTATIN LAR | P | | PA | |
| SIMPONI | | NP | PA | QLL |
| sirolimus generic | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|-----------------------------------|-----------|---------------|----|-----|
| 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 |
| TARCEVA | P | | PA | QLL |
| TARGRETIN CAP | P | | | QLL |
| TARGRETIN GEL | P | | | QLL |
| TASIGNA | P | | PA | QLL |
| temozolomide generic | P | | PA | QLL |
| THALOMID | P | | | |
| THIOGUANINE | P | | | |
| TRELSTAR LA/-DEPOT | P | | PA | QLL |
| tretinoin caps generic | P | | | |
| TYKERB | P | | | |
| UCERIS | | NP | PA | QLL |
| VENCLEXTA | P | | PA | QLL |
| VOTRIENT | P | | PA | QLL |
| XALKORI | P | | PA | QLL |
| XELODA | P | | | |
| XTANDI | 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 |
| CARDIOVASCULAR MEDICATIONS | | | | |
| CALCIUM ANTAGONISTS | | | | |
| ADALAT CC | | NP | | QLL |
| afeditab cr generic | P | | | QLL |
| amlodipine | P | | | QLL |
| CALAN | | NP | | QLL |
| CALAN SR | | NP | | QLL |
| CARDENE SR | | NP | PA | QLL |
| CARDIZEM LA 120mg | P | | | QLL |
| DILACOR XR | | NP | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|-----------|------------|
| 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) | | NP | PA | QLL |
| diltiazem er, dilt-xr (generic Dilacor XR) | P | | | QLL |
| DYNACIRC CR | P | | | QLL |
| felodipine er generic | | NP | PA | QLL |
| ISOPTIN SR | | NP | | QLL |
| isradipine generic | | NP | PA | QLL |
| matzim la (generic Cardizem LA) | P | | | QLL |
| nicardipine generic | | NP | PA | QLL |
| nifediac cc generic | P | | | QLL |
| nifedical xl generic | P | | | QLL |
| nifedipine er generic | P | | | QLL |
| nifedipine ir generic | P | | | QLL |
| nifedipine sa generic | P | | | QLL |
| nisoldipine sr generic | | NP | PA | QLL |
| NORVASC | | NP | | QLL |
| PROCARDIA, -XL | | NP | | QLL |
| TIAZAC | P | | | 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 |
| BETAPACE, -AF | | NP | | QLL |
| BYSTOLIC | | NP | PA | QLL |
| COREG | | NP | | QLL |
| COREG CR | | NP | PA | QLL |
| CORZIDE | P | | | QLL |
| DUTOPROL | P | | | QLL |
| HEMANGEOL (covered 5 weeks-12 months old) | P | | | |
| INNOPRAN XL | | NP | PA | QLL |
| LEVATOL | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|----------------|------------|
| metoprolol HCTZ generic | | NP | PA | QLL |
| metoprolol succinate ER generic | P | | | QLL |
| nadolol generic | P | | | |
| nadolol/bendroflumethiazide generic | | NP | PA | QLL |
| SOTYLIZE | P | | PA (≥12 years) | QLL |
| TOPROL XL | | NP | | 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 |
| perindopril generic | | NP | PA | QLL |
| QBRELIS | P | | PA (≥12 years) | |
| 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 | | NP | PA | QLL |
| amlodipine/valsartan/hctz generic | | NP | PA | QLL |
| ATACAND | | NP | PA | QLL |
| ATACAND HCT | | NP | PA | QLL |
| AZOR | P | | PA | QLL |
| BENICAR | P | | | QLL |
| BENICAR HCT | P | | | QLL |
| candesartan 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 January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| candesartan/hctz generic | | NP | PA | QLL |
| EDARBI | | NP | PA | QLL |
| EDARBYCLOR | | NP | PA | QLL |
| ENTRESTO | | NP | PA | QLL |
| eprosartan generic | | NP | PA | QLL |
| EXFORGE | P | | PA | QLL |
| EXFORGE HCT | P | | PA | QLL |
| irbesartan generic | P | | | QLL |
| irbesartan/HCTZ generic | P | | | QLL |
| losartan generic | P | | | QLL |
| losartan/HCTZ generic | P | | | QLL |
| MICARDIS | P | | | QLL |
| MICARDIS HCT | P | | | QLL |
| telmisartan generic | | NP | PA | QLL |
| telmisartan/HCTZ generic | | NP | PA | QLL |
| telmisartan/amlodipine generic | | NP | PA | QLL |
| TEVETEN | | NP | PA | QLL |
| TEVETEN HCT | | NP | PA | QLL |
| TRIBENZOR | P | | PA | QLL |
| TWYNSTA | | NP | PA | QLL |
| valsartan generic | P | | | QLL |
| valsartan/hctz generic | P | | | QLL |
| | | | | |
| OTHER ANTIHYPERTENSIVES | | | | |
| amlodipine/benazepril generic | P | | | QLL |
| AMTURNIDE | | NP | PA | QLL |
| chlorthalidone generic | P | | | |
| chlorothiazide 500mg injection generic | P | | | |
| hydrochlorothiazide generic | P | | | |
| phenoxybenzamine generic | | NP | PA | |
| PRESTALIA | | NP | PA | QLL |
| TEKAMLO | | NP | PA | QLL |
| TEKURNA | | NP | PA | QLL |
| TEKURNA HCT | | NP | PA | QLL |
| trandolapril/verapamil generic | P | | | QLL |
| VECAMEYL | | NP | PA | QLL |
| | | | | |
| NITRATES | | | | |
| GONITRO POWDER | | NP | PA | |
| isosorbide generic | P | | | |
| nitroglycerin patches generic | P | | | QLL |
| nitroglycerin lingual spray aerosol (generic Nitromist) | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| 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 | | NP | PA | |
| RYTHMOL SR | P | | | QLL |
| TONOCARD | P | | | |
| TIKOSYN | P | | | |
| | | | | |
| ANTILIPIDEMIC DRUGS | | | | |
| ADVICOR | | NP | PA | QLL |
| 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 |
| fluvastatin generic | | NP | PA | QLL |
| fluvastatin er generic | | NP | PA | QLL |
| JUXTAPID | | NP | PA | QLL |
| KYNAMRO | | NP | PA | QLL |
| LESCOL, -XL | P | | | QLL |
| LIPITOR | | NP | | QLL |
| LIPTRUZET | | NP | PA | QLL |
| LIVALO | | NP | PA | QLL |
| lovastatin generic | P | | | QLL |
| LOVAZA | | NP | PA | QLL |
| MEVACOR | | NP | | QLL |
| niacin er generic | P | | | QLL |
| NIACOR | | NP | PA | |
| omega-3-acid generic | | NP | PA | QLL |
| PRALUENT | | NP | PA | QLL |
| PRAVACHOL | | NP | | QLL |
| pravastatin generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|---|------------------|----------------------|---------------|------------|
| PREVALITE 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 |
| SIMCOR | P | | | QLL |
| VASCEPA | | NP | PA | QLL |
| VYTORIN (except 10-80mg) | P | | | QLL |
| VYTORIN 10-80mg | P | | PA | QLL |
| WELCHOL | | NP | PA | |
| XENICAL (covered < 21 yrs old) | P | | PA (< 21 yrs) | |
| ZETIA | | NP | PA | QLL |
| ZOCOR | | NP | | QLL |
| | | | | |
| FIBRIC ACID DERIVATIVES | | | | |
| ANTARA | | NP | PA | QLL |
| fenofibrate generic | P | | | QLL |
| fenofibrate tab (generic Fenoglide) | | NP | PA | QLL |
| fenofibric acid generic | | NP | PA | QLL |
| FENOGLIDE | | NP | PA | QLL |
| FIBRICOR | | NP | PA | QLL |
| gemfibrozil generic | P | | | QLL |
| LIPOFEN | | NP | PA | QLL |
| TRIGLIDE | P | | | QLL |
| | | | | |
| OTHER CARDIOVASCULAR DRUGS | | | | |
| BIDIL | | NP | PA | QLL |
| CORLANOR | | NP | PA | QLL |
| eprenone generic | | NP | PA | QLL |
| LOVAZA (formerly OMACOR) | | NP | PA | |
| milrinone generic | P | | PA | |
| NORTHERA | | NP | PA | QLL |
| PROAMATINE | P | | | |
| RANEXA | | NP | PA | |
| spironolactone generic | P | | | QLL |
| | | | | |
| DRUGS FOR PULMONARY HYPERTENSION | | | | |
| ADCIRCA | | NP | PA | QLL |
| ADEMPAS | | NP | PA | QLL |
| epoprostenol | P | | | |
| FLOLAN | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| 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 | | NP | PA | QLL |
| TYVASO | | NP | PA | QLL |
| UPTRAVI | | NP | PA | QLL |
| VELETRI | | NP | PA | |
| VENTAVIS | P | | PA | QLL |
| | | | | |
| DRUGS FOR PHEOCHROMOCYTOMA | | | | |
| DEMSER | P | | | |
| | | | | |
| AUTONOMIC AND CNS MEDICATIONS | | | | |
| NARCOTIC ANALGESICS | | | | |
| ABSTRAL | | NP | PA | QLL |
| ACTIQ | | NP | PA | QLL |
| AVINZA | | 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 | | | |
| DURAGESIC | | NP | | QLL |
| EMBEDA | P | | | QLL |
| EXALGO | | NP | PA | 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 |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| HYCET | | NP | PA | QLL |
| hydrocodone-APAP 7.5mg/325mg/15mL soln. generic | P | | | QLL |
| hydrocodone-APAP 10mg/325mg/15mL soln. generic | | NP | PA | QLL |
| hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic | P | | | QLL |
| hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg generic | | NP | PA | |
| hydrocodone/ibuprofen 7.5-200mg generic | P | | | |
| hydromorphone er tabs generic | | NP | PA | QLL |
| hydromorphone ir generic | P | | | |
| hydromorphone liquid 1mg/ml generic | | NP | PA | |
| HYSINGLA ER | | NP | PA | QLL |
| ibudone generic | P | | | |
| KADIAN 10MG, 20MG, 30MG, 50MG, 60MG, 100MG | P | | | QLL |
| KADIAN 40MG, 70MG, 80MG, 130MG, 150MG, 200MG | | NP | PA | QLL |
| LAZANDA | | NP | PA | |
| LORTAB ELIXIR | P | | | QLL |
| meperidine generic | P | | | |
| 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 |
| MS CONTIN | | NP | | QLL |
| NUCYNTA | | NP | PA | QLL |
| NUCYNTA ER | | NP | PA | QLL |
| ONSOLIS | | NP | PA | QLL |
| OPANA/ER | | NP | PA | QLL |
| 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 |
| XODOL | | NP | | QLL |
| ZAMICET | | NP | PA | QLL |
| ZOHYDRO ER | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| OTHER ANALGESICS | | | | |
| BUPAP | | NP | PA | |
| butalbital-acetaminophen tabs generic | P | | | |
| butalbital-acetaminophen-caffeine capsule generic | | NP | PA | |
| butalbital-acetaminophen-caffeine tabs generic | P | | | |
| butalbital-aspirin-caffeine capsule | | NP | PA | |
| 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 |
| ULTRACET | | NP | | QLL |
| ZEBUTAL | | NP | PA | |
| DRUGS TO PREVENT AND TREAT HEADACHES | | | | |
| almotriptan generic | | NP | PA | QLL |
| AMERGE | | NP | PA | QLL |
| AXERT | | NP | PA | QLL |
| CAMBIA | | NP | PA | QLL |
| dihydroergotamine spray generic | | NP | PA | QLL |
| FROVA | | NP | PA | QLL |
| IMITREX INJECTION | P | | | QLL |
| IMITREX NASAL SPRAY | P | | | QLL |
| IMITREX tabs | | NP | | QLL |
| MIGRANAL NS | | NP | PA | QLL |
| naratriptan generic | P | | | QLL |
| RELPAX | P | | | QLL |
| rizatriptan odt generic | P | | | QLL |
| rizatriptan tab generic | P | | | QLL |
| sumatriptan injection | | NP | PA | QLL |
| sumatriptan nasal spray generic | | NP | PA | QLL |
| sumatriptan tabs generic | P | | | QLL |
| SUMAVEL DOSEPRO | | NP | PA | QLL |
| TREXIMET | | NP | PA | QLL |
| ZEMBRACE SYMTOUCH INJ. | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---------------------------------|------------------|----------------------|--------------|------------|
| zolmitriptan, -odt generic | | NP | PA | QLL |
| ZOMIG NASAL SPRAY | P | | PA ≥18 years | QLL |
| ZOMIG, -ZMT | | NP | PA | QLL |
| ANXIOLYTICS | | | | |
| alprazolam generic | P | | | QLL |
| alprazolam er, odt generic | | NP | PA | |
| buspirone generic | P | | | |
| chlordiazepoxide generic | P | | | QLL |
| clorazepate dipotassium generic | P | | | QLL |
| diazepam generic | P | | | QLL |
| lorazepam generic | P | | | QLL |
| 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 | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|---------------------|-----|
| ANTICONVULSANT DRUGS | | | | |
| APTIOM | | NP | PA | QLL |
| BANZEL TABS | P | | 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) | | NP | PA | |
| CARBATROL | P | | | |
| 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 |
| DILANTIN | | NP | | |
| DILANTIN INFATAB | | NP | | |
| divalproex sprinkles generic | | NP | PA | |
| divalproex DR, -ER generic | P | | | |
| felbamate generic | | NP | PA | QLL |
| felbamate suspension generic | | NP | PA | |
| FELBATOL | | NP | PA | QLL |
| FYCOMPA | | NP | PA | QLL |
| gabapentin caps generic | P | | | |
| gabapentin solution generic | P | | | |
| gabapentin tabs generic | | NP | PA | |
| GABITRIL | | NP | PA | QLL |
| KEPPRA TABS | | NP | | |
| KEPPRA INJECTION | | NP | | 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 SOLN. | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|------|-----|
| NEURONTIN SOLN. | | NP | | |
| NEURONTIN TABS/CAPS | | NP | | |
| 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 | | | |
| POTIGA | | NP | PA | QLL |
| primidone generic | P | | | |
| QUDEXY XR | P | | PA | QLL |
| SABRIL | | NP | PA | QLL |
| STAVZOR | | NP | PA | |
| TEGRETOL | | NP | | |
| TEGRETOL XR 100mg | P | | | QLL |
| TEGRETOL XR 200mg, 400mg | | NP | | QLL |
| tiagabine generic | | NP | PA | |
| TOPAMAX sprinkles | | NP | | QLL |
| TOPAMAX tabs | | NP | | 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 |
| ZONEGRAN | | NP | | |
| 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 | | |
| fluvoxamine generic | P | | | QLL |
| fluvoxamine er generic | | NP | PA | QLL |
| LUVOX CR | | NP | PA | QLL |
| paroxetine generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| paroxetine er | | NP | PA | QLL |
| PEXEVA | | NP | PA | QLL |
| PROZAC WEEKLY | | 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 |
| IRENKA | | NP | PA | QLL |
| KHEDEZLA | | NP | PA | QLL |
| PRISTIQ | | NP | PA | QLL |
| venlafaxine generic | P | | | QLL |
| venlafaxine ER tabs generic | | NP | PA | QLL |
| venlafaxine ER caps generic | P | | | QLL |
| MODIFIED CYCLICS | | | | |
| nefazodone generic | P | | | QLL |
| OLEPTRO | | NP | PA | QLL |
| trazodone 50mg, 100mg, 150mg generic | P | | | QLL |
| trazodone 300mg generic | | NP | PA | QLL |
| TRINTELLIX | P | | PA | QLL |
| VIIBRYD | | NP | PA | QLL |
| MAO INHIBITORS | | | | |
| EMSAM | | NP | PA | QLL |
| MARPLAN | P | | | |
| PARNATE | P | | | |
| phenelzine generic | P | | | QLL |
| tranylcypromine generic | P | | | |
| TRICYCLIC ANTIDEPRESSANTS | | | | |
| amitriptyline generic | P | | | |
| amoxapine generic | P | | | |
| clomipramine generic | P | | | |
| desimpramine generic | P | | | |
| doxepin generic | P | | | |
| imipramine tabs generic | P | | | |
| imipramine caps generic | | NP | PA | |
| nortriptyline generic | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| protriptyline generic | | NP | PA | |
| SURMONTIL | P | | | |
| tranylcypromine generic | | NP | PA | |
| ALPHA-2 RECEPTOR ANTAGONISTS | | | | |
| mirtazapine, -odt generic | P | | | QLL |
| MISCELLANEOUS ANTIDEPRESSANTS | | | | |
| APLENZIN | | NP | PA | QLL |
| budeprion XL | P | | | 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 |
| DICLEGIS | | NP | | QLL |
| dronabinol generic | P | | PA | |
| EMEND CAPS | | NP | | QLL |
| EMEND SUSP | | NP | PA | QLL |
| granisetron generic | | NP | PA | QLL |
| meclizine generic | P | | | |
| promethazine generic | P | | | |
| ondansetron generic | P | | | QLL |
| ondansetron inj. generic | P | | PA | |
| SANCUSO | | NP | PA | QLL |
| TRANSDERM-SCOP | P | | | |
| trimethobenzamide generic | P | | | |
| 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 | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|---------------------------|---------------------------|----------------------|-----|
| 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 | |
| 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 |
| FANAPT | | NP | PA | QLL |
| FAZACLO | | NP | PA (<18 years) | QLL |
| GEODON inj | P | | | |
| INVEGA | | NP | PA | QLL |
| LATUDA | P | | 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 |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------------|------------|
| 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 |
| DAYTRANA | | NP | PA | QLL |
| DESOXYN | | NP | PA | QLL |
| DEXEDRINE CAPS | | NP | PA | QLL |
| dexmethylphenidate, -er generic | | NP | PA | QLL |
| dextroamphetamine generic | P | | PA (≥ 21 years) | QLL |
| dextroamphetamine er generic | | NP | PA | QLL |
| dextroamphetamine soln. generic | | NP | PA | QLL |
| DYANAVEL XR SUSP. | | NP | PA | QLL |
| EVEKEO | | NP | PA | QLL |
| FOCALIN | P | | PA (≥ 21 years) | QLL |
| FOCALIN XR | P | | PA (≥ 21 years) | QLL |
| METADATE CD | P | | PA (≥ 21 years) | QLL |
| METADATE ER | P | | PA (≥ 21 years) | QLL |
| methamphetamine generic | | NP | PA | QLL |
| METHYLIN CHEW TABS | P | | PA (≥ 21 years) | QLL |
| METHYLIN SOLN | P | | PA (≥ 21 years) | QLL |
| METHYLIN TABS | P | | PA (≥ 21 years) | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|-----------------|-----|
| METHYLIN ER | P | | PA (≥ 21 years) | QLL |
| methylphenidate generic | P | | PA (≥ 21 years) | QLL |
| methylphenidate cd (generic for Metadate CD) | | NP | PA | |
| methylphenidate chew tabs generic | | NP | PA | QLL |
| methylphenidate er/sr (generic for Ritalin SR) | P | | PA (≥ 21 years) | QLL |
| methylphenidate er (generic for Ritalin LA) | P | | PA (≥ 21 years) | QLL |
| methylphenidate sa osm (generic for Concerta; preferred manufacturer: Actavis/Watson) | P | | PA (≥ 21 years) | QLL |
| methylphenidate solution generic | | NP | PA | QLL |
| modafinil generic | | NP | PA | QLL |
| NUVIGIL | | NP | PA | QLL |
| PROCENTRA | | NP | PA | QLL |
| PROVIGIL | | NP | PA | QLL |
| QUILLICHEW ER | P | | PA (≥ 21 years) | QLL |
| QUILLIVANT SUSP XR | P | | PA (≥ 21 years) | QLL |
| RITALIN LA 10mg, 60mg | | NP | PA | QLL |
| STRATTERA | P | | PA (≥ 21 years) | 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 | | PA | QLL |
| buprenorphine/naloxone sl tabs generic | | NP | PA | QLL |
| caffeine citrate injection 60mg/3ml generic | P | | | |
| clonidine 0.1mg er generic | | NP | PA | QLL |
| EVZIO | | NP | PA | QLL |
| guanfacine er generic | | NP | PA | QLL |
| HORIZANT | | NP | PA | QLL |
| INTUNIV | P | | PA (≥ 21 years) | 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 | | PA | QLL |
| VIVITROL | P | | PA | QLL |
| XYREM | | NP | PA | QLL |
| ZUBSOLV | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| ANTIDEMENTIA DRUGS | | | | |
| ARICEPT, -ODT 5MG, 10MG | | NP | | QLL |
| ARICEPT 23MG | | NP | PA | QLL |
| donepezil, -ODT generic | P | | | QLL |
| donepezil 23mg generic | | NP | PA | QLL |
| EXELON PATCHES | P | | | QLL |
| galantamine, -er generic | P | | | |
| galantamine soln. generic | | NP | PA | |
| memantine soln., titration pak generic | | NP | PA | QLL |
| memantine tabs generic | P | | | QLL |
| NAMENDA SOLN., TITRATION PAK | P | | | QLL |
| NAMENDA XR | | NP | PA | QLL |
| NAMZARIC | | NP | PA | QLL |
| RAZADYNE, ER | | NP | | |
| RAZADYNE SOLN. | P | | | |
| 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 | P | | | QLL |
| GLATOPA | | NP | PA | QLL |
| PLEGRIDY | | NP | PA | QLL |
| REBIF, REBIDOSE | P | | | QLL |
| TECFIDERA | P | | | QLL |
| ZINBRYTA | | NP | PA | QLL |
| SMOKING CESSATION DRUGS | | | | |
| buproban/bupropion sr 150mg (generic Zyban) | P | | PA | QLL |
| CHANTIX | | NP | PA | QLL |
| nicotine gum, lozenge, patch generic | P | | | QLL |
| NICOTROL INHALER, NASAL SPRAY | | NP | PA | QLL |
| MISCELLANEOUS | | | | |
| acamprosate generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| ACTHAR HP | P | | PA | |
| AMPHADASE | P | | PA | |
| BRISDELLE | | NP | PA | QLL |
| CUVPOSA | | NP | PA | QLL |
| disulfiram generic | P | | | QLL |
| HYLENEX | P | | PA | |
| NUDEXTA | | NP | PA | QLL |
| tetrabenazine (all generics except oceanside) | | NP | PA | QLL |
| tetrabenazine (oceanside) generic | P | | PA | QLL |
| VITRASE | P | | PA | |
| DERMATOLOGICAL MEDICATIONS | | | | |
| TOPICAL CORTICOSTEROID | | | | |
| all topical corticosteroid generics (unless listed otherwise) | P | | | |
| alclometasone cream/oint. generic | | NP | PA | |
| amcinonide 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 | |
| clobetasol spray generic | | NP | PA | QLL |
| CLOBEX LOTION, -SHAMPOO | | NP | PA | |
| CLOBEX SPRAY | | NP | PA | QLL |
| CLODAN KIT | | NP | PA | QLL |
| CLODERM | | NP | PA | QLL |
| clocortolone generic | | NP | PA | QLL |
| CORDRAN | | 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 | |
| DIPROLENE OINT | | NP | | |
| DIPROLENE LOTION | | NP | PA | |
| DIPROLENE AF | | NP | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|-----------------|-----|
| ELOCON | | NP | | QLL |
| ENSTILAR | | NP | PA | QLL |
| fluocinolone acetonide cream, ointment, scalp/body oil, solution generic | | NP | PA | |
| fluocinonide cream 0.1% generic | P | | | QLL |
| fluocinonide ointment generic | | NP | PA | |
| fluticasone cream, lotion, ointment generic | | NP | PA | |
| HALOG, -E | | NP | PA | |
| HALONATE KIT | | NP | PA | QLL |
| 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 | | NP | | 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 |
| U-CORT | | NP | PA | |
| ULTRAVATE X KIT | | NP | PA | QLL |
| VERDESO | | NP | PA | |
| TOPICAL ANTIACNE DRUGS | | | | |
| ACANYA GEL | | NP | PA | QLL |
| ACZONE GEL | | NP | PA | |
| adapalene gel, cream, lotion generic | | NP | PA | QLL |
| ATRALIN GEL | P | | PA (≥ 21 years) | QLL |
| AZELEX | P | | PA (≥ 21 years) | |
| AVITA | P | | PA (≥ 21 years) | QLL |
| BENZACLIN | P | | | QLL |
| BENZAMYCIN PAK | | NP | PA | |
| BENZEFOAM | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|-----------------|-----|
| 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 |
| CLINDAGEL | | NP | PA | |
| 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) | | NP | PA | |
| DIFFERIN | | NP | PA (≥ 21 years) | QLL |
| DUAC | P | | | 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 |
| KLARON | P | | | |
| METROCREAM | | NP | | |
| metronidazole cream, 1% gel, lotion generic | | NP | PA | |
| METROGEL | P | | | QLL |
| METROGEL PUMP | | NP | PA | QLL |
| METROLOTION | | NP | | |
| NORITATE | | NP | | |
| NEUAC KIT | | NP | PA | QLL |
| ONEXTON | | NP | PA | QLL |
| OSCION | | NP | PA | |
| RETIN-A GEL | P | | PA (≥ 21 years) | QLL |
| RETIN-A MICRO | | NP | PA | QLL |
| ROSDAN KIT | | NP | PA | QLL |
| ROSANIL | | NP | PA | |
| sulfacetamide sodium lotion/suspension generic | | NP | PA | |
| SUMAXIN PADS | | NP | PA | QLL |
| SUMAXIN WASH | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|-----------------|-----|
| TAZORAC | P | | PA (≥ 30 years) | QLL |
| tretinoin cream generic | P | | PA (≥ 21 years) | QLL |
| tretinoin gel generic | | NP | PA | QLL |
| tretinoin microsphere gel/gel pump generic | | NP | 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 | P | | PA | QLL |
| methoxsalen generic | | NP | PA | |
| OXSORALEN-UL | P | | | |
| SORIATANE | P | | | QLL |
| SORILUX | | NP | PA | QLL |
| STELARA | | NP | PA | QLL |
| TACLONEX | | NP | PA | QLL |
| VECTICAL | | NP | PA | QLL |
| OTHER TOPICAL DERMATOLOGICAL DRUGS | | | | |
| ALDARA | P | | | |
| CARAC | P | | | QLL |
| CONDYLOX GEL | P | | | |
| diclofenac gel generic | | NP | PA | QLL |
| EFUDEX | | NP | | |
| ELIDEL | P | | PA | QLL |
| fluorouracil 0.5% cream generic | | NP | PA | |
| 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 | | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| REGRANEX | P | | PA | QLL |
| SANTYL | | NP | PA | |
| SOLARAZE | | NP | | QLL |
| tacrolimus ointment generic | | NP | PA | QLL |
| TOLAK | P | | | QLL |
| UMECTA PD | | NP | PA | QLL |
| URAMAXIN | | NP | PA | |
| URAMAXIN 45% CREAM | | NP | | |
| 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 |
| ULESFIA | | NP | PA | QLL |
| | | | | |
| ROSACEA AGENTS | | | | |
| doxycycline (rosacea) 40mg cap generic | | NP | PA | QLL |
| ORACEA | | NP | PA | QLL |
| FINACEA | | NP | PA | |
| FINACEA KIT | | NP | PA | QLL |
| SOOLANTRA | | NP | PA | QLL |
| | | | | |
| <i>EAR-NOSE-THROAT MEDICATIONS</i> | | | | |
| DRUGS AFFECTING THE EAR | | | | |
| CERUMENEX | P | | | |
| CIPRODEX | P | | | QLL |
| CIPRO HC | P | | | |
| ciprofloxacin otic generic | | NP | PA | |
| DERMOTIC | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| fluocinolone (otic) oil 0.01% | P | | | |
| neomycin/polymyxin/hc generic | P | | | QLL |
| ofloxacin otic | P | | | |
| OTOVEL | | NP | PA | |
| DRUGS AFFECTING THE NOSE | | | | |
| ASTEPRO 0.15% | | NP | 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 | | 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 | |
| FORTICAL | | NP | PA | QLL |
| FOSAMAX-D | | NP | PA | QLL |
| FOSAMAX SOLUTION | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|-----------------------------------|-----------|---------------|-----------------|-----|
| ibandronate -inj., -tabs generic | | NP | PA | QLL |
| MIACALCIN INJECTION | | NP | PA | QLL |
| risedronate, -dr generic | | NP | PA | QLL |
| INSULIN | | | | |
| AFREZZA | | NP | PA | |
| APIDRA | | NP | PA | QLL |
| APIDRA SOLOSTAR | | 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 100, U-500 | P | | | QLL |
| HUMULIN pens and cartridges | P | | PA (≥ 21 years) | QLL |
| LANTUS | P | | | QLL |
| LANTUS pens and cartridges | P | | PA (≥ 21 years) | QLL |
| LEVEMIR | P | | | QLL |
| LEVEMIR FLEXPEN | P | | PA (≥ 21 years) | 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 |
| 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 |
| DUETACT | | NP | PA | QLL |
| FARXIGA | | NP | PA | QLL |
| FORTAMET ER | | NP | PA | QLL |
| glimepiride generic | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| glipizide, XL | P | | | |
| glipizide/metformin generic | P | | | QLL |
| GLUMETZA ER | | NP | PA | QLL |
| glyburide generic | P | | | QLL |
| glyburide/metformin generic | P | | | QLL |
| GLYSET | P | | | |
| GLYXAMBI | | NP | PA | QLL |
| INVOKANA | | NP | PA | QLL |
| INVOKAMET, -XR | | NP | PA | QLL |
| JANUMET | | NP | PA | QLL |
| JANUMET XR | | NP | PA | QLL |
| JANUVIA | | NP | PA | QLL |
| JARDIANCE | | NP | PA | QLL |
| JENTADUETO | P | | PA | QLL |
| JENTADUETO XR | | NP | PA | QLL |
| KOMBIGLYZE | P | | PA | 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 | | PA | QLL |
| pioglitazone generic | P | | | QLL |
| pioglitazone/glimepiride generic | | NP | PA | QLL |
| pioglitazone/metformin generic | | NP | PA | QLL |
| PRANDIMET | | NP | PA | QLL |
| PRANDIN | P | | | QLL |
| repaglinide generic | | NP | PA | QLL |
| repaglinide-metformin generic | | NP | PA | QLL |
| RIOMET | P | | | QLL |
| STARLIX | P | | | QLL |
| SYNJARDY | | NP | PA | QLL |
| tolazamide generic | | NP | PA | |
| tolbutamide generic | | NP | PA | |
| TRADJENTA | P | | PA | QLL |
| XIGDUO XR | | NP | PA | QLL |
| | | | | |
| MISC. ANTIDIABETIC AGENTS | | | | |
| BYDUREON | P | | PA | QLL |
| BYETTA | | NP | PA | QLL |
| SYMLINPEN | P | | PA | QLL |
| TANZEUM | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| TRULICITY | | NP | PA | QLL |
| VICTOZA | | NP | 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 | | | |
| SYNTHROID | | NP | | |
| THYROLAR | P | | | |
| TIROSINT | | NP | PA | |
| MISC. ENDOCRINE DRUGS | | | | |
| BUPHENYL | P | | | QLL |
| CEREZYME | P | | PA | |
| cortisone generic | P | | | |
| CERDELGA | P | | PA | QLL |
| DDAVP NASAL | P | | | |
| DDAVP TAB | | NP | | |
| desmopressin generic | P | | | |
| dexamethasone generic | P | | | |
| DEXPAK | | NP | PA | |
| DOSTINEX | P | | | QLL |
| ELAPRASE | P | | PA | |
| ELELYSO | P | | PA | |
| 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. 15mg/5ml generic | P | | | |
| prednisolone oral soln. 25mg/5ml generic | P | | | |
| prednisolone odt generic | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| prednisone generic | P | | | |
| raloxifene generic | P | | | QLL |
| RAVICTI | | NP | PA | QLL |
| RAYOS | | NP | PA | QLL |
| SIGNIFOR, -LAR | | NP | PA | QLL |
| SKELID | | NP | | |
| 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 |
| PREVACID SOLUTAB | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| 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 | | NP | PA | QLL |
| APRISO | P | | | |
| ASACOL HD | | NP | PA | |
| AZULFIDINE EN-TAB | 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 | | | |
| ENTOCORT EC | | NP | | QLL |
| FULYZAQ | | NP | PA | QLL |
| GATTEX | | NP | PA | QLL |
| GIAZO | | NP | PA | QLL |
| GOLYTELY | P | | | QLL |
| GLYCATE | | NP | PA | QLL |
| glycopyrrolate generic | P | | | |
| hydrocortisone acetate cream generic | P | | | QLL |
| IB STAT ORAL SPRAY | | NP | | QLL |
| KRISTALOSE | | NP | PA | QLL |
| lactulose generic | P | | | |
| LIALDA | | NP | PA | |
| 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 January 1, 2017 (rev. 1/5/17)

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 | P | | | |
| mesalamine kit generic | P | | | QLL |
| metoclopramide generic | P | | | |
| metoclopramide odt generic | | NP | PA | QLL |
| METOZOLV | | NP | PA | QLL |
| MOVANTIK | | NP | PA | QLL |
| MOVIPREP | P | | | QLL |
| MYTESI | | NP | PA | |
| NULYTELY | P | | | QLL |
| OCALIVA | P | | PA | |
| pancrelipase generic | P | | | QLL |
| PANCREAZE | | NP | PA | QLL |
| PENTASA | P | | | |
| PERTZYE | | NP | PA | |
| polyethylene glycol generic | P | | | QLL |
| pramcort cream 1-1% generic | | NP | PA | |
| PRAMOSONE CREAM 1% | | NP | PA | |
| PREPOIK | P | | | QLL |
| 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 |
| ULTRESA | | NP | PA | |
| URSO, -FORTE | P | | | |
| ursodiol generic | | NP | PA | |
| VIBERZI | | NP | PA | |
| VIOKACE | | NP | PA | |
| ZENPEP | | NP | PA | 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 |
| BIVIGAM | P | | PA | |
| CARIMUNE NF | P | | PA | |
| CUVITRU | P | | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|------------------------|-----------|---------------|----|-----|
| 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 | | NP | PA | 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 |
| SYLATRON | P | | PA | |
| SYNAGIS | P | | PA | QLL |
| ZARXIO | | NP | PA | QLL |
| | | | | |
| GROWTH HORMONES | | | | |
| EGRIFTA | | NP | PA | QLL |
| GENOTROPIN | P | | PA | |
| HUMATROPE | | NP | PA | |
| NORDITROPIN, -FLEXPRO | P | | PA | |
| NUTROPIN, -AQ, -NUSPIN | P | | PA | |
| OMNITROPE | | NP | PA | |
| SAIZEN | | NP | PA | |
| SEROSTIM | | NP | PA | |
| TEV-TROPIN | | NP | PA | |
| ZORBTIVE | | NP | PA | |
| | | | | |
| GROWTH FACTORS | | | | |
| INCRELEX | | NP | PA | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| MUSCULOSKELETAL MEDICATIONS | | | | |
| NON-STEROIDAL ANTIINFLAMMATORY AGENTS | | | | |
| ARTHROTEC | | NP | PA | QLL |
| 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 |
| MOBIC SUSPENSION | | NP | PA | 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 |
| SPRIX | | 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 | | | |
| OTEZLA | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| OTREXUP | | NP | PA | QLL |
| RASUVO | | NP | PA | QLL |
| XELJANZ, -XR | | NP | 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 |
| 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 | |
| NEUROMUSCULAR AGENTS | | | | |
| riluzole generic | P | | | QLL |
| NUTRITION / BLOOD MODIFIERS / ELECTROLYTES | | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|------------------------------------|-----------|---------------|----|-----|
| END STAGE RENAL DISEASE | | | | |
| aluminum hydroxide generic | P | | PA | |
| AURYXIA | | NP | PA | QLL |
| calcitriol generic | P | | | |
| calcium acetate caps | | NP | PA | |
| calcium acetate tabs | P | | | |
| 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 | |
| FERRETTES 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 |
| KABIVEN | | NP | PA | |
| levocarnitine generic | P | | | |
| magnesium carbonate generic | P | | PA | |
| MAGNEBIND | P | | PA | |
| NEPHPLEX RX | | NP | PA | |
| NEPHROCAPS QT | P | | PA | QLL |
| NEPHRON FA | P | | PA | |
| niacin generic | P | | PA | |
| paricalcitol generic | | NP | PA | |
| PERIKABIVEN | | NP | PA | |
| PHOSLYRA | P | | | |
| pyridoxine (vitamin B-6) generic | P | | PA | |
| RENAGEL | P | | | QLL |
| REVELA PAK, TAB | | NP | PA | QLL |
| ROCALTROL | P | | | |
| sevelamer generic | | NP | PA | QLL |
| SENSIPAR | | NP | PA | |
| sodium bicarbonate generic | P | | PA | |
| thiamine (vitamin B-1) generic | P | | PA | |
| VELPHORO | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| VENOFER | P | | PA | |
| vitamin B complex generic | P | | PA | |
| vitamin B-12 injection generic | P | | | |
| ZEMPLAR CAPS | | NP | PA | |
| 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 generic | P | | | QLL |
| fondaparinux generic | | NP | PA | QLL |
| FRAGMIN | P | | | QLL |
| heparin generic | P | | | |
| ANTIPLATELET DRUGS | | | | |
| AGGRENOX | P | | | |
| aspirin (enteric coated) | P | | | |
| aspirin/dipyridamole generic | | NP | PA | |
| BRILINTA | P | | | QLL |
| cilostazol generic | P | | | |
| clopidogrel 75mg generic | P | | | QLL |
| clopidogrel 300mg generic | | NP | PA | QLL |
| dipyridamole generic | P | | | |
| DURLAZA | | NP | PA | QLL |
| EFFIENT | | NP | PA | QLL |
| ticlopidine generic | P | | | |
| PLAVIX 75mg | | NP | | QLL |
| PLAVIX 300mg | P | | | QLL |
| ZONTIVITY | | NP | PA | QLL |
| CHELATING AGENT | | | | |
| EXJADE | P | | | |
| FERRIPROX | | NP | PA | QLL |
| JADENU | | NP | PA | QLL |
| SYPRINE | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| ANTIHEMOPHILIC FACTOR DRUGS | | | | |
| ADVATE | P | | | |
| ADYNOVATE | | NP | PA | |
| AFSTYLA | | NP | PA | |
| ALPHANATE | | NP | PA | |
| ALPHANINE | P | | | |
| ALPROLIX | | NP | PA | |
| BEBULINE | P | | | |
| BENEFIX | P | | | |
| ELOCTATE | | NP | PA | |
| HELIXATE | P | | | |
| HEMOFIL | P | | | |
| HUMATE-P | | NP | PA | |
| IDELVION | | NP | PA | |
| IXINITY | | NP | PA | |
| KOATE | P | | | |
| KOGENATE | | NP | PA | |
| KOVALTRY | | NP | PA | |
| MONOCLATE | P | | | |
| MONONINE | P | | | |
| NOVOEIGHT | P | | | |
| NUWIQ | | NP | PA | |
| PROFILNINE | P | | | |
| RECOMBINATE | | NP | PA | |
| RIXUBIS | | NP | PA | |
| VONVENDI | | NP | PA | |
| WILATE | P | | | |
| XYNTHA | | NP | PA | |
| PRENATAL VITAMINS | | | | |
| 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 | P | | | |
| HEMOCYTE-F | P | | | |
| HEMOCYTE PLS | P | | | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| 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 | |
| FIRAZYR | P | | | QLL |
| KALBITOR | | NP | | |
| KEVEYIS | P | | PA | QLL |
| KLOR-CON | P | | | |
| KUVAN | P | | | |
| potassium chloride generic | P | | | |
| potassium citrate 5meq, 10meq generic | P | | | QLL |
| potassium citrate 15meq generic | | NP | PA | QLL |
| SAMSCA | P | | | QLL |
| tranexamic acid inj. | | NP | PA | |
| UROCIT-K 15 | | NP | PA | QLL |
| VELTASSA | | NP | PA | QLL |
| | | | | |
| OBSTETRICAL & GYNECOLOGICAL MEDICATIONS | | | | |
| MISCELLANEOUS OB/GYN DRUGS | | | | |
| CLEOCIN SUPPOSITORY | | NP | PA | |
| clindamycin 2% cream generic | P | | | |
| CLINDESSE | | NP | PA | 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 | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|-----------|------------|
| 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 | |
| VOGELXO | | NP | PA | QLL |
| ESTROGEN DRUGS | | | | |
| ALORA | P | | | QLL |
| CLIMARA | P | | | QLL |
| DIVIGEL | | NP | PA | |
| ELESTRIN | | NP | PA | |
| ENJUVIA | P | | | QLL |
| ESTRACE CREAM | P | | | QLL |
| estradiol patch generic | | NP | PA | QLL |
| estradiol tabs generic | P | | | |
| ESTRASORB | | NP | PA | |
| ESTROGEL | | NP | PA | QLL |
| EVAMIST | | NP | PA | |
| MENEST | P | | | |
| MINIVELLE | | NP | PA | |
| PREMARIN | P | | | QLL |
| VIVELLE DOT | P | | | QLL |
| yuvafem (estradiol) vaginal tab generic | P | | | |
| ESTROGEN COMBINATIONS | | | | |
| ACTIVELLA | P | | | QLL |
| ANGELIQ | P | | | QLL |
| CLIMARA PRO PATCH | P | | | QLL |
| COMBIPATCH | P | | | |
| DUAVEE | | NP | PA | QLL |
| estradiol/norethindrone generic | | NP | PA | QLL |
| FEMHRT | P | | | QLL |
| FEMRING | | NP | | QLL |
| ijnteli (norethindrone/estradiol 1mg-5mcg) generic | P | | | |
| norethindrone/estradiol 0.5mg-2.5mcg 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 January 1, 2017 (rev. 1/5/17)

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 |
|---|-----------|---------------|----|-----|
| PREFEST | P | | | |
| PREMPHASE | P | | | QLL |
| PREMPRO | P | | | QLL |
| | | | | |
| PROGESTIN DRUGS | | | | |
| CRINONE GEL | | NP | PA | |
| MAKENA | P | | PA | QLL |
| MEGACE ES | | NP | PA | |
| megestrol 40mg/ml susp generic | P | | | |
| megestrol 625mg/5ml susp generic | | NP | PA | |
| progesterone caps generic | P | | | |
| | | | | |
| CONTRACEPTIVES | | | | |
| amethia, -lo generic | | NP | PA | QLL |
| amethyst generic | | NP | PA | QLL |
| aranelle (generic Tri-Norinyl) | | NP | PA | |
| camrese, -lo generic | | NP | PA | QLL |
| CYCLESSA | | NP | | |
| DEPO-SQ PROVERA 104 | | NP | | QLL |
| | | | | |
| drospirenone/ethinyl estradiol/levomefolate generic | | NP | PA | QLL |
| ELLA | P | | | QLL |
| ESTROSTEP FE | P | | | |
| FEMCON FE CHEW | P | | | QLL |
| GENERESS FE CHEW | | NP | PA | QLL |
| gildess 24 fe generic | P | | | |
| gianvi generic | | NP | PA | QLL |
| jolessa generic | P | | | QLL |
| junel fe 24 generic | | NP | PA | |
| larin 24 fe generic | P | | | |
| leena (generic Tri-Norinyl) | | NP | PA | |
| levonorgestrel/ethinyl estradiol (generic LoSeasonique) | | NP | PA | QLL |
| LOESTRIN 24 FE | P | | | |
| LO LOESTRIN FE | | NP | PA | QLL |
| lomedica 24 fe generic | | NP | PA | |
| 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 | |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|----|-----|
| 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 |
| NOR-QD | P | | | |
| NORINYL 1+50 | | NP | PA | |
| NUVARING | P | | | |
| ocella generic | | NP | PA | |
| ORTHO-EVRA | | NP | PA | QLL |
| OVCON-35 | | NP | | |
| PLAN B ONE STEP (covered < 17 yrs old) | P | | | QLL |
| QUARTETTE | | NP | PA | QLL |
| quasense generic | P | | | QLL |
| SAFYRAL | | NP | PA | QLL |
| SEASONALE | | NP | | QLL |
| SEASONIQUE | P | | | QLL |
| tri-legest/tilia fe generic | | NP | PA | |
| trinessa lo generic | P | | | QLL |
| wymza fe chew (generic for Femcon FE Chew) | | NP | PA | QLL |
| YASMIN | | NP | PA | |
| YAZ | | NP | PA | QLL |
| xulane (norelgestromin-ethinyl estradiol) generic | | NP | PA | QLL |
| zarah generic | | NP | PA | |
| zenchent fe chew (generic for Femcon FE Chew) | | NP | PA | QLL |
| zeosa chew generic | | NP | PA | |
| ZOVIA 1/50E | | NP | PA | |
| OPHTHALMIC MEDICATIONS | | | | |
| OPHTHALMIC QUINOLONES | | | | |
| BESIVANCE | | NP | PA | QLL |
| CILOXAN ophth. oint. | P | | | |
| ciprofloxacin HCL drops | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|-----------|------------|
| gatifloxacin ophth. soln. generic | | NP | PA | QLL |
| levofloxacin 0.5% ophth generic | | NP | PA | QLL |
| MOXEZA | P | | | QLL |
| ofloxacin drops generic | P | | | QLL |
| VIGAMOX | P | | | QLL |
| ZYMAXID | P | | | 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 | | | | |
| FML-S | P | | | |
| MAXITROL SUSP. | P | | | |
| neomycin/polymyxin/hc ophth. susp. generic | P | | | QLL |
| 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 |
| DIAMOX SEQUELS | | NP | | QLL |
| TOPICAL ANTIGLAUCOMA DRUGS | | | | |
| ALPHAGAN-P 0.1% | P | | | QLL |
| ALPHAGAN-P 0.15% | P | | | QLL |
| apraclonidine 0.5% | | NP | PA | |
| AZOPT | P | | | |
| BETAGAN | | NP | | |
| 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 January 1, 2017 (rev. 1/5/17)

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 | | NP | | QLL |
| COSOPT PF | | NP | PA | QLL |
| dorzolamide generic | P | | | |
| dorzolamide/timolol generic | P | | | |
| IOPIDINE | 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/XE | | NP | | |
| TIMOPTIC OCUDOSE | | NP | PA | |
| TRAVATAN Z | P | | | QLL |
| travoprost generic | | NP | PA | |
| TRUSOPT | | NP | | |
| XALATAN | | NP | | QLL |
| 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 | | NP | PA | QLL |
| PATADAY | P | | | QLL |
| PATANOL | P | | | QLL |
| PAZEO | P | | | QLL |
| | | | | |
| OPHTHALMIC MAST CELL STABILIZERS | | | | |
| ALOCRIIL | | NP | PA | QLL |
| ALOMIDE | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| CROLOM | | NP | | QLL |
| cromolyn sodium generic | P | | | QLL |
| OTHER OPHTHALMIC DRUGS | | | | |
| ACULAR | | NP | | QLL |
| ACULAR LS | | NP | | QLL |
| ACUVAIL | | NP | PA | QLL |
| atropine sulfate ophthalmic soln. generic | P | | | |
| AZASITE | | NP | PA | |
| bromfenac ophth soln generic | | NP | PA | QLL |
| CYCLOGYL 1% | | NP | | |
| CYCLOGYL 0.5%, 2% | P | | | |
| cyclopentol 1% ophth soln generic | P | | | |
| cyclopentol 2% ophth soln generic | | NP | PA | |
| CYSTARAN | P | | | QLL |
| diclofenac ophth soln generic | | NP | PA | |
| 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 | | | |
| 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 | | | |
| FORADIL | P | | | QLL |
| levalbuterol neb generic | | NP | PA | QLL |
| PERFOROMIST | | NP | PA | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|-----------|---------------|-----------------|-----|
| PROAIR HFA | | NP | PA | QLL |
| PROAIR RESPICLICK | | NP | PA | QLL |
| PROVENTIL FOR NEBULIZATION | | NP | | QLL |
| PROVENTIL HFA | P | | | QLL |
| SEREVENT DISKUS | P | | | QLL |
| STRIVERDI RESPIMAT | | NP | PA | QLL |
| theophylline generic | P | | | |
| theophylline elixir generic | | NP | | |
| UNIPHYL | | NP | | |
| VENTOLIN HFA | | NP | PA | QLL |
| XOPENEX | | NP | PA (> 8 years) | QLL |
| XOPENEX HFA | | NP | PA | QLL |
| | | | | |
| COPD ANTICHOLINERGICS | | | | |
| albuterol/ipratropium neb soln generic | P | | | QLL |
| ANORO ELLIPTA | | NP | PA | QLL |
| ATROVENT HFA | P | | | QLL |
| COMBIVENT RESPIMAT | P | | | QLL |
| INCRUSE ELLIPTA | | NP | PA | QLL |
| ipratropium inhalation solution generic | P | | | QLL |
| SPIRIVA HANDIHALER | P | | | QLL |
| SPIRIVA RESPIMAT | | NP | PA | QLL |
| STIOLTO RESPIMAT | | NP | PA | QLL |
| TUDORZA | | NP | PA | QLL |
| | | | | |
| INHALED STEROIDS/PULMONARY ANTIINFLAMMATORY DRUGS | | | | |
| ADVAIR DISKUS | P | | | QLL |
| ADVAIR HFA | | NP | PA | QLL |
| AEROSPAN | P | | | QLL |
| ALVESCO | | 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 |
| PULMICORT FLEXHALER | P | | | QLL |
| PULMICORT RESPULES | P | | | QLL |
| QVAR | P | | | QLL |
| SYMBICORT | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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

| | Preferred | Non-Preferred | PA | QLL |
|---|-----------|---------------|----|-----|
| LEUKOTRIENE MODIFIERS | | | | |
| ACCOLATE | P | | PA | QLL |
| montelukast generic | P | | PA | QLL |
| zafirlukast generic | | NP | PA | QLL |
| ZYFLO CR, IR | | NP | PA | QLL |
| ANTIHISTAMINE AND DECONGESTANT DRUGS | | | | |
| ARBINOXA | | NP | PA | |
| 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 |
| SEMPREX-D | P | | | |
| XYZAL SYRUP | | NP | | QLL |
| 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 | P | | | QLL |
| epinephrine 0.15mg, 0.3mg injection generic | P | | | 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 |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|--|------------------|----------------------|-----------|------------|
| RAGWITEK | | NP | PA | QLL |
| <i>UROLOGICAL/RENAL MEDICATIONS</i> | | | | |
| CALCIBIND | P | | | |
| CYSTAGON | P | | | |
| DITROPAN TABS/SYRUP | | NP | | |
| ELMIRON | P | | | |
| ENABLEX | | NP | PA | QLL |
| flavoxate generic | P | | | 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 |
| AVODART | | NP | PA | 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 |
| FLOMAX | | NP | | QLL |
| JALYN | | NP | PA | QLL |
| PROSCAR | | NP | | QLL |
| RAPAFLO | | NP | PA | QLL |
| tamsulosin generic | P | | | QLL |

PA** Requires PA if automated protocols not met

PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective January 1, 2017 (rev. 1/5/17)

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 |
|---|------------------|----------------------|-----------|------------|
| <i>DIABETIC SUPPLIES</i> | | | | |
| 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