Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
abacavir tabs generic	P			QLL
abacavir/lamivudine generic	P			
abacavir/lamivudine/zidovudine generic		NP	PA	QLL
ABILIFY MAINTENA	P		PA	QLL
ABILIFY MYCITE		NP	PA	QLL
abiraterone generic (except Patriot)	P		PA	QLL
ABSORICA, -LD		NP	PA	QLL
ABSTRAL		NP	PA	QLL
acamprosate generic	P			QLL
ACANYA GEL		NP	PA	QLL
acarbose	P			
acetazolamide ir generic	P			
acetazolamide sr generic	P			QLL
ACIPHEX SPRINKLES		NP	PA	QLL
acitretin generic	P			QLL
ACTEMRA		NP	PA	QLL
ACTHAR HP	P		PA	QLL
ACTIGALL	P			
ACTIMMUNE	P			QLL
ACTIQ		NP	PA	QLL
ACTONEL 5mg, 30mg		NP	PA	QLL
ACTOPLUS MET XR		NP	PA	QLL
ACUVAIL		NP	PA	QLL
acyclovir generic	P			
acyclovir ointment generic		NP	PA	QLL
ACZONE GEL		NP	PA	
adapalene gel, cream generic		NP	PA	QLL
adefovir generic		NP	PA	QLL
ADEMPAS		NP	PA	QLL
ADHANSIA XR		NP	PA	QLL
ADLYXIN		NP	PA	QLL
ADVAIR HFA	P			QLL
ADVATE	P			
ADYNOVATE		NP	PA	
ADZENYS XR		NP	PA	QLL
afeditab cr generic	P			QLL
AFINITOR	P		PA	QLL
AFINITOR DISPERZ	P		PA	QLL
AFREZZA		NP	PA	
AFSTYLA	P			
AGGRENOX	P			
AGRYLIN	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
ALUNBRIG	P		PA	QLL
ALVESCO		NP	PA	QLL
AMBIEN		NP	PA	QLL
AMBIEN CR		NP	PA	QLL
AMBISOME INJ.		NP	PA	
ambrisentan generic	P			QLL
amcinonide cream, lotion, ointment generic		NP	PA	
amethia, -lo generic		NP	PA	QLL
amethyst generic		NP	PA	QLL
AMICAR	P			QLL
aminocaproic acid tabs generic	P			QLL
amiodarone/pacerone generic	P			
AMITIZA	P		PA	QLL
amitriptyline generic	P			
amlodipine	P			QLL
amlodipine/atorvastatin generic		NP	PA	QLL
amlodipine/benazepril generic	P			QLL
amlodipine/olmesartan		NP	PA	QLL
amlodipine/valsartan generic	P		PA	QLL
amlodipine/valsartan/hctz generic	P		PA	QLL
amox/clavulanate 250-125mg tabs generic		NP	PA	
amox/clavulanate 250-62.5mg/5ml susp generic		NP	PA	QLL
amox/clavulanate chew tabs		NP	PA	QLL
amox/clavulanate ER tabs generic		NP	PA	QLL
amox/clavulanate IR tabs, susp generic	P			QLL
amoxapine generic	P			
amoxicillin 775mg generic		NP	PA	QLL
AMPHADASE	P		PA	
amphetamine er susp generic		NP	PA	
amphetamine salt combination ER generic		NP	PA	QLL
amphetamine salt combination generic	P		PA (≥ 21 years)	QLL
ampicillin/sulbactam inj. generic	P			
AMRIX		NP	PA	QLL
AMZEEQ		NP	PA	
ANADROL-50	P		PA	
ANADROL-50	P		PA	
ANALPRAM-HC 1-1% CREAM		NP	PA	
anastrozole generic	P			QLL
ANDRODERM PATCH	P		PA	QLL
ANDROID		NP	PA	
ANGELIQ	P			QLL
ANNOVERA		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
ANORO ELLIPTA		NP	PA	QLL
ANTARA		NP	PA	QLL
ANZEMET INJECTION		NP	PA	
ANZEMET TABS		NP	PA	QLL
APEXICON E CREAM		NP	PA	
APIDRA		NP	PA	QLL
APIDRA SOLOSTAR		NP	PA	QLL
APLENZIN		NP	PA	QLL
APOKYN		NP	PA	
apraclonidine generic		NP	PA	
APRISO	P			
APTENSIO XR		NP	PA	QLL
APTIOM		NP	PA	QLL
APTIVUS		NP	PA	
ARALAST-NP	P		PA	
aranelle (generic Tri-Norinyl)		NP	PA	
ARANESP		NP	PA	QLL
ARCALYST	P		PA	QLL
ARIKAYCE	P		PA	QLL
aripiprazole odt generic		NP	PA	QLL
aripiprazole oral soln. generic		NP	PA	QLL
aripiprazole tabs generic	P		PA (<10 years)	QLL
ARISTADA	P		PA	QLL
ARISTADA INITIO	P		PA	QLL
armodafinil generic	P		PA (≥ 21 years)	QLL
ARMONAIR		NP	PA	QLL
ARMOUR THYROID	P			
ARNUITY ELLIPTA		NP	PA	QLL
ARYMO ER		NP	PA	QLL
ASMANEX HFA (except 50mcg)		NP	PA	QLL
ASMANEX TWISTHALER 110mcg	P		PA (≥ 12 years)	QLL
ASMANEX TWISTHALER 220mcg	P			QLL
aspirin (enteric coated)	P			
aspirin/dipyridamole generic		NP	PA	
ASTAGRAF XL		NP	PA	QLL
atazanavir generic	P			
ATELVIA		NP	PA	QLL
atomoxetine generic	P		PA (≥ 21 years)	QLL
atorvastatin generic	P			QLL
atovaquone generic	P			
atovaquone-proguanil generic		NP	PA	
ATRIPLA	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
BENZEFOAM		NP	PA	QLL
benznidazole generic	P		PA	QLL
BEPREVE	P			QLL
BERINERT	P			
BESER KIT		NP	PA	QLL
BESIVANCE		NP	PA	QLL
betamethasone dipropionate (augmented) cream, lotion, ointment generic		NP	PA	
betamethasone dipropionate gel, ointment generic		NP	PA	
betamethasone valerate aerosol foam 0.12%, lotion generic		NP	PA	
BETASERON		NP	PA	QLL
betaxolol generic	P			
BETHKIS	P			QLL
BETOPTIC S	P			
BEVESPI		NP	PA	QLL
BEVYXXA		NP	PA	QLL
bexarotene generic		NP	PA	QLL
bicalutamide	P			QLL
BIDIL		NP	PA	QLL
BIJUVA		NP	PA	QLL
BIKTARVY	P			QLL
bimatoprost generic		NP	PA	QLL
BINOSTO		NP	PA	QLL
BIVIGAM		NP	PA	
BLEPHAMIDE S.O.P.		NP	PA	
BOSULIF	P		PA	QLL
BP 10-1 emulsion generic		NP	PA	
BRAFTOVI	P		PA	QLL
BREO ELLIPTA		NP	PA	QLL
BRILINTA	P			QLL
brimonidine 0.15% generic		NP	PA	QLL
brimonidine 0.2% generic	P			
BRISDELLE		NP	PA	QLL
BRIVIACT		NP	PA	QLL
bromfenac ophth soln generic		NP	PA	QLL
bromocriptine generic	P			
BROMSITE		NP	PA	
BROVANA		NP	PA	
BRUKINSA	P		PA	QLL
BRYHALI		NP	PA	QLL
budesonide inhalation susp	P			QLL
budesonide nasal susp. 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 July 1, 2020

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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

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

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
cefpodoxime generic		NP	PA	QLL
cefprozil generic	P			QLL
ceftriaxone generic	P			
cefuroxime generic susp	P			QLL
cefuroxime generic tabs	P			QLL
celecoxib generic		NP	PA	QLL
CELLCEPT IV INJ	P			
CELLCEPT SUSPENSION	P		PA (≥18 years)	
CELONTIN	P			
cephalexin 250mg, 500mg caps generic	P			QLL
cephalexin 750mg generic		NP	PA	QLL
cephalexin tabs generic		NP	PA	QLL
CEQUA		NP	PA	
CERDELGA	P		PA	QLL
CEREZYME	P		PA	
CERUMENEX	P			
CESAMET		NP	PA	QLL
cetirizine syrup generic Rx/OTC	P			QLL
cetirizine tabs generic OTC	P			QLL
cevimeline generic	P			
CHANTIX	P			QLL
CHENODAL		NP	PA	
chlordiazepoxide generic	P			QLL
chlordiazepoxide-clidinium generic		NP	PA	
chloroquine phosphate generic	P			
chlorothiazide 500mg injection generic	P			
chlorpropamide generic		NP	PA	
chlorthalidone generic	P			
chlorzoxazone generic	P			
CHOLBAM	P		PA	QLL
cholestyramine/cholestyramine lite packets generic		NP	PA	
cholestyramine/cholestyramine lite powder generic	P			
CIALIS 2.5MG, 5MG		NP	PA	QLL
CICLODAN KIT		NP	PA	QLL
ciclopirox 0.77% cream, suspension generic	P			
ciclopirox 8% and vitamin E 5% kit		NP	PA	
ciclopirox gel/shampoo generic		NP	PA	
ciclopirox nail lacquer	P		PA	
cilostazol generic	P			
CILOXAN ophth. oint.	P			
CIMDUO	P			QLL
cimetidine generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
CIMZIA		NP	PA	QLL
CINRYZE		NP	PA	
CIPRO HC	P			
CIPRO SUSPENSION	P			QLL
CIPRODEX	P			QLL
ciprofloxacin HCL drops	P			QLL
ciprofloxacin otic generic		NP	PA	
ciprofloxacin suspension generic	P			QLL
ciprofloxacin/SR generic	P			QLL
citalopram generic	P			QLL
CITRANATAL 90 DHA	P			
CITRANATAL ASSURE	P			
CITRANATAL B-CALM	P			
CITRANATAL DHA	P			
CITRANATAL HARMONY	P			
CLARINEX SYRUP		NP	PA	QLL
CLARINEX-D		NP	PA	QLL
clarithromycin susp.	P			QLL
clarithromycin/ER generic	P			QLL
CLENPIQ		NP	PA	
CLEOCIN 75MG CAPS	P			
CLEOCIN SUPPOSITORY		NP	PA	
CLIMARA PRO PATCH	P			QLL
CLINDACIN KIT PAC 1%		NP	PA	QLL
clindamycin 1% gel, lotion, topical solution generic	P			
clindamycin 2% cream generic		NP	PA	
clindamycin aer 1% generic		NP	PA	
clindamycin caps generic	P			
clindamycin for oral solution generic	P			QLL
clindamycin in D5W injection generic	P			
clindamycin in NaCl 0.9% injection generic	P			
clindamycin injection 150MG/ML (900MG/6ML) generic	P			
clindamycin pads/swabs generic	P			
clindamycin-benzoyl peroxide gel 1.2-5% (generic for Duac)	P			
clindamycin-benzoyl peroxide gel 1-5% (generic for Benzaclin)		NP	PA	QLL
CLINDESSE	P			QLL
clobazam suspension generic		NP	PA	QLL
clobazam tabs generic	P			QLL
clobetasol cream, lotion, shampoo generic		NP	PA	
clobetasol emollient cream		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
clobetasol emulsion foam (generic OLUX-E)		NP	PA	QLL
clobetasol foam (generic OLUX)		NP	PA	QLL
clobetasol spray generic		NP	PA	QLL
CLOBEX LOTION, -SHAMPOO		NP	PA	
clocortolone generic		NP	PA	QLL
CLODAN KIT		NP	PA	QLL
CLODERM		NP	PA	QLL
clomipramine authorized generic (Mallinckrodt)	P			
clonazepam generic	P			QLL
clonazepam odt generic		NP	PA	
clonidine 0.1mg er generic		NP	PA	QLL
clonidine patch		NP	PA	QLL
clopidogrel 300mg generic		NP	PA	QLL
clopidogrel 75mg generic	P			QLL
clorazepate dipotassium generic	P			QLL
clotrimazole troche generic	P			
clotrimazole/betamethasone lotion generic		NP	PA	
clozapine generic	P		PA (<18 years)	QLL
clozapine odt generic		NP	PA (<18 years)	QLL
CNL8 NAIL KIT		NP	PA	QLL
COARTEM		NP	PA	QLL
codeine tab generic		NP	PA	
colchicine cap generic	P			QLL
colchicine tab generic		NP	PA	QLL
COLESTID		NP	PA	
colestipol generic		NP	PA	
COLYTE	P			QLL
COMBIGAN 10ml		NP	PA	QLL
COMBIGAN 5ml	P			QLL
COMBIPATCH	P			
COMBIVENT RESPIMAT	P			QLL
COMETRIQ	P		PA	QLL
COMPLERA		NP	PA	QLL
COMPRO (RECTAL) SUPPOSITORY		NP	PA	
CONCEPT DHA	P			
CONCERTA	P		PA (≥ 21 years)	QLL
CONDYLOX GEL	P			
CONZIP		NP	PA	QLL
COPAXONE 40MG/ML		NP	PA	QLL
COPAXONE KIT 20MG/ML	P			QLL
COPIKTRA	P		PA	QLL
CORDRAN TAPE		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
COREG CR		NP	PA	QLL
CORLANOR		NP	PA	QLL
CORTIFOAM	P			
cortisone generic	P			
CORTISPORIN CREAM, -OINT.	P			QLL
corvita 150 generic	P			
CORZIDE		NP	PA	QLL
COSENTYX		NP	PA	QLL
COSOPT PF		NP	PA	QLL
COTELLIC	P		PA	QLL
COTEMPLA		NP	PA	QLL
COUMADIN INJ	P			
COUMADIN TABS	P			
CREON	P			QLL
CRESEMBA CAPS		NP	PA	QLL
CRINONE GEL		NP	PA	
CRIXIVAN		NP	PA	
cromolyn sodium generic	P			QLL
cromolyn sodium oral conc. 100mg/5ml generic	P			
CUBICIN	P		PA	
CUPRIMINE	P			
CUTAQUIG		NP	PA	
CUTIVATE CREAM, OINT.		NP	PA	
CUVITRU		NP	PA	
CUVPOSA		NP	PA	QLL
cyclobenzaprine 5mg, 10mg generic	P			QLL
cyclobenzaprine 7.5mg generic		NP	PA	QLL
CYCLOGYL 0.5%	P			
CYCLOGYL 2%		NP	PA	
cyclopentol 1%, 2% ophth soln generic	P			
cyclophosphamide generic	P			
cycloserine generic	P			
CYCLOSET		NP	PA	QLL
cyclosporine generic	P			
CYSTAGON	P			
CYSTARAN	P			QLL
CYTOGAM	P		PA	
CYTOVENE	P		PA	
dalfampridine generic	P		PA	QLL
DALIRESP		NP	PA	QLL
DALVANCE		NP	PA	QLL
danazol	P		PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
dantrolene sodium (Par generic only)	P			
DAPSONE	P			
daptomycin iv soln. 350mg generic	P		PA	
DARAPRIM	P		PA	
DAURISMO	P		PA	QLL
DAYTRANA		NP	PA	QLL
DDAVP NASAL	P			
DELATESTRYL	P		PA	
DELSTRIGO		NP	PA	
DELZICOL	P			QLL
DEMSER	P			
DENAVIR CREAM		NP	PA	
DEPEN TITRATABS	P		PA	
DEPO-PROVERA 400mg/ml	P			
DEPO-SQ PROVERA 104		NP		QLL
DEPO-TESTOSTERONE	P		PA	
DERMA-SMOOTHE FS	P			
DERMOTIC	P			
DESCOVY	P			QLL
desimpramine generic	P			
desloratadine ODT generic		NP	PA	QLL
desloratadine tab generic		NP	PA	QLL
desmopressin generic	P			
DESONATE		NP	PA	
desonide cream, lotion, ointment generic		NP	PA	
desoximetasone cream, gel, ointment generic		NP	PA	QLL
DESOXYN		NP	PA	QLL
desvenlafaxine er tabs (generic Khedezla)		NP	PA	QLL
desvenlafaxine succinate er tabs (generic Pristiq)	P			QLL
dexamethasone generic	P			
DEXILANT		NP	PA	QLL
dexmethylphenidate er generic		NP	PA	QLL
dexmethylphenidate generic	P		PA (≥ 21 years)	QLL
DEXPAK		NP	PA	
dextroamphetamine er generic		NP	PA	QLL
dextroamphetamine generic	P		PA (≥ 21 years)	QLL
dextroamphetamine soln. generic		NP	PA	QLL
DIACOMIT	P		PA	QLL
DIALYVITE SUPREME D		NP	PA	
DIALYVITE/ZINC	P		PA	
diazepam generic	P			QLL
diazepam rectal gel generic	P		PA (≥ 21 yrs)	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
DICLEGIS	P			QLL
diclofenac epolamine patch 1.3% generic		NP	PA	
diclofenac gel generic	P			QLL
diclofenac ophth soln generic	P			
diclofenac sodium er tab generic		NP	PA	
diclofenac solution 1.5%		NP	PA	QLL
diclofenac w/misoprostol generic		NP	PA	QLL
DIFFERIN		NP	PA (≥ 21 years)	QLL
DIFICID		NP	PA	QLL
diflorasone diacetate cream and ointment generic		NP	PA	
diflunisal generic		NP	PA	
digoxin generic	P			
dihydrocodeine compound cap (acetaminophen/caffeine/dihydrocodeine) generic	P			
dihydrocodeine compound tab (acetaminophen/caffeine/dihydrocodeine) generic		NP	PA	
dihydroergotamine spray generic		NP	PA	QLL
DILAUDID 1mg/ml		NP	PA	
diltiazem (generic Cardizem)	P			QLL
diltiazem cd/er 360mg (generic Cardizem CD)		NP	PA	QLL
diltiazem cd/er,cartia xt, dilt-cd (generic Cardizem CD-all strengths except 360mg)	P			QLL
diltiazem er, dilt-xr (generic Dilacor XR)	P			QLL
diltiazem er,diltzac,taztia xt caps (generic Tiazac)	P			QLL
dimenhydrinate inj. generic		NP	PA	
diphenoxylate-atropine generic	P			
dipyridamole generic	P			
disulfiram generic	P			QLL
divalproex DR, -ER generic	P			
divalproex sprinkles generic	P			
DIVIGEL		NP	PA	QLL
docusate sodium/calcium	P		PA	
dofetilide generic	P			
donepezil 23mg generic		NP	PA	QLL
donepezil, -ODT generic	P			QLL
DOPTELET	P		PA	
DORAL		NP	PA	
DORIBAX		NP	PA	QLL
DORYX, -MPC		NP	PA	QLL
dorzolamide generic	P			
dorzolamide/timolol generic	P			
DOSTINEX	P			QLL
DOVATO	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
doxepin 5% cream generic		NP	PA	QLL
doxepin generic	P			
doxercalciferol generic		NP	PA	
doxycycline (rosacea) 40mg cap generic		NP	PA	QLL
doxycycline hyclate 20mg, 100mg generic	P			
doxycycline hyclate 75mg, 150mg generic		NP	PA	
doxycycline hyclate delayed release tabs		NP	PA	QLL
doxycycline monohydrate 50mg, 100mg caps, 75mg, 100mg, 150mg tabs generic	P			
doxycycline monohydrate 75mg, 150mg caps generic		NP	PA	
doxycycline suspension generic	P			
doxylamine/pyridoxine generic (Analog Pharma only)	P			QLL
DRIZALMA		NP	PA	QLL
dronabinol generic	P		PA	
drospirenone/ethinyl estradiol/levomefolate generic		NP	PA	QLL
DROXIA	P			
DUAKLIR		NP	PA	QLL
DUAVEE		NP	PA	QLL
DUEXIS		NP	PA	QLL
DULERA (except 50-5mcg)	P			QLL
duloxetine 20mg, 30mg, 60mg generic	P			QLL
duloxetine 40mg generic		NP	PA	QLL
DUOPA		NP	PA	
DUPIXENT		NP	PA	QLL
DUREZOL	P			QLL
dutasteride generic	P			QLL
dutasteride-tamsulosin generic		NP	PA	QLL
DUTOPROL	P			QLL
DYANAVEL XR SUSP.		NP	PA	QLL
DYMISTA		NP	PA	QLL
DYNAPEN SUSP	P			
econazole generic	P			QLL
EDARBI		NP	PA	QLL
EDARBYCLOR		NP	PA	QLL
EDLUAR		NP	PA	QLL
EDURANT	P		PA	QLL
EFUDEX	P			
EGATEN	P		PA	QLL
EGRIFTA	P		PA	QLL
ELELYSO	P		PA	
ELESTAT		NP	PA	QLL
ELESTRIN		NP	PA	
eletriptan 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 July 1, 2020

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
ELIDEL	P			QLL
ELIGARD	P			
ELIQUIS	P			QLL
ELIXOPHYLLIN ELIXIR	P			
ELLA	P			QLL
ELMIRON	P			
ELOCTATE		NP	PA	
EMADINE		NP	PA	QLL
EMBEDA	P			QLL
EMCYT	P			
EMEND CAPS	P			QLL
EMEND SUSP		NP	PA	QLL
EMFLAZA		NP	PA	QLL
EMGALITY 100mg		NP	PA	QLL
EMGALITY 120mg	P		PA	QLL
EMSAM		NP	PA	QLL
EMTRIVA	P			
EMVERM		NP	PA	
ENABLEX		NP	PA	QLL
enalapril generic	P			QLL
enalapril HCTZ generic	P			QLL
enalaprilat generic	P			QLL
ENBREL	P		PA	QLL
ENDARI	P		PA	QLL
enoxaparin syringe generic (Winthrop/Fresenius)	P			QLL
enoxaparin vial generic (Winthrop/Fresenius)	P			QLL
ENSTILAR		NP	PA	QLL
entacapone generic	P			
entecavir generic	P			QLL
ENTRESTO	P		PA	QLL
ENVARSUS XR		NP	PA	
EPANED	P		PA (≥12 years)	QLL
EPCLUSA	P		PA	QLL
EPIDIOLEX	P		PA	QLL
EPIDUO	P		PA (≥ 21 years)	QLL
EPIDUO FORTE		NP	PA	QLL
epinastine generic		NP	PA	QLL
brand)	P			QLL
epinephrine 0.15mg, 0.3mg injection generic		NP	PA	QLL
EPIPEN, -JR.		NP	PA	QLL
EPIVIR SOLN	P			QLL
eplerenone generic		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
EPOGEN	P		PA	
epoprostenol	P			
eprosartan generic		NP	PA	QLL
EQUETRO		NP	PA	
ergocalciferol generic	P			
ERGOMAR		NP	PA	
ERIVEDGE	P		PA	QLL
ERLEADA	P		PA	QLL
ERTACZO		NP		
ERY PAD 2%		NP	PA	
ERYPED 400mg/5ml suspension		NP	PA	QLL
ERY-TAB		NP	PA	QLL
ERYTHROCIN		NP	PA	QLL
erythromycin cap, tab generic		NP	PA	QLL
erythromycin ethylsuccinate susp. 200mg/5ml generic		NP	PA	QLL
erythromycin ethylsuccinate/E.E.S. 400mg tab generic		NP	PA	QLL
erythromycin pads generic		NP	PA	
erythromycin/benzoyl peroxide gel (generic Benzamycin)		NP	PA	
ESBRIET		NP	PA	QLL
escitalopram soln. generic		NP	PA	QLL
escitalopram tabs generic	P			QLL
esomeprazole inj. generic		NP	PA	QLL
esomeprazole magnesium cap (generic Nexium)		NP	PA	QLL
esomeprazole strontium cap generic		NP	PA	QLL
ESTRACE CREAM	P			QLL
estradiol patch generic	P			QLL
estradiol tabs generic	P			
estradiol/norethindrone generic	P			QLL
ESTRASORB		NP	PA	
eszopiclone generic		NP	PA	QLL
ethacrynic acid generic		NP	PA	
ethambutol generic	P			
etidronate disodium generic	P			QLL
etodolac er tab generic		NP	PA	
ETOPOPHOS	P		PA	
etoposide capsules generic	P			
etoposide inj. generic	P		PA	
EUCRISA	P			QLL
EURAX LOTION		NP	PA	QLL
EURAX CREAM		NP	PA	QLL
EVAMIST	P			
EVEKEO, -ODT		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
EVOCLIN		NP	PA	
EVOTAZ	P		PA	QLL
EXELDERM		NP		
EXELON PATCH	P			QLL
exemestane generic	P			QLL
EXJADE	P			QLL
EXTAVIA		NP	PA	QLL
EXTINA		NP	PA	QLL
EZALLOR SPRINKLE		NP	PA	QLL
ezetimibe generic	P			QLL
FABIOR AER 0.1%		NP	PA	QLL
famciclovir generic	P			QLL
famotidine inj., tab generic	P			QLL
famotidine suspension generic		NP	PA	QLL
FANAPT		NP	PA	QLL
FARESTON	P			
FARXIGA	P			QLL
FARYDAK	P		PA	QLL
FASENRA PEN		NP	PA	
FEIBA		NP	PA	
felbamate generic		NP	PA	QLL
felbamate suspension generic		NP	PA	
felodipine er generic	P			QLL
FEMHRT	P			QLL
FEMRING		NP		QLL
fenofibrate caps generic		NP	PA	QLL
fenofibrate tab (generic Fenoglide)		NP	PA	QLL
fenofibrate tabs generic	P			QLL
fenofibric acid generic		NP	PA	QLL
FENOGLIDE		NP	PA	QLL
fenoprofen calcium cap, tab generic		NP	PA	QLL
fentanyl citrate generic (generic Actiq)		NP	PA	QLL
fentanyl patch generic (generic Duragesic)- 37.5-, 62.5-, 87.5 mcg/hr		NP	PA	QLL
fentanyl patch generic (generic Duragesic)-12-, 25-, 50-, 75-, 100 mcg/hr	P			QLL
FENTORA		NP	PA	QLL
FERAHEME		NP	PA	
FERIVA	P			
FERRALET 90	P			
FERRETTES FE CHEW TABS	P			
ferric gluconate injection generic		NP	PA	
FERRIPROX		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
FETZIMA		NP	PA	QLL
FEXMID		NP	PA	QLL
FIASP		NP	PA	QLL
FINACEA		NP	PA	QLL
FINACEA		NP	PA	
finasteride generic	P			QLL
FIRAZYR	P			QLL
FIRDAPSE	P		PA	QLL
FIRMAGON	P		PA	QLL
FIRVANQ		NP	PA	
FLAGYL CAPS		NP	PA	
flavoxate generic		NP	PA	QLL
FLEBOGAMMA/DIF		NP	PA	
FLOLAN		NP	PA	
FLO-PRED SUSPENSION		NP	PA	
FLOVENT DISKUS/HFA	P			QLL
fluconazole 150mg tab generic	P			QLL
fluconazole generic	P			
fluconazole/nacl inj. generic	P		PA	
flucytosine generic		NP	PA	
flunisolide generic		NP	PA	QLL
fluocinolone acetonide cream, ointment, solution generic		NP	PA	
fluocinolone acetonide scalp/body oil generic		NP	PA	
fluocinonide 0.05% cream, e cream, gel, oint., soln. generic		NP	PA	
fluocinonide cream 0.1% generic		NP	PA	QLL
fluorouracil 5% inj., soln. generic	P			
fluoxetine (pmdd) caps generic		NP	PA	QLL
fluoxetine 10mg, 20mg tabs generic		NP	PA	QLL
fluoxetine 60mg tab generic		NP		
fluoxetine 90mg caps generic		NP	PA	QLL
fluoxetine generic	P			QLL
fluphenazine decanoate vial generic	P			QLL
flurandrenolide cream, lotion, ointment generic		NP	PA	
flurbiprofen ophth susp generic	P			
fluticasone cream, ointment generic	P			
fluticasone generic	P			QLL
fluticasone lotion generic		NP	PA	
fluticasone/salmeterol diskus (Prasco generic for Advair Diskus)	P			QLL
fluticasone/salmeterol inhaler (generic AIRDUO)		NP	PA	
fluvastatin er 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 July 1, 2020

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
fluvastatin generic		NP	PA	QLL
fluvoxamine er generic		NP	PA	QLL
fluvoxamine generic	P			QLL
FML-FORTE	P			QLL
FOCALIN XR	P		PA (≥ 21 years)	QLL
folic acid 1mg generic	P			QLL
fondaparinux generic		NP	PA	QLL
FORFIVO XL		NP	PA	QLL
FORTAMET ER		NP	PA	QLL
FORTEO		NP	PA	
FOSAMAX SOLUTION		NP	PA	QLL
FOSAMAX-D		NP	PA	QLL
fosinopril generic	P			QLL
fosinopril HCTZ generic	P			QLL
FRAGMIN SYRINGE		NP	PA	QLL
FROVA		NP	PA	QLL
FULPHILA		NP	PA	QLL
FULYZAQ		NP	PA	QLL
FUSION PLUS, -SPRINKLE	P			
FUZEON		NP	PA	QLL
FYCOMPA		NP	PA	QLL
gabapentin caps generic	P			
gabapentin solution generic	P			
gabapentin tabs generic	P			
GABITRIL		NP	PA	QLL
GABLOFEN INJ.	P			QLL
GALAFOLD	P		PA	QLL
galantamine , -er generic	P			
GAMASTAN, -S/D		NP	PA	
GAMMAGARD/SD	P		PA	
GAMMAKED		NP	PA	
GAMMAPLEX		NP	PA	
GAMUNEX-C	P		PA	
ganciclovir caps generic	P			
ganciclovir inj generic		NP	PA	
GANTRISIN PEDIATRIC	P			
gatifloxacin ophth. soln. generic		NP	PA	QLL
GATTEX		NP	PA	QLL
GAVILYTE-H KIT		NP	PA	QLL
GELNIQUE		NP	PA	QLL
gemfibrozil generic	P			QLL
generic NSAIDs (unless listed otherwise)	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
GENOTROPIN	P		PA	
gentamicin cream, -oint. generic	P			
GENVOYA	P			QLL
GEODON inj	P			
gianvi (drospirenone/ethinyl estradiol) generic		NP	PA	QLL
GIAZO		NP	PA	QLL
gildess 24 fe generic	P			
GILENYA 0.5mg	P			QLL
GILOTRIF	P		PA	QLL
GLASSIA	P		PA	
GLATOPA		NP	PA	QLL
glimepiride generic	P			
glipizide, XL	P			
glipizide/metformin generic	P			QLL
GLOPERBA		NP	PA	QLL
GLUMETZA ER		NP	PA	QLL
glyburide generic	P			QLL
glyburide/metformin generic	P			QLL
GLYCATE		NP	PA	QLL
glycopyrrolate injection, -PF generic		NP	PA	QLL
glycopyrrolate tab generic	P			
GLYRX-PF	P			
GLYSET	P			
GLYXAMBI		NP	PA	QLL
GOCOVRI		NP	PA	QLL
GOLYTELY	P			QLL
GONITRO POWDER		NP	PA	QLL
GRALISE		NP	PA	QLL
granisetron generic		NP	PA	QLL
GRANIX 300mcg/0.5ml, 480mcg/0.8ml syringes (non-needle guard)	P		PA	QLL
GRASTEK		NP	PA	QLL
griseofulvin microsize tab generic		NP	PA	QLL
griseofulvin oral susp generic	P		PA	
griseofulvin ultramicrosize tab generic		NP	PA	QLL
guanfacine er generic	P		PA (≥ 21 years)	QLL
GVOKE PFS		NP	PA	QLL
GYNAZOLE	P			
HAEGARDA	P			
halobetasol aerosol 0.05% generic		NP	PA	
HALOG, -E		NP	PA	
haloperidol decanoate vial generic	P			QLL
HARVONI		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
hc pramoxine cream 1-1% generic		NP	PA	
HECTOROL		NP	PA	
HELIDAC		NP	PA	QLL
HEMANGEOL (covered 5 weeks-12 months old)	P			
HEMLIBRA		NP	PA	QLL
HEMOCYTE PLS	P			
HEMOCYTE-F	P			
HEMOFIL	P			
HEPAGAM B		NP	PA	
heparin generic	P			
HEPSERA	P			QLL
HETLIOZ		NP	PA	QLL
HIZENTRA		NP	PA	
HORIZANT		NP	PA	QLL
HUMALOG	P			QLL
HUMALOG KWIKPEN 200 units/ml		NP	PA	QLL
HUMALOG MIX 50/50	P			QLL
HUMALOG MIX 75/25	P			QLL
HUMALOG pens and cartridges	P		PA (≥ 21 years)	QLL
HUMATE-P		NP	PA	
HUMATROPE		NP	PA	
HUMIRA	P		PA	QLL
HUMULIN 70/30	P			QLL
HUMULIN N	P			QLL
HUMULIN pens	P		PA (≥ 21 years)	QLL
HUMULIN R U-500 pen	P		PA (≥ 21 years)	QLL
HUMULIN R U-500 vial	P			QLL
HUMULIN R U-100	P			QLL
HYCAMTIN	P			
HYCET		NP	PA	QLL
hydrochlorothiazide generic	P			
hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg generic		NP	PA	
hydrocodone/ibuprofen 7.5-200mg generic	P			
hydrocodone-APAP 10mg/325mg/15mL soln. generic		NP	PA	QLL
hydrocodone-APAP 5-300mg, 10-300mg, 7.5-300mg tab generic	P			QLL
hydrocodone-APAP 7.5mg/325mg/15mL soln. generic	P			QLL
hydrocortisone acetate cream generic	P			QLL
hydrocortisone acetate gel generic	P			
hydrocortisone butyrate cream, lipophilic cream, ointment, solution generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
hydrocortisone generic	P			
hydrocortisone valerate cream, ointment generic		NP	PA	
hydromorphone er tabs generic		NP	PA	QLL
hydromorphone ir tabs generic	P			
hydromorphone suppositories generic		NP	PA	
hydroxychloroquine sulfate generic	P			
hydroxyurea generic	P			
HYLENEX	P		PA	
HYQVIA		NP	PA	
HYSINGLA ER		NP	PA	QLL
ibandronate -inj., -tabs generic		NP	PA	QLL
IBRANCE	P		PA	QLL
IBUDONE		NP	PA	
icatibant generic	P			QLL
ICLUSIG	P		PA	QLL
IDELVION		NP	PA	
IDHIFA	P		PA	QLL
ILARIS	P		PA	QLL
ILEVRO	P			QLL
imatinib generic	P			QLL
IMBRUVICA	P		PA	QLL
imipenem-cilastatin generic		NP	PA	
imipramine caps generic		NP	PA	
imipramine tabs generic	P			
imiquimod 5% generic	P			
IMVEXXY		NP	PA	
INBRIJA		NP	PA	
INCRELEX		NP	PA	
INCRUSE ELLIPTA		NP	PA	QLL
indomethacin er cap generic		NP	PA	
indomethacin IR generic	P			
INFED	P		PA	
INGREZZA		NP	PA	QLL
INJECTAFER		NP	PA	QLL
INLYTA	P		PA	QLL
INNOPRAN XL		NP	PA	QLL
INOVA KITS		NP	PA	QLL
INREBIC	P		PA	QLL
INTEGRA F	P			
INTEGRA PLUS	P			
INTELENCE		NP	PA	QLL
INTRALIPID		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
INTRAROSA		NP	PA	
INTRON A	P			QLL
INVANZ	P		PA	
INVEGA SUSTENNA, -TRINZA	P		PA	QLL
INVIRASE		NP	PA	
INVOKAMET	P			QLL
INVOKAMET XR		NP	PA	QLL
INVOKANA	P			QLL
IOPIDINE 1%	P			
ipratropium inhalation solution generic	P			QLL
ipratropium nasal spray generic	P			QLL
irbesartan generic	P			QLL
irbesartan/HCTZ generic	P			QLL
IRESSA	P		PA	QLL
ISENTRESS, -HD	P		PA	QLL
isoniazid generic	P			
ISOPTO CARBACHOL	P			
isosorbide generic	P			
isotretinoin generics	P		PA	QLL
isradipine generic		NP	PA	QLL
ISTALOL		NP	PA	
itraconazole generic	P		PA	QLL
ivermectin generic	P			QLL
IXINITY		NP	PA	
JADENU TABS, SPRINKLES		NP	PA	QLL
JAKAFI	P			QLL
JALYN		NP	PA	QLL
JANUMET	P			QLL
JANUMET XR		NP	PA	QLL
JANUVIA	P			QLL
JARDIANCE	P			QLL
JATENZO		NP	PA	
JENTADUETO	P			QLL
JENTADUETO XR		NP	PA	QLL
jinteli (norethindrone/estradiol 1mg-5mcg) generic	P			
JIVI		NP	PA	
jolessa generic	P			QLL
JORNAY PM		NP	PA	QLL
JUBLIA SOLN. 10%		NP	PA	QLL
JULUCA	P			QLL
junel fe 24 generic	P			
JUXTAPID		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
JYNARQUE	P		PA	QLL
KABIVEN		NP	PA	
KADIAN		NP	PA	QLL
KALBITOR		NP		
KALETRA	P			QLL
KALYDECO	P		PA	QLL
KARBINAL ER		NP	PA	QLL
KATERZIA		NP	PA	QLL
KEFLEX 750mg	P			QLL
KENALOG AEROSOL		NP	PA	
KENALOG-10,40, 80 INJ	P			
KERAFOAM		NP	PA	
KERYDIN		NP	PA	QLL
ketocon plus kit generic		NP	PA	QLL
ketoconazole aer 2% foam generic		NP	PA	
ketoconazole cream, shampoo	P			
ketoprofen, -er generic		NP	PA	
ketorolac ophthalmic generic	P			QLL
KEVEYIS	P		PA	QLL
KEVZARA		NP	PA	QLL
KINERET		NP	PA	QLL
KISQALI	P		PA	QLL
KISQALI 200 PAK FEMARA	P		PA	QLL
KITABIS PAK	P			QLL
KLOR-CON	P			
KOGENATE FS	P			
KOMBIGLYZE	P			QLL
KORLYM	P		PA	QLL
KOVALTRY		NP	PA	
KRINTAFEL	P		PA	QLL
KRISTALOSE		NP	PA	QLL
KUVAN	P			QLL
lactulose generic	P			
LAMICTAL KITS (immediate release)		NP	PA	
LAMICTAL ODT TABS, KITS		NP	PA	
LAMICTAL XR KITS		NP	PA	
lamivudine generic	P			QLL
lamivudine HBV generic	P			QLL
lamivudine soln. generic	P			QLL
lamivudine/zidovudine generic	P			QLL
lamotrigine chewable dispersable tab generic	P			QLL
lamotrigine er tabs generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
lamotrigine kits (immediate release and odt)		NP	PA	QLL
lamotrigine odt generic		NP	PA	
lamotrigine tabs generic	P			QLL
LANOXIN 0.0625MG, 0.1875MG		NP	PA	
LANOXIN INJ	P			
lansoprazole generic		NP	PA	QLL
lansoprazole/amoxicillin/clarithromycin generic		NP	PA	QLL
lanthanum chew tab generic		NP	PA	
LANTUS	P			QLL
LANTUS SOLOSTAR	P			QLL
larin 24 fe generic	P			
LASTACAFT		NP	PA	QLL
latanoprost generic	P			QLL
latrix xm generic		NP	PA	QLL
LATUDA	P		PA**	QLL
LAZANDA		NP	PA	
leena (generic Tri-Norinyl)		NP	PA	
leflunomide generic	P			QLL
LENVIMA	P		PA	QLL
letrozole generic	P			QLL
LEUKERAN	P			
LEUKINE	P		PA	QLL
leuprolide 1mg/0.2ml (5mg/ml) injection generic	P			
levalbuterol neb generic		NP	PA (> 8 years)	QLL
LEVEMIR	P			QLL
LEVEMIR FLEXTOUCH	P			QLL
levetiracetam injection generic	P			QLL
levetiracetam solution/tabs generic	P			
levetiracetam tabs er generic		NP	PA	QLL
levobunolol hcl generic	P			
levocarnitine generic	P			
levocetirizine syrup generic		NP	PA	QLL
levocetirizine tab generic	P			QLL
levofloxacin 0.5% ophth generic		NP	PA	QLL
levofloxacin in D5W (generic Levaquin Premix)	P			
levofloxacin injection 25mg/ml generic		NP	PA	QLL
levofloxacin solution generic		NP	PA	QLL
levofloxacin tabs generic	P			QLL
levonorgestrel/ethinyl estradiol (generic LoSeasonique)		NP	PA	QLL
levorphanol generic		NP	PA	QLL
levothyroxine inj. generic	P		PA	QLL
levothyroxine tabs generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
LEXIVA		NP	PA	
LIALDA	P			
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
LINCOCIN	P			
LINDANE LOTION, SHAMPOO		NP	PA	QLL
linezolid iv soln., suspension generic		NP	PA	QLL
linezolid tabs generic	P		PA	QLL
LINZESS	P		PA	QLL
LIORESAL INJ.	P			
liothyronine inj. generic	P		PA	
liothyronine tabs generic	P			
lisinopril generic	P			QLL
lisinopril HCTZ generic	P			QLL
lithium carbonate generic	P			
LIVALO		NP	PA	QLL
LO LOESTRIN FE		NP	PA	QLL
LO MINASTRIN FE		NP	PA	QLL
LOKELMA		NP	PA	
lomedia 24 fe generic	P			
LONHALA MAGNAIR		NP	PA	QLL
LONSURF	P		PA	QLL
LOPROX KIT		NP	PA	QLL
loratadine, -D generic OTC	P			QLL
lorazepam generic	P			QLL
LORBRENA	P		PA	QLL
LORTAB ELIXIR	P			QLL
LORZONE		NP	PA	QLL
losartan generic	P			QLL
losartan/HCTZ generic	P			QLL
LOSEASONIQUE	P			QLL
LOTEMAX OINT	P			QLL
LOTEMAX SUSP	P			QLL
LOTEMAX, -SM GEL		NP	PA	QLL
LOTRONEX		NP		QLL
lovastatin generic	P			QLL
LUCEMYRA		NP	PA	
LUMIGAN	P			QLL
LUNESTA		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
LUPRON DEPOT 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG	P			QLL
LUPRON DEPOT 45MG		NP	PA	QLL
LUPRON DEPOT PEDIATRIC 11.25MG, 30MG		NP	PA	QLL
LUPRON DEPOT PEDIATRIC 7.5MG, 15MG	P			QLL
LUXIQ		NP	PA	QLL
LUZU		NP	PA	QLL
LYNPARZA	P		PA	QLL
LYRICA	P			QLL
LYRICA CR		NP	PA	QLL
LYSODREN	P			
MAGNEBIND	P		PA	
magnesium carbonate generic	P		PA	
MAKENA	P		PA	QLL
MALARONE		NP	PA	QLL
malathion lotion		NP	PA	QLL
maprotiline generic		NP	PA	QLL
MARPLAN		NP	PA	
MATULANE	P			
matzim la (generic Cardizem LA)		NP	PA	QLL
MAVENCLAD		NP	PA	QLL
MAVYRET	P		PA	QLL
MAXARON FORTE	P			
MAYZENT		NP	PA	QLL
meclizine generic	P			
meclofenamate sodium cap generic		NP	PA	
MEDROL 2mg	P			
medroxyprogesterone 150mg/ml generic	P			QLL
mefenamic acid generic		NP	PA	QLL
mefloquine hydrochloride generic	P			
MEGACE ES		NP	PA	
megestrol 40mg/ml susp generic	P			
megestrol 625mg/5ml susp generic		NP	PA	
MEKINIST	P		PA	QLL
MEKTOVI	P		PA	QLL
meloxicam suspension generic		NP	PA	QLL
meloxicam tablets generic	P			QLL
memantine er caps generic		NP	PA	QLL
memantine soln. generic		NP	PA	QLL
memantine tabs, titration pak generic	P			QLL
MENEST	P			
MENTAX		NP		
meperidine solution generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
meperidine tabs generic		NP	PA	
MEPHYTON	P			QLL
meprobamate generic		NP	PA	
meropenem generic	P		PA	
meropenem/sodium chloride IV soln. generic		NP	PA	
mesalamine enema generic		NP	PA	
mesalamine kit generic		NP	PA	QLL
mesalamine suppositories generic	P			
mesalamine tab generic		NP	PA	
MESTINON	P			QLL
metaproterenol syrup, tabs generic		NP	PA	
metaxalone generic		NP		QLL
METERS-Abbott select brands are covered through manufacturer	n/a	n/a	n/a	n/a
metformin er (generic for Glucophage XR)	P			
metformin er (generic for Glumetza)	P			QLL
metformin er osmotic (generic for Fortamet ER)		NP	PA	QLL
metformin generic	P			QLL
methamphetamine generic		NP	PA	QLL
methenamine generic	P			
methenamine hippurate generic		NP	PA	
METHITEST	P		PA	
methocarbamol generic	P			
methoxsalen generic		NP	PA	
methscopolamine generic		NP	PA	
methyclothiazide generic		NP	PA	
methylergonovine generic	P			QLL
METHYLIN SOLN	P		PA (≥ 21 years)	QLL
methylphenidate 10mg er (generic for Metadate ER)	P		PA (≥ 21 years)	QLL
methylphenidate cd generic	P		PA (≥ 21 years)	QLL
methylphenidate chew tabs generic		NP	PA	QLL
methylphenidate er (generic for Ritalin LA)		NP	PA	QLL
methylphenidate generic	P		PA (≥ 21 years)	QLL
methylphenidate osm 72mg generic		NP	PA	QLL
methylphenidate sa osm (generic for Concerta except Patriot)		NP	PA	QLL
methylphenidate sa osm (Patriot generic for Concerta)	P		PA (≥ 21 years)	QLL
methylphenidate solution generic		NP	PA	QLL
methylphenidate/metadate 20mg er/sr (generic for Ritalin SR)	P		PA (≥ 21 years)	QLL
methylprednisolone generic	P			
methyltestosterone cap generic		NP	PA	QLL
metipranolol generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
metoclopramide generic	P			
metoclopramide odt generic		NP	PA	QLL
metoprolol HCTZ generic		NP	PA	QLL
metoprolol succinate ER generic	P			QLL
METOZOLV		NP	PA	QLL
METROGEL	P			QLL
METROGEL PUMP		NP	PA	QLL
metronidazole caps generic		NP	PA	
metronidazole cream, 1% gel, lotion generic		NP	PA	
metronidazole IR tabs generic	P			
MIACALCIN INJECTION		NP	PA	QLL
MICARDIS		NP	PA	QLL
MICARDIS HCT		NP	PA	QLL
miconazole generic	P			QLL
midazolam generic		NP	PA	
midodrine generic	P			
MIGERGOT		NP	PA	
MIGRANAL NS		NP	PA	QLL
MILLIPRED ORAL SOLN., TABS		NP	PA	
milrinone generic	P		PA	
MINASTRIN 24 CHW FE		NP	PA	QLL
MINIVELLE		NP	PA	
minocycline caps generic	P			
minocycline IR, SR tab generic		NP	PA	QLL
MINOLIRA		NP	PA	QLL
MINTEZOL	P			
MIRAPEX ER		NP	PA	QLL
MIRCERA		NP	PA	QLL
mirtazapine, -odt generic	P			QLL
MITIGARE	P			QLL
modafinil generic	P		PA (≥ 21 years)	QLL
MODERIBA		NP	PA	
moexipril generic	P			QLL
moexipril HCTZ generic	P			QLL
molindone generic	P			
mometasone nasal spray generic		NP	PA	QLL
MONISTAT 1	P			QLL
MONONINE	P			
montelukast chewables, tabs generic	P			QLL
montelukast granules generic	P		PA	QLL
MONUROL	P			
MORGIDOX KIT		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
MORPHABOND ER		NP	PA	QLL
morphine ir generic	P			
morphine sulfate er caps (generic Avinza)		NP	PA	QLL
morphine sulfate sa caps (generic Kadian)		NP	PA	QLL
morphine sulfate sa tabs generic	P			QLL
morphine sulfate suppositories generic		NP	PA	
MOTEGRITY		NP	PA	QLL
MOTOFEN		NP	PA	
MOVANTIK	P		PA	QLL
MOVIPREP	P			QLL
MOXATAG		NP	PA	QLL
MOXEZA	P			QLL
moxifloxacin generic	P			QLL
moxifloxacin ophthalmic soln. 0.5% generic	P			QLL
MOZOBIL	P		PA	
MULPLETA	P		PA	
MULTAQ		NP	PA	QLL
mupirocin cream generic		NP	PA	
mupirocin ointment generic	P			
MYALEPT	P		PA	QLL
MYCAMINE	P			QLL
mycophenolate mofetil caps, tabs generic	P			
mycophenolate mofetil suspension generic		NP	PA	
mycophenolic tab generic	P			QLL
MYDAYIS		NP	PA	QLL
MYLERAN	P			
MYRBETRIQ		NP	PA	QLL
MYTESI		NP	PA	QLL
nadolol generic	P			QLL
naftifine generic		NP	PA	QLL
naloxone injection generic	P			
NAMZARIC		NP	PA	QLL
NAPRELAN		NP	PA	QLL
naproxen dr tab generic		NP	PA	
naproxen sodium cr tab (generic for Naprelan)		NP	PA	QLL
naproxen suspension generic	P			
naratriptan generic		NP	PA	QLL
NARCAN SPRAY	P		PA	
NATACYN		NP	PA	
NATAZIA		NP	PA	QLL
nateglinide generic	P			QLL
NATESTO		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
NATPARA		NP	PA	QLL
NATROBA		NP	PA	QLL
NAYZILAM		NP	PA	QLL
NEBUPENT	P			QLL
NECON 1/50		NP	PA	
nefazodone generic		NP	PA	QLL
neomycin/polymyxin B sulfate/dexamethasone ophth. susp. generic	P			
neomycin/polymyxin/bacitracin/hc ophth. oint. generic		NP	PA	
neomycin/polymyxin/gramicidin ophthalmic soln. generic		NP	PA	
neomycin/polymyxin/hc generic	P			QLL
neomycin/polymyxin/hc ophth. susp. generic		NP	PA	QLL
NEO-SYNALAR KIT		NP	PA	QLL
NEPHPLEX RX		NP	PA	
NEPHRON FA	P		PA	
NERLYNX	P		PA	QLL
NESINA 25mg		NP	PA	QLL
NEUAC Gel, KIT		NP	PA	QLL
NEULASTA		NP	PA	QLL
NEUPOGEN	P		PA	QLL
NEUPRO		NP	PA	QLL
NEVANAC		NP	PA	
nevirapine er generic		NP	PA	QLL
nevirapine suspension generic		NP	PA	QLL
nevirapine tabs generic	P			QLL
NEXAVAR	P		PA	QLL
NEXIUM GRANULES/SUSPENSION	P			QLL
next choice 0.75mg generic (covered < 17 yrs old)	P			QLL
next choice 1.5mg generic (covered < 17 yrs old)	P			QLL
niacin er generic	P			QLL
niacin generic	P		PA	
nicardipine generic	P			QLL
nicotine gum, lozenge, patch generic	P			QLL
NICOTROL INHALER, NASAL SPRAY		NP	PA	QLL
nifedical xl generic	P			QLL
nifedipine er generic	P			QLL
nifedipine ir generic	P			QLL
nifedipine sa generic	P			QLL
NILANDRON	P			
nimodipine generic	P			QLL
NINLARO	P		PA	QLL
nisoldipine sr 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 July 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
nitrofurantoin suspension generic		NP	PA	QLL
nitrofurantoin caps generic	P			
nitroglycerin lingual spray soln (generic Nitrolingual)		NP	PA	QLL
nitroglycerin patches generic	P			QLL
nitroglycerin sublingual tabs generic	P			
NITROMIST SPRAY		NP	PA	QLL
NITROSTAT SL TABS	P			
NIVESTYM		NP	PA	QLL
nizatidine caps, solution generic		NP	PA	QLL
NORDITROPIN	P		PA	
norethindrone 0.35mg generic	P			
norethindrone/estradiol 0.5mg-2.5mcg generic		NP	PA	QLL
norethindrone/ethinyl estradiol 7/7/7, alyacen, cyclafem, dasetta, necon, notrel, pirmella, etc. (generic for Ortho-Novum 7/7/7)	P			
norethindrone/ethinyl estradiol-fe chew tabs (generic for Generess Fe Chew)		NP	PA	QLL
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., *except for trinessa lo,* (generic for Ortho Tri-cyclen Lo)		NP	PA	QLL
NORINYL 1+50		NP	PA	
NORITATE		NP		
NORTHERA		NP	PA	QLL
nortriptyline generic	P			
NORVIR POWDER PACKETS		NP	PA	QLL
NORVIR SOLN, TABS	P			
NOURIANZ		NP	PA	
NOVOEIGHT	P			
NOVOLIN		NP	PA	QLL
NOVOLIN 70/30 FLEXPEN		NP	PA	QLL
NOVOLIN R PEN		NP	PA	QLL
NOVOLOG	P			QLL
NOVOLOG MIX pen	P		PA (≥ 21 years)	QLL
NOVOLOG MIX vial	P			QLL
NOVOLOG pens and cartridges	P		PA (≥ 21 years)	QLL
NOVOSEVEN RT		NP	PA	
NOXAFIL		NP	PA	QLL
np thyroid 30mg, 60mg 90mg tab generic	P			
NPLATE		NP	PA	
NUBEQA	P		PA	QLL
NUCALA AUTO-INJECTOR		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
NUCYNTA		NP	PA	QLL
NUCYNTA ER		NP	PA	QLL
NUEDEXTA		NP	PA	QLL
NULYTELY	P			QLL
NUPLAZID		NP	PA	QLL
NUTRALIPID	P			
NUTROPIN AQ	P		PA	
NUVARING	P			
NUVESSA	P			QLL
NUWIQ	P			
NUZYRA INJ.		NP	PA	
NUZYRA TABS		NP	PA	QLL
NYMALIZE	P		PA	QLL
nystatin cream	P			
nystatin/triamcinolone cream generic		NP	PA	
nystatin/triamcinolone ointment generic	P			
OCALIVA	P		PA	
ocella generic		NP	PA	
OCTAGAM		NP	PA	
octreotide generic	P		PA	
ODEFSEY	P		PA	QLL
ODOMZO	P		PA	QLL
OFEV	P		PA	QLL
ofloxacin drops generic		NP	PA	QLL
ofloxacin generic	P			QLL
ofloxacin otic generic	P			
olanzapine inj. (short-acting) generic		NP	PA	
olanzapine, -odt generic	P		PA (<13 years)	QLL
olanzapine/fluoxetine generic		NP	PA	QLL
olmesartan generic	P			QLL
olmesartan/hctz generic	P			QLL
olopatadine 0.1% soln. generic		NP	PA	QLL
olopatadine generic		NP	PA	QLL
OLUMIANT		NP	PA	QLL
OLUX-E		NP	PA	QLL
OMECLAMOX-PAK		NP	PA	QLL
omega-3-acid generic		NP	PA	QLL
OMEGAVEN	P		PA	
omeprazole generic	P			QLL
omeprazole/sodium bicarbonate caps generic		NP	PA	QLL
OMNARIS		NP	PA	QLL
OMNITROPE		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
ondansetron generic	P			QLL
ondansetron inj. generic	P		PA	
ONEXTON		NP	PA	QLL
ONGLYZA	P			QLL
ONMEL		NP	PA	QLL
ONSOLIS		NP	PA	QLL
ONZETRA XSAIL		NP	PA	QLL
OPIUM TINCTURE		NP	PA	
OPSUMIT		NP	PA	QLL
ORACEA		NP	PA	QLL
ORALAIR		NP	PA	QLL
ORAPRED ODT		NP	PA	
ORAVIG		NP	PA	QLL
ORENCIA 50mg/0.4ml, 87.5mg/0.7ml, 125MG/ML, CLICKJECT		NP	PA	QLL
ORENITRAM		NP	PA	QLL
ORFADIN	P			
ORFADIN SUSP.	P		PA	
ORILISSA	P		PA	
ORKAMBI	P		PA	QLL
orphenadrine generic	P			
orphenadrine/aspirin/caffeine generic	P			
OSCION		NP	PA	
oseltamivir generic	P			QLL
OSPHENA		NP	PA	
OTEZLA		NP	PA	QLL
OTOVEL		NP	PA	QLL
OTREXUP		NP	PA	QLL
OVIDE		NP	PA	QLL
oxandrolone	P		PA	QLL
oxandrolone generic	P		PA	QLL
oxaprozin tab generic		NP	PA	
OXAYDO		NP	PA	
oxazepam generic	P			QLL
OXBRYTA		NP	PA	
oxcarbazepine susp., tabs generic	P			QLL
OXERVATE	P		PA	QLL
OXISTAT		NP		
OXSORALEN-UL	P			
OXTELLAR XR		NP	PA	QLL
oxybutynin ER generic	P			QLL
oxybutynin generic	P			QLL
oxycodone concentrate generic		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
oxycodone ir generic	P			QLL
oxycodone/aspirin tabs generic		NP	PA	
oxycodone/ibuprofen 5/400mg generic		NP	PA	QLL
OXYCONTIN		NP	PA	QLL
oxymorphone/er generic		NP	PA	QLL
OXYTROL	P			QLL
OZEMPIC		NP	PA	QLL
paliperidone er generic		NP	PA	QLL
PALYNZIQ	P		PA	QLL
PANCREAZE		NP	PA	QLL
PANDEL		NP	PA	
PANRETIN	P		PA	
pantoprazole generic	P			QLL
pantoprazole inj. generic		NP	PA	QLL
PANZYGA		NP	PA	
paricalcitol 1mcg, 2mcg generic	P			
paricalcitol 4mcg generic		NP	PA	
paromomycin generic		NP	PA	
paroxetine er		NP	PA	QLL
paroxetine generic	P			QLL
PATADAY		NP	PA	QLL
PAXIL SUSP.		NP	PA	
PAZEO	P			QLL
PCE		NP	PA	QLL
PEDIADERM AF KIT COMPLETE (covered < 21 yrs old)		NP	PA	QLL
PEGANONE	P			
PEGASYS, -PROCLICK	P			QLL
PEG-INTRON	P			QLL
PENNSAID		NP	PA	QLL
PENTASA	P			
pentazocine/naloxone tabs generic		NP	PA	
pentoxifylline generic	P			
PERFOROMIST		NP	PA	QLL
PERIKABIVEN		NP	PA	
perindopril generic		NP	PA	QLL
permethrin 1% lotion	P			QLL
permethrin 5% cream generic	P			QLL
PERSERIS		NP	PA	QLL
PERTZYE		NP	PA	
PEXEVA		NP	PA	QLL
phenelzine generic		NP	PA	QLL
phenobarbital generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
phenoxybenzamine generic		NP	PA	
PHENYTEK		NP		
phenytoin generic	P			
PHOSLYRA		NP	PA	
PHOSPHOLINE IODIDE	P			
PICATO		NP	PA	QLL
PIFELTRO		NP	PA	
pilocarpine ophthalmic generic		NP	PA	
pilocarpine tabs generic	P			
PILOPINE H.S.	P			
pimozide generic	P			
pioglitazone generic	P			QLL
pioglitazone/glimepiride generic		NP	PA	QLL
pioglitazone/metformin generic		NP	PA	QLL
piperacillin generic	P			
piperacillin sodium-tazobactam sodium generic		NP	PA	
PIQRAY	P		PA	QLL
PLAN B ONE STEP (covered < 17 yrs old)	P			QLL
PLAVIX 300mg	P			QLL
PLEGRIDY		NP	PA	QLL
PLENVU		NP	PA	QLL
podofilox soln. generic		NP	PA	
polymyxin/bacitracin ophthalmic ointment generic	P			
polymyxin/trimethoprim ophthalmic drops generic	P			
POMALYST	P		PA	QLL
potassium chloride generic	P			
potassium citrate 15meq generic		NP	PA	QLL
potassium citrate 5meq, 10meq generic	P			QLL
PRADAXA	P			QLL
PRALUENT		NP	PA	QLL
pramcort cream 1-1% generic	P			
pramipexole er generic		NP	PA	QLL
pramipexole generic	P			QLL
PRAMOSONE CREAM 1%	P			
PRANDIMET		NP	PA	QLL
prasugrel generic	P			QLL
pravastatin generic	P			QLL
prednicarbate cream, ointment generic		NP	PA	
prednisolone odt generic		NP	PA	
prednisolone oral soln. 10mg/5ml		NP	PA	
prednisolone oral soln. 15mg/5ml generic	P			
prednisolone oral soln. 20mg/5ml		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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

	Preferred	Non-Preferred	PA	QLL
prednisolone oral soln. 25mg/5ml generic	P			
prednisone generic	P			
PREFEST	P			
pregabalin soln. generic	P			QLL
PREMARIN	P			QLL
PREMPHASE	P			QLL
PREMPRO	P			QLL
prenatal brand/generics (without DHA)	P			
prenatal brands/generics with DHA	P			
PREPOPIK		NP	PA	QLL
PRESTALIA		NP	PA	QLL
PRETOMANID	P		PA	
PREVACID SOLUTAB		NP	PA	QLL
PREVALITE PACKETS		NP	PA	
PREVALITE POWDER	P			
PREVYMIS		NP	PA	QLL
PREZCOBIX	P		PA	QLL
PREZISTA	P		PA	
PRIFTIN	P			
PRIMAXIN	P		PA	
primidone generic	P			
PRIMLEV		NP	PA	
PRIVIGEN		NP	PA	
PRIZOTRAL KIT		NP	PA	QLL
PROAIR DIGIHALER		NP	PA	QLL
PROAIR HFA	P			QLL
PROAMATINE	P			
probenecid generic	P			
probenecid/colchicine generic	P			
PROCORT		NP	PA	
PROCRIT	P		PA	
PROCTOFOAM-HC	P			
PROCYSBI		NP	PA	
PROFILNINE	P			
progesterone caps generic	P			
PROGRAF GRANULES		NP	PA	
PROLASTIN-C	P		PA	
PROLENSA		NP	PA	QLL
PROLEUKIN	P			
PROMACTA	P		PA	QLL
promethazine 50mg rectal suppository generic		NP	PA	
promethazine generic	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
propafenone er generic	P			QLL
propantheline generic		NP	PA	
PROTONIX PAK		NP	PA	QLL
PROTOPIC	P			QLL
protriptyline generic		NP	PA	
PRUDOXIN		NP	PA	QLL
PSORCON E		NP	PA	
PULMICORT FLEXHALER	P			QLL
PULMOZYME	P			QLL
PURINETHOL	P			
PURIXAN		NP	PA	QLL
PYLERA	P		PA	QLL
pyrazinamide generic	P			
pyridostigmine generic		NP	PA	QLL
pyridoxine (vitamin B-6) inj. generic	P		PA	
QBRELIS	P		PA (≥12 years)	QLL
QBREXZA		NP	PA	QLL
QNASL		NP	PA	QLL
QTERN		NP	PA	QLL
QUALAQUIN		NP	PA	QLL
QUARTETTE		NP	PA	QLL
quasense generic	P			QLL
QUDEXY XR		NP	PA	QLL
quetiapine er generic	P		PA (<10 years)	QLL
quetiapine generic 100mg, 200mg, 300mg, 400mg	P		PA (<10 years)	QLL
quetiapine generic 25mg, 50mg	P		PA***/PA (<10 years)	QLL
QUILLICHEW ER		NP	PA	QLL
QUILLIVANT SUSP XR		NP	PA	QLL
quinapril generic	P			QLL
quinapril HCTZ generic	P			QLL
quinine sulfate generic		NP	PA	
QVAR	P			QLL
QVAR REDIHALER		NP	PA	QLL
rabeprazole tabs generic		NP	PA	QLL
RADIACARE	P			
RAGWITEK		NP	PA	QLL
raloxifene generic	P			QLL
ramipril caps generic	P			QLL
ranolazine generic	P		PA	
RAPAFLO		NP	PA	QLL
RAPAMUNE SOLN.	P			QLL
RASUVO		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
RAVICTI		NP	PA	QLL
RAYALDEE		NP	PA	QLL
RAYOS		NP	PA	QLL
REBETOL ORAL SOLUTION	P			
REBIF, REBIDOSE	P			QLL
REBINYN		NP	PA	
RECOMBINATE		NP	PA	
RECTIV OINT 0.4%		NP	PA	QLL
REGRANEX	P		PA	QLL
RELAFEN DS		NP	PA	QLL
RELENZA	P			QLL
RELISTOR		NP	PA	QLL
REMODULIN		NP	PA	
RENAGEL	P			QLL
RENVELA TAB		NP	PA	QLL
repaglinide generic	P			QLL
repaglinide-metformin generic		NP	PA	QLL
REPATHA		NP	PA	QLL
REPATHA PUSH INJ.		NP	PA	QLL
REQUIP XL		NP	PA	QLL
RESCRIPTOR	P			
RESTASIS MULTIDOSE		NP	PA	QLL
RESTASIS single dose vials	P			QLL
RETACRIT		NP	PA	
RETIN-A MICRO		NP	PA	QLL
REVATIO SUSPENSION		NP	PA	QLL
REVCOVI		NP	PA	
REVLIMID	P			QLL
REXULTI		NP	PA	QLL
REYATAZ POWDER PACKET		NP	PA	
RHOPRESSA		NP	PA	QLL
RIBAPAK		NP	PA	
RIBASPHERE		NP	PA	
ribavirin 200mg generic	P			
RIDAURA	P			
rifabutin generic	P			QLL
RIFAMATE	P			
rifampin generic	P			
RIFATER	P			
riluzole generic	P			QLL
rimantadine generic		NP		
RINVOQ ER		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
RIOMET	P			QLL
RIOMET ER		NP	PA	
risedronate, -dr generic		NP	PA	QLL
RISPERDAL CONSTA	P		PA	QLL
risperidone generic	P		PA (<10 years)	QLL
risperidone orally disintegrating tab generic	P		PA (<10 years)	QLL
RITALIN LA 10mg		NP	PA	QLL
ritonavir tabs generic		NP	PA	
rivastigmine caps generic	P			
RIXUBIS		NP	PA	
rizatriptan odt generic	P			QLL
rizatriptan tab generic	P			QLL
ROCALTROL	P			
ROCKLATAN		NP	PA	
ropinirole er generic		NP	PA	QLL
ropinirole generic	P			
ROSADAN KIT		NP	PA	QLL
rosuvastatin generic	P			QLL
ROZEREM		NP	PA	QLL
ROZLYTREK	P		PA	QLL
RUBRACA	P		PA	QLL
RUCONEST		NP	PA	
RUZURGI	P		PA	QLL
RYBELSUS		NP	PA	QLL
RYDAPT	P		PA	QLL
RYTARY		NP	PA	QLL
RYVENT		NP	PA	QLL
SABRIL		NP	PA	QLL
SAFYRAL		NP	PA	QLL
SAIZEN		NP	PA	
SALAGEN	P			
salsalate generic		NP	PA	
SAMSCA	P			QLL
SANCUSO		NP	PA	QLL
SANDOSTATIN LAR	P		PA	
SANTYL		NP	PA	
SAPHRIS		NP	PA	QLL
SARAFEM		NP	PA	QLL
SAVAYSA		NP	PA	QLL
SAVELLA		NP	PA	QLL
SEASONIQUE	P			QLL
SECONAL		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
SECUADO		NP	PA	
SEGLUROMET		NP	PA	QLL
SELECT-OB + DHA	P			
selegiline generic	P			
SELZENTRY		NP	PA	
SEMPREX-D	P			
SENSIPAR		NP	PA	
SEREVENT DISKUS	P			QLL
SERNIVO SPRAY		NP	PA	
SEROSTIM		NP	PA	
sertraline generic	P			QLL
sevelamer 400mg generic		NP	PA	
sevelamer powder packet generic		NP	PA	QLL
SFROWASA		NP	PA	
SIGNIFOR, -LAR		NP	PA	QLL
SIKLOS		NP	PA	QLL
sildenafil generic	P		PA	QLL
SILENOR		NP	PA	QLL
SILIQ		NP	PA	
SIMBRINZA		NP	PA	QLL
SIMPONI		NP	PA	QLL
simvastatin 5mg, 10mg, 20mg, 40mg generic	P			QLL
simvastatin 80mg generic	P		PA	QLL
sirolimus tabs generic	P			
SIRTURO	P		PA	QLL
SITAVIG		NP	PA	QLL
SIVEXTRO		NP	PA	QLL
SKLICE		NP	PA	QLL
SKYRIZI		NP	PA	QLL
SLYND		NP	PA	QLL
SMOFLIPID		NP	PA	
sodium bicarbonate generic	P		PA	
sodium phenylbutyrate generic		NP	PA	QLL
sodium sulfacetamide/sulfur 10-4% pads generic		NP	PA	
sodium sulfacetamide/sulfur 10-5% aerosol, cream, emulsion generic		NP	PA	
solifenacin generic	P			QLL
SOLIQUA		NP	PA	QLL
SOLODYN		NP	PA	QLL
SOLOSEC		NP	PA	
SOMATULINE DEPOT		NP	PA	
SOMAVERT		NP	PA	QLL
SONATA		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
SOOLANTRA		NP	PA	QLL
SORILUX		NP	PA	QLL
SOTYLIZE		NP	PA	QLL
SOVALDI		NP	PA	QLL
SPECTRACEF		NP	PA	QLL
spinosad generic		NP	PA	QLL
SPIRIVA HANDIHALER	P			QLL
SPIRIVA RESPIMAT		NP	PA	QLL
spironolactone generic	P			QLL
SPORANOX ORAL SOLUTION	P		PA	QLL
SPRAVATO		NP	PA	
SPRIX		NP	PA	QLL
SPRYCEL	P		PA	QLL
stavudine		NP		
STAVZOR		NP	PA	
STEGLATRO		NP	PA	QLL
STEGLUJAN		NP	PA	QLL
STELARA 90mg/ml		NP	PA	QLL
STIOLTO RESPIMAT	P			QLL
STIVARGA	P		PA	QLL
STRENSIQ	P		PA	
streptomycin inj. generic	P			QLL
STRIANT		NP	PA	QLL
STRIBILD		NP	PA	QLL
STRIVERDI RESPIMAT		NP	PA	QLL
STROMECTOL		NP	PA	QLL
SUBOXONE	P			QLL
SUBSYS		NP	PA	QLL
SUCLEAR	P			QLL
sulfacetamide ophthalmic drops generic	P			
sulfacetamide ophthalmic ointment generic		NP		
sulfacetamide sodium 10% lotion/wash generic		NP	PA	
Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic		NP	PA	
sulfadiazine tab generic		NP	PA	
sulfamethoxazole-trimethoprim susp. 200mg-40mg/5ml generic (except 00121-0853-**)	P			
sulfasalazine generic	P			
sumatriptan injection		NP	PA	QLL
sumatriptan nasal spray generic	P			QLL
sumatriptan tabs generic	P			QLL
SUMAXIN PADS		NP	PA	QLL
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 July 1, 2020

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
SUNOSI		NP	PA	QLL
SUPRAX 500MG/5ML SUSP., CHEW TABS		NP	PA	QLL
SUPRAX CAPS		NP	PA	QLL
SUPREP		NP	PA	QLL
SUSTIVA	P			
SUTENT	P		PA	QLL
SYLATRON	P		PA	
SYMBICORT	P			QLL
SYMDEKO	P		PA	QLL
SYMFI		NP	PA	QLL
SYMFI LO		NP	PA	QLL
SYMJEPI		NP	PA	QLL
SYMLINPEN	P		PA	QLL
SYMPAZAN		NP	PA	QLL
SYMPROIC		NP	PA	
SYMTUZA	P			QLL
SYNAGIS	P		PA	QLL
SYNALAR OINTMENT		NP	PA	
SYNALAR TS KITS		NP	PA	QLL
SYNAREL	P			
SYNDROS		NP	PA	QLL
SYNJARDY, -XR		NP	PA	QLL
SYNRIBO	P		PA	QLL
SYPRINE	P			
TACLONEX		NP	PA	QLL
tacrolimus generic	P			
tacrolimus ointment generic		NP	PA	QLL
tadalafil (generic Adcirca)	P		PA	QLL
TAFINLAR	P		PA	QLL
TAGRISSO	P		PA	QLL
TAKHZYRO		NP	PA	
TALTZ		NP	PA	QLL
TALZENNA	P		PA	QLL
tamsulosin generic	P			QLL
TANDEM PLUS	P			
TANZEUM		NP	PA	QLL
TAPERDEX		NP	PA	QLL
TARCEVA	P		PA	QLL
TARGRETIN CAP	P			QLL
TARGRETIN GEL	P			QLL
TASIGNA	P		PA	QLL
TAVALISSE	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
TAZVERIK	P		PA	
TECFIDERA	P			QLL
TEFLARO		NP	PA	QLL
TEGRETOL XR 100mg	P			QLL
TEGSEDI		NP	PA	QLL
TEKTURNA		NP	PA	QLL
TEKTURNA HCT		NP	PA	QLL
telmisartan generic		NP	PA	QLL
telmisartan/amlodipine generic		NP	PA	QLL
telmisartan/HCTZ generic		NP	PA	QLL
temazepam 15mg, 30mg generic	P			QLL
temazepam 7.5mg, 22.5mg		NP	PA	
TEMIXYS		NP	PA	QLL
temozolomide generic	P		PA	QLL
tenofovir disoproxil fumarate 300mg tabs	P			QLL
terbinafine tab generic	P			
terbutaline tabs generic		NP	PA	
terconazole generic	P			QLL
TEST STRIPS, LANCETS, PEN NEEDLES, INSULIN SYRINGES -for a complete list of covered diabetic supplies, please refer to www.mmis.georgia.gov → Pharmacy → Other Documents → Covered Diabetic Supplies	n/a	n/a	n/a	n/a
testosterone gel generic		NP	PA	QLL
testosterone gel packets (Actavis NDCs-00591-3216** and 00591-3217** and Perrigo NDCs 45802-0366-** and 45802-0754-** generics)	P		PA	QLL
testosterone gel packets (all generics except Actavis NDCs-00591-3216** and 00591-3217** and Perrigo NDCs 45802-0366-** and 45802-0754-**)		NP	PA	QLL
testosterone gel pump (all generics except Upsher-Smith generic for Vogelxo)		NP	PA	QLL
testosterone gel pump (Upsher-Smith generic for Vogelxo)	P		PA	QLL
testosterone injection generic	P		PA	
testosterone topical soln. generic		NP	PA	QLL
TESTRED		NP	PA	
tetrabenazine generic	P		PA	QLL
TEXACORT SOLN		NP	PA	
THALOMID	P			QLL
theophylline generic	P			
THERABENZAPR PAK -60	P			
thiamine (vitamin B-1) generic	P		PA	
THIOGUANINE	P			
THIOLA EC	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
tiagabine generic		NP	PA	
TIBSOVO	P		PA	QLL
ticlopidine generic	P			
TIGLUTIK		NP	PA	QLL
timolol maleate generic	P			
timolol tabs generic		NP	PA	QLL
TIMOPTIC OCUDOSE		NP	PA	
tinidazole generic		NP	PA	
TIROSINT		NP	PA	
TIVICAY	P			QLL
TIVORBEX		NP	PA	QLL
tizanidine caps generic		NP	PA	
tizanidine tabs generic	P			
TOBI PODHALER		NP	PA	QLL
TOBRADEX	P			QLL
TOBRADEX ST		NP	PA	QLL
tobramycin 40mg/ml inj. generic	P			QLL
tobramycin nebulizer generic		NP	PA	QLL
tobramycin ophthalmic generic	P			
tobramycin/dexamethasone generic		NP	PA	QLL
TOLAK	P			QLL
tolazamide generic		NP	PA	
tolbutamide generic		NP	PA	
tolcapone generic		NP	PA	
tolmetin sodium generic		NP	PA	
tolterodine, -er generic		NP	PA	QLL
TONOCARD	P			
TOPICORT 0.05% OINTMENT, SPRAY		NP	PA	QLL
topiramate er sprinkles generic	P		PA	QLL
topiramate sprinkles generic	P			QLL
topiramate tabs generic	P			QLL
TOPOSAR	P		PA	
TOSYMRA		NP	PA	QLL
TOUJEO		NP	PA	QLL
TOVIAZ	P			QLL
TRACLEER	P			QLL
TRACLEER 32mg TAB FOR ORAL SUSP		NP	PA	
TRADJENTA	P			QLL
tramadol er (generic Conzip, Ultram ER, Ryzolt)		NP	PA	QLL
tramadol generic (except 100mg tab)	P			QLL
tramadol/acetaminophen generic	P			QLL
trandolapril generic	P			QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
trandolapril/verapamil (Greenstone generic)		NP	PA	QLL
trandolapril/verapamil generic (except Greenstone)	P			QLL
tranexamic acid inj.		NP	PA	
tranexamic acid tab generic		NP	PA	QLL
TRANSDERM-SCOP	P			
tranylcypromine generic		NP	PA	
TRAVATAN Z	P			QLL
travoprost generic		NP	PA	
trazodone 300mg generic		NP	PA	QLL
trazodone 50mg, 100mg, 150mg generic	P			QLL
TRECATOR	P			
TRELEGY ELLIPTA		NP	PA	QLL
TRELSTAR LA/-DEPOT	P		PA	QLL
TREMFYA		NP	PA	QLL
TRESIBA FLEX, -INJ.		NP	PA	QLL
tretinoin caps generic	P			
tretinoin cream generic	P		PA (≥ 21 years)	QLL
tretinoin gel 0.01%, 0.025% generic	P		PA (≥ 21 years)	QLL
tretinoin gel 0.05% generic		NP	PA	QLL
tretinoin microsphere gel/gel pump generic		NP	PA	QLL
TRETTEN		NP	PA	
TREXIMET		NP	PA	QLL
triamcinolone acetonide spray generic		NP	PA	
triamterene generic		NP	PA	
TRIANEX OINTMENT		NP	PA	QLL
triazolam	P			QLL
TRIBENZOR		NP	PA	QLL
TRICARE	P			
trifluridine generic	P			
TRIGLIDE		NP	PA	QLL
TRIKAFTA	P		PA	QLL
tri-legest/tilia fe generic	P			
trimethobenzamide generic		NP	PA	
trimipramine generic		NP	PA	
trinessa lo generic	P			QLL
TRINTELLIX	P		PA	QLL
TRIUMEQ	P			QLL
TRIZIVIR	P			QLL
TROKENDI XR		NP	PA	QLL
trospium er generic		NP	PA	QLL
trospium generic		NP	PA	QLL
TRULANCE		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
TRUVADA	P			QLL
TUDORZA		NP	PA	QLL
TURALIO	P		PA	QLL
TWYNSTA		NP	PA	QLL
TYBOST	P		PA	QLL
TYGACIL		NP	PA	
TYKERB	P			QLL
TYMLOS		NP	PA	
TYVASO		NP	PA	QLL
UCERIS		NP	PA	QLL
UDENYCA	P		PA	QLL
ULORIC		NP	PA	QLL
ULTRAVATE LOTION		NP	PA	
ULTRAVATE X KIT		NP	PA	QLL
UMECTA PD		NP	PA	QLL
UNASYN 15GM		NP	PA	
UPTRAVI		NP	PA	QLL
URAMAXIN		NP	PA	
urea cream/lotion/ointment generic	P			
urea gel/emulsion generic		NP	PA	
urea nail kit generic		NP	PA	QLL
URIMAR-T		NP	PA	
URIN D/S	P			
UROCIT-K 15		NP	PA	QLL
UROGESIC BLUE		NP	PA	QLL
ursodiol caps generic		NP	PA	
ursodiol tabs generic	P			
valacyclovir generic	P			QLL
VALCHLOR GEL	P		PA	QLL
VALCYTE SOLN	P		PA (≥17 yrs)	QLL
valganciclovir soln. generic		NP	PA	QLL
valganciclovir tabs generic	P			QLL
valproic acid caps		NP	PA	
valproic acid syrup	P			
valsartan generic	P			QLL
valsartan/hctz generic	P			QLL
vancomycin generic	P			QLL
VARUBI		NP	PA	QLL
VASCEPA		NP	PA	QLL
VECAMYL		NP	PA	QLL
VECTICAL		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
VELETRI		NP	PA	
VELPHORO		NP	PA	QLL
VELTASSA		NP	PA	QLL
VELTIN		NP	PA	QLL
VEMLIDY		NP	PA	QLL
VENCLEXTA	P		PA	QLL
venlafaxine ER caps generic	P			QLL
venlafaxine ER tabs generic		NP	PA	QLL
venlafaxine generic	P			QLL
VENOFER	P		PA	
VENTAVIS	P		PA	QLL
verapamil er caps 100mg, 200mg, 300mg (generic Verelan PM)		NP	PA	QLL
verapamil generic	P			QLL
VEREGEN OINTMENT		NP	PA	
VERIPRED 20 SOL 20MG/5ML		NP	PA	
VERSACLOZ SUSPENSION		NP	PA	QLL
VERZENIO	P		PA	QLL
VEXOL	P			QLL
VFEND SUSP		NP	PA	
VIBATIV		NP	PA	
VIBERZI		NP	PA	QLL
VIBRAMYCIN SYRUP	P			
VICTOZA	P		PA	QLL
VIDEX EC	P			
VIDEX SOLN.		NP	PA	
VIIBRYD		NP	PA	QLL
VIMIZIM	P		PA	
VIMOVO		NP	PA	QLL
VIMPAT	P			QLL
VIMPAT INJ.	P		PA	QLL
VIOKACE		NP	PA	
VIRACEPT	P			
VIRAMUNE SUSPENSION	P			QLL
VIREAD POWDER, 150mg, 200mg, 250mg TABS	P			QLL
VITAFOL FE+	P			
VITAFOL NANO	P			
VITAFOL STRIPS	P			
VITAFOL TAB CHEW	P			
VITAFOL ULTRA	P			
VITAFOL-OB	P			
VITAFOL-OB+DHA	P			
VITAFOL-ONE	P			

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
vitamin B complex generic	P		PA	
vitamin B-12 injection generic	P			
VITEKTA		NP	PA	QLL
VITRAKVI	P		PA	QLL
VITRASE	P		PA	
VIVELLE DOT	P			QLL
VIVITROL	P			QLL
VIVLODEX		NP	PA	QLL
VIZIMPRO	P		PA	QLL
VOLTAREN GEL	P			
VONVENDI		NP	PA	
voriconazole generic		NP	PA	
VOSEVI	P		PA	QLL
VOTRIENT	P		PA	QLL
VPRIV	P		PA	
VRAYLAR		NP	PA	QLL
VUMERITY		NP	PA	
VUSION		NP	PA	
VYNDAMAX	P		PA	QLL
VYNDAQEL	P		PA	QLL
VYTORIN (except 10-80mg)	P			QLL
VYTORIN 10-80mg	P		PA	QLL
VYVANSE	P		PA (≥ 21 years)	QLL
VYZULTA		NP	PA	QLL
warfarin sodium generic	P			
WELCHOL		NP	PA	
WILATE	P			
wymza fe chew (generic for Femcon FE Chew)		NP	PA	QLL
XADAGO		NP	PA	
XALKORI	P		PA	QLL
XARELTO	P			QLL
XATMEP		NP	PA	QLL
XELJANZ IR (5MG, 10MG)	P		PA	QLL
XELJANZ XR - requires LOMN after at least a 30-day trial of Xeljanz (IR-5MG)	P		PA	QLL
XELODA	P			QLL
XELPROS		NP	PA	QLL
XEMBIFY		NP	PA	
XENICAL (covered 12 - 20 yrs old)	P		PA (12 yrs-20 yrs)	
XENLETA inj., tab		NP	PA	
XERESE CREAM		NP	PA	QLL
XERMELO	P		PA	QLL
XHANCE		NP	PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
XIFAXAN		NP	PA	QLL
XIGDUO XR	P			QLL
XIIDRA		NP	PA	
XOFLUZA		NP	PA	
XOPENEX HFA		NP	PA	QLL
XOSPATA	P		PA	QLL
XPOVIO PAK	P		PA	QLL
XTAMPZA ER		NP	PA	QLL
XTANDI	P		PA	QLL
xulane (norelgestromin-ethinyl estradiol) generic		NP	PA	QLL
XULTOPHY		NP	PA	QLL
XYNTHA	P			
XYOSTED		NP	PA	QLL
XYREM		NP	PA	QLL
YONSA		NP	PA	QLL
YOSPRALA		NP	PA	QLL
YUPELRI		NP	PA	QLL
yuvafem (estradiol) vaginal tab generic	P			
zafirlukast generic		NP	PA	QLL
zaleplon generic	P			QLL
ZANAFLEX CAPS		NP	PA	
zarah generic		NP	PA	
ZARXIO		NP	PA	QLL
ZAVESCA	P			QLL
ZEBUTAL		NP	PA	
ZEGERID POWDER		NP	PA	QLL
ZEJULA	P		PA	QLL
ZELAPAR		NP	PA	
ZELBORAF	P		PA	QLL
ZEMAIRA	P		PA	
ZEMBRACE SYMTOUCH INJ.		NP	PA	QLL
zenchent fe chew (generic for Femcon FE Chew)		NP	PA	QLL
ZENPEP	P			QLL
ZENZEDI 2.5mg, 7.5mg, 15mg, 20mg, 30mg		NP	PA	QLL
zeosa chew generic		NP	PA	
ZEPATIER		NP	PA	QLL
ZERBAXA		NP	PA	
ZETONNA		NP	PA	QLL
ZIAGEN SOLN.	P			
ZIANA		NP	PA	QLL
zidovudine generic	P			
ZIEXTENZO		NP	PA	

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose

Georgia Medicaid/PeachCare Preferred Drug List

Effective July 1, 2020

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
zileuton er generic		NP	PA	QLL
ZIOPTAN		NP	PA	QLL
ziprasidone caps generic	P		PA (<18 years)	QLL
ZIPSOR		NP	PA	QLL
ZIRGAN		NP	PA	QLL
ZOHYDRO ER		NP	PA	QLL
ZOLINZA	P		PA	
zolmitriptan, -odt generic		NP	PA	QLL
zolpidem er generic		NP	PA	QLL
zolpidem generic	P			QLL
zolpidem sl tab generic		NP	PA	QLL
ZOMACTON		NP	PA	
ZOMIG NASAL SPRAY	P			QLL
ZOMIG, -ZMT		NP	PA	QLL
ZONALON		NP	PA	QLL
zonisamide generic	P			
ZONTIVITY		NP	PA	QLL
ZORBTIVE		NP	PA	
ZORTRESS		NP	PA	QLL
ZORVOLEX		NP	PA	QLL
ZOSYN	P			
zovia 1/50e (ethynodiol) generic		NP	PA	
ZOVIRAX CREAM	P			QLL
z-pram cream generic (hydrocortisone acetate w/pramoxine 2.35-1%)		NP	PA	QLL
ZTLIDO		NP	PA	QLL
ZUBSOLV		NP	PA	QLL
ZUPLENZ		NP	PA	QLL
ZYCLARA		NP	PA	
ZYDELIG	P		PA	QLL
ZYFLO IR		NP	PA	QLL
ZYKADIA	P		PA	QLL
ZYLET	P			
ZYMAXID		NP	PA	QLL
ZYPITAMAG		NP	PA	QLL
ZYPREXA INJECTABLE		NP		
ZYPREXA RELPREVV	P		PA	QLL
ZYTIGA 250mg	P		PA	QLL
ZYTIGA 500mg		NP	PA	QLL
ZYVOX IV SOLN., ORAL SUSP.	P		PA	QLL

PA** Requires PA if automated protocols not met
PA*** Requires PA based on dose