



MEDICAID-PEACHCARE NOTIFICATION 03/29/2021: OUTPATIENT FEE-FOR-SERVICE PHARMACY PROGRAM IMPORTANT INFORMATION

SYSTEM DOWNTIME

The OptumRx claims processing system will be unavailable due to planned maintenance on Thursday, April 01, 2021 between 2:30 a.m. – 5:30 a.m. Eastern Standard Time. Claims requiring submission during this period should be held until the maintenance is completed.

GA Medicaid FFS - COVID-19

The Georgia Department of Community Health (DCH) is dedicated to supporting the health and well-being of Georgia Medicaid Fee-For-Service (FFS) members as the business and societal impact of COVID-19 continues to evolve. For more information, please visit <https://medicaid.georgia.gov/covid-19> for the latest updates. Thank you for your continued support and participation as a Georgia Medicaid provider

EFT Payment Date Change – Effective April 2021

Please be advised that the payment day for Georgia Medicaid Fee-For-Service (FFS) Electronic Funds Transfer (EFT) deposits for pharmacy claims will be changing from Tuesdays to Wednesdays in April, 2021. The first payment date that will incorporate this change is Wednesday, April 7, 2021.

GA Medicaid FFS - COVID-19 Vaccine Billing- Update

The following is a list of covered COVID-19 vaccines that are eligible for pharmacy administration reimbursement:

Pharmacies may utilize a Submission Clarification Code (SCC) of 42 in NCPDP Field: 420-DK in response to a rejection regarding prescriber NPI when the prescribing NPI is the pharmacist of record and is compliant with state and federal guidance.

EAU Approved Product ID	Product Name	Product Limits
59267-1000-01 59267-1000-02 59267-1000-03	COVID-19 (SARS-COV-2) MRNA VACC-PFIZER IM SUSP 30 MCG/0.3ML	Covered 16 years of age and older; 0.3ML per 21 days
80777-0273-10 80777-0273-99	COVID-19 (SARS-COV-2) MRNA VACC-MODERNA IM SUSP 100 MCG/0.5ML	Covered 18 years of age and older; 0.5ML per 28 days
59676-0580-05 59676-0580-15	COVID-19 (SARS-COV-2) AD26 VECTOR VACCINE-JANSSEN IM 0.5 ML	Covered 18 years of age and older

At this time, the cost for the vaccine itself will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act.

****Update**** Effective April 1, 2021 an administration fee of \$40.00 will be paid to pharmacy providers that submit claims for covered COVID-19 vaccines for GA Medicaid Fee-for-Service (FFS) members within the specified product limits. This \$40.00 fee will be paid for each dose administered.

Claim Submission

When submitting a claim for the COVID-19 vaccine, submission should include the NCPDP fields as depicted below and follow recommended guidance.

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose (if applicable)
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2	6
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$10.00 *\$40.00	\$10.00 *\$40.00
Product / Service ID / NDC	407-D7	EUA approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01

*** Effective April 1, 2021**

PHARMACIST ADMINISTERED ADULT VACCINES – Effective 11/01/2020

Effective November 1, 2020, the Department of Community Health (DCH) will begin reimbursing pharmacy providers through the Pharmacy Point of Sale System on select vaccines for GA Medicaid Fee-for-Service (FFS) members 19 years of age and older.

As a reminder, pharmacists must enter the patient's vaccination information in the Georgia Registry of Immunization Transactions and Services (“GRITS”).

The following is a list of covered adult vaccines that are eligible for pharmacy administration and reimbursement:

Covered Adult Vaccines (19 years and older) Eligible for Pharmacy Administration and Reimbursement		
Vaccine	Product Name	Quantity Limits
Influenza vaccine (inactivated) (IIV)	Many Brands	1 dose/season
Influenza vaccine (live, attenuated) (LAIV)	FluMist® Quadrivalent	1 dose/season
Influenza vaccine (recombinant) (RIV)	Flublok® Quadrivalent	1 dose/season
Meningococcal serogroups A, C, W, Y (MenACWY)	Menactra®	1 dose/56 days; 2 doses maximum
	Menveo®	
Meningococcal serogroup B (MenB-4C, MenB-FHbp)	Bexsero®	Bexsero-1 dose/28days; 2 doses maximum
	Trumenba®	Trumenba-1 dose/180 days; 2 doses maximum
Pneumococcal 13-valent conjugate (PCV13)	Prevnar 13®	1 dose maximum
Pneumococcal 23-valent polysaccharide (PPSV23)	Pneumovax® 23	1 dose maximum
Zoster vaccine, recombinant (RZV)	Shingrix®	1 dose/28 days; 2 doses maximum
Zoster vaccine live (ZVL)	Zostavax®	1 dose maximum

Billing and Reimbursement

- All claims should be submitted through the Pharmacy Point of Sale System using the product ID of the vaccine that is being administered by the pharmacy
- In lieu of a dispensing fee, an administration fee of \$10.00 will be paid to pharmacy providers that submit claims for covered vaccines for GA Medicaid Fee-for-Service (FFS) members 19 years of age and older.
- Ingredient cost will be reimbursed in accordance with the existing Medicaid reimbursement methodology.

****Please note that effective November 1, 2020, pharmacist administered vaccines will no longer be reimbursed when processed by Gainwell Technologies (f.k.a. DXC Technology) through the Georgia Medicaid Management Information System (GAMMIS) for category of service (COS) 300. ****

PHARMACIST ADMINISTERED VACCINES FOR CHILDREN – Effective 10/15/2020

The U.S. Department of Health and Human Services (HHS) issued a third amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to childhood vaccines.

The amendment authorizes State-licensed pharmacists (and pharmacy interns acting under their supervision to administer vaccines, if the pharmacy intern is licensed or registered by his or her State board of pharmacy) to order and administer vaccines to individuals ages three through 18 years.

Effective October 15, 2020, the Department of Community Health (DCH) will begin reimbursing pharmacy providers for the administration of select childhood vaccines for GA Medicaid Fee-for-Service (FFS) members 3 – 18 years of age.

The vaccines are provided free of charge by the Vaccine for Children (VFC) program through the GA Department of Public Health.

Listed below are Vaccine for Children (VFC) program resources:

Website = <https://dph.georgia.gov/immunization-section/vaccines-children-program>

Phone = 1-800-848-3868

Email = DPH-gavfc@dph.ga.gov

The following is a list of covered childhood vaccines that are eligible for pharmacy administration reimbursement:

Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement		
Vaccine	Product Name	Quantity Limits
Diphtheria, tetanus, acellular pertussis (DTaP)	Daptacel® Infanrix®	1 dose/28 days; 5 doses maximum
Diphtheria, tetanus vaccine (DT)	No trade name	1 dose/28 days; 5 doses maximum
Haemophilus influenzae type b (Hib)	ActHIB® Hiberix® PedvaxHIB®	1 dose/28 days; 4 doses maximum
Hepatitis A (HepA)	Havrix® Vaqta®	1 dose/180 days; 2 doses maximum
Hepatitis B (HepB)	Engerix-B® Recombivax HB®	1 dose/28 days; 3 doses maximum
Human papillomavirus (HPV)	Gardasil 9®	1 dose/28 days; 3 doses maximum
Influenza vaccine (inactivated) (IIV)	Multiple	1 dose/season
Influenza vaccine (live, attenuated) (LAIV)	FluMist® Quadrivalent	1 dose/season
Measles, mumps, rubella (MMR)	M-M-R® II	1 dose/28 days; 2 doses maximum
Meningococcal serogroups A, C, W, Y	Menactra® Menveo®	1 dose/56 days; 2 doses maximum
Meningococcal serogroup B	Bexsero® Trumenba®	Bexsero-1 dose/28days; 2 doses maximum; Trumenba-1 dose/180 days; 2 doses maximum
Pneumococcal 13-valent conjugate (PCV13)	Prevnar 13®	1 dose/28 days; 4 doses maximum

Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement		
Vaccine	Product Name	Quantity Limits
Pneumococcal 23-valent polysaccharide (PPSV23)	Pneumovax® 23	1 dose maximum
Poliovirus (inactivated) (IPV)	IPOL®	1 dose/28 days; 4 doses maximum
Tetanus, diphtheria, acellular pertussis (Tdap)	Adacel® Boostrix®	1 dose maximum
Tetanus and diphtheria vaccine	Tenivac® Tdvax™	1 dose maximum
Varicella (VAR)	Varivax®	1 dose/28 days; 2 doses maximum
DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV)	Pediarix®	1 dose/56 days; 3 doses maximum
DTaP, inactivated poliovirus, and Haemophilus influenzae type b (DTaP-IPV/Hib)	Pentacel®	1 dose/28 days; 4 doses maximum
DTaP and inactivated poliovirus (DTaP-IPV)	Kinrix® Quadracel®	1 dose maximum
Measles, mumps, rubella, and varicella (MMRV)	ProQuad®	1 dose/28 days; 2 doses maximum

Billing and Reimbursement

- All claims should be submitted through the Pharmacy Point of Sale System using the product ID of the vaccine that's being administered by the pharmacy
- An administration fee of \$10.00 will be paid to pharmacy providers that submit claims for covered childhood vaccines for GA Medicaid Fee-for-Service (FFS) members 3 – 18 years of age
- Pharmacy providers will not be reimbursed an ingredient cost for VFC Program Vaccination, and will receive an administration fee only

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

GMAC CHANGES

Please be aware of the following changes to the Georgia Maximum Allowable Cost (GMAC) list. A summary of these changes are listed in the tables below, but for a complete list of GMAC prices please refer online under www.mmis.georgia.gov → Pharmacy → Pricing List → GMAC List.

Georgia Maximum Allowable Cost (GMAC) Effective April 01, 2021			
Product Name	Price	Product Name	Price
ACETAMINOPHEN SUPPOS 120 MG	Suspend	CEFOXITIN SODIUM FOR INJ 10 GM	Suspend
ACETAMINOPHEN SUSP 160 MG/5ML	Suspend	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	Suspend
ACETAMINOPHEN TAB 500 MG	Suspend	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	Suspend
ACETAMINOPHEN-SODIUM BICARBONATE TAB 500-630 MG	Suspend	CEFPODOXIME PROXETIL TAB 100 MG	2.76980
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	Suspend	CEFPODOXIME PROXETIL TAB 200 MG	4.51369
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	Suspend	CEFPROZIL FOR SUSP 250 MG/5ML	0.18345
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	Suspend	CEVIMELINE HCL CAP 30 MG	0.83631
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	Suspend	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	Suspend
AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Suspend	CHLOROQUINE PHOSPHATE TAB 250 MG	Suspend
AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Suspend	CHLOROQUINE PHOSPHATE TAB 500 MG	Suspend
BACITRACIN INTRAMUSCULAR FOR SOLN 50000 UNIT	10.50000	CHLORPHENIRAMINE & PHENYLEPHRINE LIQUID 4-10 MG/5ML	Suspend
BENZPHETAMINE HCL TAB 50 MG	1.05630	CINACALCET HCL TAB 90 MG	11.07920
BISACODYL TAB DELAYED RELEASE 5 MG	Suspend	CIPROFLOXACIN HCL TAB 100	Suspend
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	0.35149	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB ER 24HR 1000 MG	Suspend
BROMOCRIPTINE MESYLATE CAP 5 MG	3.24369	CIPROFLOXACIN-CIPROFLOXACIN HCL TAB ER 24HR 500 MG	Suspend
BUPROPION HCL TAB ER 24HR 300 MG	0.21003	CLARITHROMYCIN TAB ER 24HR 500 MG	3.85430
BUSPIRONE HCL TAB 30 MG	0.23001	CLEMASTINE FUMARATE TAB 2.68 MG	Suspend
Calcium Carbonate (Antacid) CHEW TAB 500 MG	0.01245	CYANOCOBALAMIN TAB 250 MCG	Suspend
Calcium Carbonate Chew TAB 1250 MG	Suspend	CYANOCOBALAMIN TAB 500 MCG	Suspend
Calcium Carbonate-Vitamin D TAB 500 MG-200 UNIT	Suspend	DANAZOL CAP 100 MG	2.69310
Candesartan Cilexetil-Hydrochlorothiazide TAB 16-12.5 MG	2.31655	DANAZOL CAP 50 MG	1.87310
Carbidopa & Levodopa Orally Disintegrating TAB 10-100 MG	Suspend	DAPSONE TAB 25 MG	0.69107
Carbidopa & Levodopa Orally Disintegrating TAB 25-100 MG	Suspend	DESIPRAMINE HCL TAB 10 MG	0.24146
Carbidopa TAB 25 MG	3.27045	DESIPRAMINE HCL TAB 100 MG	2.35000
Carisoprodol W/ Aspirin & Codeine TAB 200-325-16 MG	Suspend	DESIPRAMINE HCL TAB 150 MG	3.93520
Cefadroxil For SUSP 250 MG/5ML	0.20480	DESIPRAMINE HCL TAB 25 MG	0.21965
CEFAZOLIN SODIUM FOR INJ 1 GM	1.43790	DESIPRAMINE HCL TAB 50 MG	0.74618

Georgia Maximum Allowable Cost (GMAC)
Effective April 01, 2021

Product Name	Price	Product Name	Price
DESIPRAMINE HCL TAB 75 MG	1.94362	IBUPROFEN TAB 200 MG	Suspend
DILTIAZEM HCL CAP ER 24HR 120 MG	0.50000	IMIPRAMINE PAMOATE CAP 125 MG	9.17035
Diltiazem HCL Extended Release Beads Cap ER 24HR 180 MG	0.34013	KETOPROFEN CAP 50 MG	Suspend
Diltiazem HCL Extended Release Beads Cap ER 24HR 300 MG	0.64369	KETOPROFEN CAP 75 MG	Suspend
Diltiazem HCL Extended Release Beads Cap ER 24HR 420 MG	0.95000	LEFLUNOMIDE TAB 20 MG	0.98575
DOXEPIN HCL CONC 10 MG/ML	0.09413	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	30.50250
ETODOLAC TAB ER 24HR 600 MG	2.20180	MEPROBAMATE TAB 200 MG	Suspend
ETOPOSIDE INJ 1 GM/50ML (20 MG/ML)	1.53630	METIPRANOLOL OPTH SOLN 0.3%	Suspend
ETOPOSIDE INJ 500 MG/25ML (20 MG/ML)	Suspend	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Suspend
FENTANYL CITRATE PF SOLN CARTRIDGE 100 MCG/2ML	Suspend	MULTIPLE VITAMINS W/ IRON TAB	Suspend
Fentanyl Citrate Preservative Free (PF) INJ 500 MCG/10ML	Suspend	NEVIRAPINE TAB 200 MG	0.16013
FENTANYL CITRATE SOLN PREFILLED SY 50 MCG/ML	Suspend	NYSTATIN TAB 500000 UNIT	0.40000
FENTANYL TD PATCH 72HR 100 MCG/HR	9.42169	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Suspend
FENTANYL TD PATCH 72HR 12 MCG/HR	8.00682	OXANDROLONE TAB 2.5 MG	2.48340
FENTANYL TD PATCH 72HR 25 MCG/HR	3.14500	OXYCODONE-ASPIRIN TAB 5-325 MG	Suspend
FENTANYL TD PATCH 72HR 37.5 MCG/HR	36.27520	OXYCODONE-IBUPROFEN TAB 5-400 MG	Suspend
FENTANYL TD PATCH 72HR 50 MCG/HR	5.06140	PHENTERMINE HCL CAP 15 MG	0.12775
FENTANYL TD PATCH 72HR 62.5 MCG/HR	61.52000	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG	Suspend
FENTANYL TD PATCH 72HR 75 MCG/HR	7.73670	PROPARACAINE HCL (PF) OPTH SOLN 0.5%	Suspend
FENTANYL TD PATCH 72HR 87.5 MCG/HR	60.58330	PROPARACAINE HCL OPTH SOLN 0.5%	0.55160
FLUOROURACIL INJ 250 MG/5ML (50 MG/ML)	Suspend	PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB 40-25 MG	Suspend
FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML)	0.43210	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	0.47788
FLUOROURACIL IV SOLN 2.5 GM/50ML (50 MG/ML)	0.46170	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	0.45250
FLUOROURACIL IV SOLN 5 GM/100ML	0.53000	RIBOFLAVIN TAB 50 MG	Suspend
FLUOROURACIL IV SOLN 500 MG/10ML	0.35000	SIROLIMUS TAB 2 MG	16.08980
FLUOXETINE HCL (PMDD) CAP 10 MG	Suspend	TOBRAMYCIN SULFATE FOR INJ 1.2 GM	77.00000
FLUOXETINE HCL (PMDD) CAP 20 MG	Suspend	TOLMETIN SODIUM CAP 400 MG	Suspend
FLURBIPROFEN TAB 50 MG	Suspend	TROSPIMUM CHLORIDE CAP ER 24HR 60 MG	3.29243
GLIPIZIDE TAB ER 24HR 5 MG	0.11000	VENLAFAXINE HCL TAB 75 MG	0.11410
GRANISETRON HCL INJ 0.1 MG/ML	Suspend	VENLAFAXINE HCL TAB ER 24HR 225 MG	4.18420
GRANISETRON HCL INJ 1 MG/ML	9.31010		
GRANISETRON HCL INJ 3 MG/3ML (1 MG/ML)	Suspend		
GRANISETRON HCL INJ 4 MG/4ML (1 MG/ML)	7.55414		
GUANFACINE HCL TAB 2 MG	0.69487		

Preferred Brand Exceptions to Generic Mandatory

Effective October 01, 2020

Preferred (Brand)	Non-Preferred (Generic Name)	Preferred (Brand)	Non-Preferred (Generic Name)
ACTIGALL CAP 300MG	URSODIOL	ADDERALL XR CAP 5MG	AMPHETAMINE-DEXTROAMPHETAMINE
ADDERALL XR CAP 10MG	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL XR CAP 15MG	AMPHETAMINE-DEXTROAMPHETAMINE
ADDERALL XR CAP 20MG	AMPHETAMINE-DEXTROAMPHETAMINE	ADDERALL XR CAP 25MG	AMPHETAMINE-DEXTROAMPHETAMINE
ADDERALL XR CAP 30MG	AMPHETAMINE-DEXTROAMPHETAMINE	ADVAIR DISKU AER 100/50	FLUTICASONE-SALMETEROL
ADVAIR DISKU AER 250/50	FLUTICASONE-SALMETEROL	ADVAIR DISKU AER 500/50	FLUTICASONE-SALMETEROL
AFINITOR TAB 2.5MG	EVEROLIMUS	AFINITOR TAB 5MG	EVEROLIMUS
AFINITOR TAB 7.5MG	EVEROLIMUS	AGGRENOX CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE
AGRYLIN CAP 0.5MG	ANAGRELIDE HCL	ALKERAN TAB 2MG	MELPHALAN
ALPHAGAN P SOL 0.15%	BRIMONIDINE TARTRATE	AMICAR SOL 0.25/ML	AMINOCAPROIC ACID
AMICAR TAB 500MG	AMINOCAPROIC ACID	AMICAR TAB 1000MG	AMINOCAPROIC ACID
APRISO CAP 0.375GM	MESALAMINE	BILTRICIDE TAB 600MG	PRAZIQUANTEL
BUPHENYL POW	SODIUM PHENYLBUTYRATE	BUPHENYL TAB 500MG	SODIUM PHENYLBUTYRATE
BUTRANS DIS 5MCG/HR	BUPRENORPHINE	BUTRANS DIS 10MCG/HR	BUPRENORPHINE
BUTRANS DIS 15MCG/HR	BUPRENORPHINE	BUTRANS DIS 20MCG/HR	BUPRENORPHINE
BUTRANS DIS 7.5/HR	BUPRENORPHINE	CARAC CRE 0.5%	FLUOROURACIL (TOPICAL)
CELLCEPT SUS 200MG/ML	MYCOPHENOLATE MOFETIL	CELLCEPT IV INJ 500MG	MYCOPHENOLATE MOFETIL HCL
CIPRODEX SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE	CLEOCIN CAP 75MG	CLINDAMYCIN HCL
CONCERTA TAB 18MG	METHYLPHENIDATE HCL	CONCERTA TAB 27MG	METHYLPHENIDATE HCL
CONCERTA TAB 36MG	METHYLPHENIDATE HCL	CONCERTA TAB 54MG	METHYLPHENIDATE HCL
COPAXONE INJ 20MG/ML	GLATIRAMER ACETATE	CUBICIN SOL 500MG	DAPTOMYCIN
CUBICIN RF SOL 500MG	DAPTOMYCIN	CUPRIMINE CAP 250MG	PENICILLAMINE
CYCLOGYL SOL 0.5% OP	CYCLOPENTOLATE HCL	CYTOVENE INJ 500MG	GANCICLOVIR SODIUM
DARAPRIM TAB 25MG	PYRIMETHAMINE	DDAVP SPR 0.01%	DESMOPRESSIN ACETATE SPRAY
DELZICOL CAP 400MG	MESALAMINE	DEPEN TITRA TAB 250MG	PENICILLAMINE
DERMA-SMOOTH OIL /FS BODY	FLUOCINOLONE ACETONIDE	DERMA-SMOOTH OIL /FS SCLP	FLUOCINOLONE ACETONIDE
DERMOTIC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC)	EFUDEX CRE 5%	FLUOROURACIL (TOPICAL)
ELIDEL CRE 1%	PIMECROLIMUS	EMEND CAP 40MG	APREPITANT
EMEND CAP 80MG	APREPITANT	EPCLUSA TAB 400-100	SOFOSBUVIR-VELPATASVIR
EPIDUO GEL 0.1-2.5%	ADAPALENE-BENZOYL PEROXIDE	EPIVIR SOL 10MG/ML	LAMIVUDINE
ESTRACE VAGINAL CREAM 0.01%	ESTRADIOL VAGINAL	EXELON DIS 4.6MG/24	RIVASTIGMINE
EXELON DIS 9.5MG/24	RIVASTIGMINE	EXELON DIS 13.3/24	RIVASTIGMINE
EXJADE TAB 125MG	DEFERASIROX	EXJADE TAB 250MG	DEFERASIROX
EXJADE TAB 500MG	DEFERASIROX	FARESTON TAB 60MG	TOREMIFENE CITRATE
FEMHRT TAB 0.5-2.5	Norethindrone Acetate-Ethinyl Estradiol	FOCALIN XR CAP 5MG	DEXMETHYLPHENIDATE HCL
FOCALIN XR CAP 10MG	DEXMETHYLPHENIDATE HCL	FOCALIN XR CAP 15MG	DEXMETHYLPHENIDATE HCL
FOCALIN XR CAP 20MG	DEXMETHYLPHENIDATE HCL	FOCALIN XR CAP 25MG	DEXMETHYLPHENIDATE HCL

Preferred Brand Exceptions to Generic Mandatory

Effective October 01, 2020

Preferred (Brand)	Non-Preferred (Generic Name)	Preferred (Brand)	Non-Preferred (Generic Name)
FOCALIN XR CAP 30MG	DEXMETHYLPHENIDATE HCL	FOCALIN XR CAP 35MG	DEXMETHYLPHENIDATE HCL
FOCALIN XR CAP 40MG	DEXMETHYLPHENIDATE HCL	GEODON INJ 20MG	ZIPRASIDONE MESYLATE
GLYSET TAB 25MG	MIGLITOL	GLYSET TAB 50MG	MIGLITOL
GLYSET TAB 100MG	MIGLITOL	HEPSERA TAB 10MG	ADEFOVIR DIPIVOXIL
INVANZ INJ 1GM	ERTAPENEM SODIUM	ISORDIL TAB 40MG	ISOSORBIDE DINITRATE
KALETRA SOL	LOPINAVIR-RITONAVIR	KEFLEX CAP 750MG	CEPHALEXIN
KENALOG-40 INJ 40MG/ML	TRIAMCINOLONE ACETONIDE	KITABIS PAK NEB 300/5ML	TOBRAMYCIN
LIALDA TAB 1.2GM	MESALAMINE	LINCOCIN INJ 300MG/ML	LINCOMYCIN HCL
LOSEASONIQUE TAB	Levonorgestrel-Ethinyl Estradiol (91-Day)	LOTEMAX SUS 0.5%	LOTEPREDNOL ETABONATE
LYRICA CAP 25MG	PREGABALIN	LYRICA CAP 50MG	PREGABALIN
LYRICA CAP 75MG	PREGABALIN	LYRICA CAP 100MG	PREGABALIN
LYRICA CAP 150MG	ADEFOVIR DIPIVOXIL	LYRICA CAP 200MG	PREGABALIN
LYRICA CAP 225MG	PREGABALIN	LYRICA CAP 300MG	PREGABALIN
MAKENA INJ 250MG/ML	HYDROXYPROGESTERONE CAPROATE	MEPHYTON TAB 5MG	PHYTONADIONE
MESTINON SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE	MESTINON TAB 60MG	PYRIDOSTIGMINE BROMIDE
MESTINON TAB TIMESPAN	PYRIDOSTIGMINE BROMIDE	MOXEZA SOL 0.5%	MOXIFLOXACIN HCL (OPHTH)
MYCAMINE INJ 50MG	MICAFUNGIN SODIUM	MYCAMINE INJ 100MG	MICAFUNGIN SODIUM
NEBUPENT INH 300MG	PENTAMIDINE ISETHIONATE	NEXIUM GRA 10MG DR	ESOMEPRAZOLE MAGNESIUM
NEXIUM GRA 20MG DR	ESOMEPRAZOLE MAGNESIUM	NEXIUM GRA 40MG DR	ESOMEPRAZOLE MAGNESIUM
NORVIR TAB 100MG	RITONAVIR	NUVARING MIS	ETONOGESTREL-ETHINYL ESTRADIOL
ORFADIN CAP 2MG	NITISINONE	ORFADIN CAP 5MG	NITISINONE
ORFADIN CAP 10MG	NITISINONE	OXSORALEN-UL CAP 10MG	METHOXSALEN RAPID
PACERONE TAB 100MG	AMIODARONE HCL	PACERONE TAB 400MG	AMIODARONE HCL
PRIMAXIN IV INJ 500MG	IMIPENEM-CILASTATIN	PROAIR HFA AER	ALBUTEROL SULFATE
PROGLYCEM SUS 50MG/ML	DIAZOXIDE	PROTOPIC OIN 0.03%	TACROLIMUS (TOPICAL)
PROTOPIC OIN 0.1%	TACROLIMUS (TOPICAL)	RAPAMUNE SOL 1MG/ML	SIROLIMUS
RENAGEL TAB 800MG	SEVELAMER HCL	RIOMET SOL	METFORMIN HCL
RIOMET SOL 500/5ML	METFORMIN HCL	ROCALTROL CAP 0.25MCG	CALCITRIOL
ROCALTROL CAP 0.5MCG	CALCITRIOL	ROCALTROL SOL 1MCG/ML	CALCITRIOL
SAMSCA TAB 30MG	TOLVAPTAN	SEASONIQUE TAB	LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)
SPORANOX SOL 10MG/ML	ITRACONAZOLE	SUBOXONE MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE
SUBOXONE MIS 4-1MG	Buprenorphine HCL-Naloxone HCL Dihydrate	SUBOXONE MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE
SUBOXONE MIS 12-3MG	Buprenorphine HCL-Naloxone HCL Dihydrate	SUSTIVA CAP 50MG	EFAVIRENZ
SUSTIVA CAP 200MG	EFAVIRENZ	SUSTIVA TAB 600MG	EFAVIRENZ
SYMBICORT AER 80-4.5	Budesonide-Formoterol Fumarate Dihydrate	SYMBICORT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE
SYPRINE CAP 250MG	TRIENTINE HCL	TARCEVA TAB 25MG	ERLOTINIB HCL
TARCEVA TAB 100MG	ERLOTINIB HCL	TARCEVA TAB 150MG	ERLOTINIB HCL
TARGRETIN CAP 75MG	BEXAROTENE	TAZORAC CRE 0.1%	TAZAROTENE

Preferred Brand Exceptions to Generic Mandatory
Effective October 01, 2020

Preferred (Brand)	Non-Preferred (Generic Name)	Preferred (Brand)	Non-Preferred (Generic Name)
TECFIDERA CAP 120MG	DIMETHYL FUMARATE	TECFIDERA CAP 240MG	DIMETHYL FUMARATE
TEGRETOL-XR TAB 100MG	CARBAMAZEPINE	TOBRADEX SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE
TRACLEER TAB 62.5MG	BOSENTAN	TRACLEER TAB 125MG	BOSENTAN
TRANSDERM-SC DIS 1MG/3DAY	SCOPOLAMINE	TRAVATAN Z DRO 0.004%	TRAVOPROST
TRIZIVIR TAB	Abacavir Sulfate-Lamivudine-Zidovudine	VALCYTE SOL 50MG/ML	VALGANCICLOVIR HCL
VIDEX EC CAP 200MG	DIDANOSINE	VIDEX EC CAP 250MG	DIDANOSINE
VIDEX EC CAP 400MG	DIDANOSINE	VIRAMUNE SUS 50MG/5ML	NEVIRAPINE
VIRAZOLE INH 6GM	RIBAVIRIN	VIVELLE-DOT DIS 0.025MG	ESTRADIOL
VIVELLE-DOT DIS 0.0375MG	ESTRADIOL	VIVELLE-DOT DIS 0.05MG	ESTRADIOL
VIVELLE-DOT DIS 0.075MG	ESTRADIOL	VIVELLE-DOT DIS 0.1MG	ESTRADIOL
VOLTAREN GEL 1%	DICLOFENAC SODIUM (TOPICAL)	VYTORIN TAB 10-10MG	EZETIMIBE-SIMVASTATIN
VYTORIN TAB 10-20MG	EZETIMIBE-SIMVASTATIN	VYTORIN TAB 10-40MG	EZETIMIBE-SIMVASTATIN
VYTORIN TAB 10-80MG	EZETIMIBE-SIMVASTATIN	XELODA TAB 150MG	CAPECITABINE
XELODA TAB 500MG	CAPECITABINE	ZAVESCA CAP 100MG	MIGLUSTAT
ZIAGEN SOL 20MG/ML	ABACAVIR SULFATE	ZOSYN INJ 2-0.25GM	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM
ZOSYN INJ 3-0.375G	Piperacillin Sodium-Tazobactam Sodium	ZOSYN INJ 36-4.5GM	PIPERACILLIN SODIUM-TAZOBACTAM SODIUM
ZOSYN INJ 4-0.5GM	Piperacillin Sodium-Tazobactam Sodium	ZOVIRAX CRE 5%	ACYCLOVIR TOPICAL
ZYTIGA TAB 250MG	ABIRATERONE ACETATE	ZYVOX SOL 2MG/ML	LINEZOLID
ZYVOX SUS 100MG/5M	LINEZOLID		

WEBSITE UPDATE – PHARMACY DOCUMENTS

Website	Web Location	Information
www.mmis.georgia.gov	Pharmacy → Pharmacy Notices	Banner Messages: Pharmacy provider banners updated weekly.
	Pharmacy → Other Documents	DESI List: Non covered drugs identified by the Health Care Financing Administration (HCFA) as less than effective (DESI)
	Pharmacy → Pricing List → Category: GMAC List	Full GMAC List: Full Georgia Maximum Allowable Cost List (GMAC) updated quarterly.
	Pharmacy → Pricing List → Category: GMAC Additions	GMAC Additions: Intra-quarter additions to the Georgia Maximum Allowable Cost List (GMAC)
	Pharmacy → Pricing List → Category: GMAC Increases	GMAC Increases: Intra-quarter increases to the Georgia Maximum Allowable Cost List (GMAC)
	Pharmacy → Pricing List → Category: GMAC Decreases	GMAC Decreases: Intra-quarter decreases to the Georgia Maximum Allowable Cost List (GMAC)
	Pharmacy → Pricing List → Category: GMAC Suspensions	GMAC Suspensions: Intra-quarter suspensions to the Georgia Maximum Allowable Cost List (GMAC)
	Pharmacy → Other Documents	Participating Labelers: Payment for pharmaceutical services is limited to those products of manufacturers who offer rebates to the states as required by the Omnibus Reconciliation Act of 1990.
	Pharmacy → Other Documents	PDL: Monthly preferred drug lists (PDL) displayed by Drug Name and Therapeutic Category.
	Pharmacy → Other Documents	Cough & Cold PDL: Preferred drug list (PDL) specific to Cough and Cold products. Coverage for these products applies to member's less than 21 years of age.
	Pharmacy → Other Documents	QLL: Georgia Medicaid Quantity Level Limits (QLL)
	Pharmacy → Pricing List → Category: SSPR	Specialty Pharmacy Rates (SSPR): Specialty Pharmacy Drug List with current rates.
www.dch.georgia.gov/pharmacy	Preferred Drug Lists	PDL: Medicaid Fee for Service Outpatient Pharmacy Program represents the preferred and non-preferred drug products as well as drugs requiring prior approval, quantity level limits, and therapy limits.
	Drug Utilization Review Board	DURB: The Georgia Drug Utilization Review Board (DURB) was established under the authority of Section 1903(3) A of the Omnibus Budget Reconciliation Act of 1990 (OBRA). The Board reviews drug therapy, drug studies and utilization information, thus enabling the Department to identify the most cost-effective policies for its members.
	Prior Authorization Process and Criteria	PA Process and Criteria: The Georgia Department of Community Health establishes the guidelines for drugs requiring a Prior Authorization (PA) in the Georgia Medicaid Fee-for-Service/PeachCare for Kids® Outpatient Pharmacy Program.
	Medicaid Fee-for-Service RX FAQs	Medicaid FFS RX FAQs: This section contains answers to some of the most frequently asked questions regarding the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.
	Pharmacy Links	Pharmacy Links: This section contains links to various resources specific to the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.
https://ga-providerportal.optum.com	OptumRx GA Provider Portal	OptumRx GA Provider Portal: Requires registration with OptumRx. This site contains valuable resources for enrolled GA Medicaid providers that include weekly pharmacy banners, PA process guide, member information (including Rx history), PDLs, provider resources, and access to remittance summaries online.