

This Preferred Drug List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press enter

## Pharmacy Program

Peach State Health Plan covers medicine for Medicaid and Peach Care for Kids® members. The pharmacy team works with doctors and pharmacists to be sure medicines for a lot of illnesses are covered. Peach State Health Plan pays for prescription drugs and some over-the-counter (OTC) medications. Your doctor must write a prescription for these drugs. The pharmacy program does not pay for all drugs. Some drugs need a prior authorization (PA). Some drugs have limits on age, dose, and maximum quantities.

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the “drug Lookup” Tool in the secure member webpage to see if your drug is covered. You can get to the tool by using this link <https://members.envolverx.com/>

## Preferred Drug List (PDL)

The Peach State Health Plan Preferred Drug List (PDL) is the list of covered drugs. The PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

## Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with Envolve Pharmacy Solutions to pay for pharmacy claims. Some drugs on the PDL need a prior authorization (PA). Envolve Pharmacy Solutions reviews those requests. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager (PBM).

## Specialty Drugs

Some drugs are only paid for when you get them from a Peach State Health Plan specialty pharmacy. Specialty pharmacies can be found using the Find A Provider tool in the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com).

The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs.

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). Please contact Member Services if you have any questions about the PDL.

## Dispensing Limits

The pharmacy can give you up to 31 days' supply of each new prescription or refill. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for PDL drugs that are not controlled. Controlled medicines must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

## Appropriate Use and Safety Edits

Your safety is very important to Peach State Health Plan. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one drug in the same therapy class each month.

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com).

## Prior Authorizations (PA)

Some drugs on the PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Envolve Pharmacy Solutions on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com). The completed form and doctor notes to show your history should be **faxed to Envolve Pharmacy Solutions at 1-866-399-0929**.

Peach State Health Plan will cover the medicine if:

1. There is a medical reason you need that specific medication.
2. Other medications on the PDL have not worked.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

## Step Therapy

Some drugs on the PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy medicine will be covered. If you have not tried the PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

## Quantity Limits

Peach State Health Plan may limit how much of a medicine you can get at one time. If the doctor feels you need a larger amount, a PA may be sent to Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

## Age Limits

Some medicine on the Peach State Health Plan PDL may have age limits. These are based on the Food and Drug Administration (FDA) approved labeling and for your safety. If the doctor feels you need the drug anyway, a PA may be sent to Envolve Pharmacy Solutions. If Envolve Pharmacy Solutions does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

## Medical Necessity Requests

If you need a medicine that is not on the PDL, your doctor can make a medical necessity (MN) PA request for the drug. There are medicines on the PDL to treat most conditions. For drugs not on the PDL, Peach State Health Plan requires:

- Doctor's notes to show you tried at least two PDL drugs in the same class and used for the same diagnosis; or
- Doctor's notes to show you are allergic or cannot take at least two PDL drugs in the same class; or
- Doctor's notes to show you cannot take any of the PDL agents for your diagnosis.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends your doctor a fax. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

## 72 Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you a 72 hour (3 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 3 day supply even if the PA is not approved. The pharmacist can use professional judgment to decide if the medicine is urgent. The 72 hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Envolve Pharmacy Solutions at 1-866-399-0928** for an override to send the 72-hour supply for payment.

## Exclusions

Below you will find a list of things that are not part of the Peach State PDL. The 72-hour emergency supply policy does not cover these drugs either.

- Drugs that are considered experimental
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for weight loss
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Cough and cold preparations
- Infusion therapy and supplies
- Physician administered drugs, that are not listed in the PDL, Specialty Drug Benefit, or the Physician Administered Drug Prior Authorization List

## Newly Approved Products

Peach State Health Plan reviews new drugs before adding them to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

## Over-the-Counter Medications

The Peach State Health Plan PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

## Tobacco Cessation Medications

Tobacco Cessation is when you quit smoking cigarettes. These are the medicines Peach State Health Plan covers: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). You will need a prescription from your doctor for these medicines.

## Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Envolve Pharmacy Solutions will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

## Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by Peach State Health Plan.

## Filling a Prescription

You can have medicine filled at a Peach State Health Plan pharmacy. You can find a pharmacy by calling Peach State Health Plan Member Services. You can also look for a pharmacy close to you using the Provider-Lookup tool on the website. You will need to give the pharmacist your prescription and Peach State Health Plan ID card. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

## Ordering, Prescribing and Referring (OPR) Provider Requirements

Georgia Medicaid and the Center for Medicaid and Medicare Services (CMS) want your doctor to be listed with Georgia Medicaid. Peach State Health Plan and Envolve Pharmacy Solutions check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families<sup>®</sup>. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families<sup>®</sup>.



## Copayments

The table below shows co-pay amounts for the drugs. The co-pay is based on the actual cost of the medicine. Co-pays are not required for:

- children under the age of 21 who are covered under the Medicaid benefit
- PeachCare for Kids<sup>®</sup> members under age 6
- pregnant women
- family planning supplies
- members in the hospital or a nursing home
- Alaskan Eskimo members, or American Indian members
- members with breast and/or cervical cancer

Prescription	Member Copayment
<b>Preferred Drug List (PDL) Medicine</b>	\$0.50
<b>Non-PDL Medicine</b>	
Under \$10.00	\$0.50
Between \$10.01 and \$25.00	\$1.00
Between \$25.01 and \$50.00	\$2.00
More than \$50.01	\$3.00

## Contact Information

Peach State Health Plan Member Services:	1-800-704-1484
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	1-800-255-0056
Envolve Pharmacy Solutions Prior Authorizations:	1-866-399-0928
	Fax: 1-866-399-0929
Envolve Pharmacy Solutions – CVS/Caremark Pharmacy Help Desk:	1-844-297-0513
AcariaHealth Shipping Questions:	1-855-535-1815

## Language Assistance

Do you need this book translated? Do you need help understanding this book? If you do, call Peach State Health Plan’s Member Service line at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056. To get this information in large font or audiotope, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
P	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
AL	<b>Age Limit:</b> Drug is limited to a specific age
PA	<b>Prior Authorization:</b> Review required before prescription can be filled
QL	<b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.
Rx/OTC	Product has both <b>prescription and over the counter</b> coverage
SP	<b>Specialty Drug:</b> High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
ST	<b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.
CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> <li>• Daily Dose Max = 50 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
<i>ADHD</i>	First fill of ADHD medicines are limited to max 20 day supply for members age 6 to 12, after 30 days can be filled. Edit resets if no fills in 4 months.
<i>Test Strips</i>	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description	Dose Form	Dose Form Description
AEPB	Aerosol Powder Breath Activated	CSDR	Capsule Delayed Release Sprinkle
AERB	Aerosol, breath activated	DEVI	Device
AERO	Aerosol	ELIX	Elixir
AJKT	Auto-injector Kit	EMUL	Emulsion
AUIJ	Auto-injector	ENEM	Enema
CAPS	Capsule	EX	External
CHEW	Tablet Chewable	GRAN	Granules
CONC	Concentrate	IJ	Injection
CP12	Capsule ER 12 HR	IMPL	Implant
CP24	Capsule ER 24 HR	INHA	Inhaler
CPCR	Capsule ER	INJ	Injectable
CPDR	Capsule Delayed Release	IUD	Intrauterine Device
CPEP	Capsule Enteric Coated Particles	IV	Intravenous
CPSP	Capsule Sprinkle	LIQD	Liquid
CREA	Cream	LOTN	Lotion

# Peach State Health Plan: Preferred Drug List (PDL)



<b>Dose Form</b>	<b>Dose Form Description</b>	<b>Dose Form</b>	<b>Dose Form Description</b>
<i>LOZG</i>	Lozenge	<i>SOPN</i>	Solution Pen-injector
<i>LPOP</i>	Lollipop	<i>SOSY</i>	Solution Prefilled Syringe
<i>MISC</i>	Miscellaneous	<i>SRER</i>	Suspension Reconstituted ER
<i>NA</i>	Nasal	<i>STRP</i>	Strip
<i>NEBU</i>	Nebulization solution	<i>SUBL</i>	Tablet Sublingual
<i>OINT</i>	Ointment	<i>SUER</i>	Suspension Extended Release
<i>OP</i>	Ophthalmic	<i>SUPN</i>	Suspension Pen-injector
<i>OPHT</i>	Ophthalmic	<i>SUPP</i>	Suppository
<i>OR</i>	Oral	<i>SUSP</i>	Suspension
<i>PACK</i>	Packet	<i>SUSR</i>	Suspension Reconstituted
<i>PEN</i>	Pen-injector	<i>SUSY</i>	Suspension Prefilled Syringe
<i>PNKT</i>	Pen-injector Kit	<i>SYRP</i>	Syrup
<i>POT</i>	Potassium	<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>POWD</i>	Powder	<i>TABS</i>	Tablets
<i>PRSY</i>	Prefilled Syringe	<i>TB12</i>	Tablet ER 12 Hour
<i>PSKT</i>	Prefilled Syringe Kit	<i>TB24</i>	Tablet ER 24 Hour
<i>PSTE</i>	Paste	<i>TBCR</i>	Tablet ER
<i>PT24</i>	Patch 24 Hour	<i>TBDP</i>	Tablet Dispersible
<i>PT72</i>	Patch 72 Hour	<i>TBEC</i>	Tablet Enteric Coated
<i>PTCH</i>	Patch	<i>TBEF</i>	Tablet Effervescent
<i>PTTW</i>	Patch Biweekly	<i>TBPK</i>	Tablet Therapy Pack
<i>PTWK</i>	Patch Weekly	<i>TBSO</i>	Tablet Soluble
<i>RE</i>	Rectal	<i>TEST</i>	Diagnostic Test
<i>S.O.P.</i>	Sterile Ophthalmic Preparation	<i>TINC</i>	Tincture
<i>SHAM</i>	Shampoo	<i>TROC</i>	Troche
<i>SOAJ</i>	Solution Auto-injector	<i>VA</i>	Vaginal
<i>SOCT</i>	Solution Cartridge	<i>VI</i>	Visual Indicator
<i>SOLN</i>	Solution	<i>WAFR</i>	Wafer
<i>SOLR</i>	Solution Reconstituted	<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/ Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
ADDERALL TABS ( <i>Use amphetamine-dextroamphetamine</i> )	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)
ADDERALL XR CP24 ( <i>Use amphetamine-dextroamphetamine</i> )	NP	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 ( <i>Use dextroamphetamine sulfate</i> )	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	ST; try methylphenidate ER and Adderall XR; Clinical Edit: ADHD;;QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate soln or 20 mg/ml, 60 mg/3ml</i>	P	QL(45 ml per fill retail)
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps</i>	P	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	P	
<i>guanfacine hcl (adhd) tb24</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 ( <i>Use guanfacine hcl (adhd)</i> )	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 ( <i>Use clonidine hcl (adhd)</i> )	NP	
STRATTERA CAPS ( <i>Use atomoxetine hcl</i> )	NP	ST; Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<b>Stimulants - Misc.</b>		
CONCERTA TBCR 18 MG, 27 MG, 54 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS ( <i>Use dexamethylphenidate hcl</i> )	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 10 MG/5ML ( <i>Use methylphenidate hcl</i> )	NP	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
METHYLIN SOLN 5 MG/5ML ( <i>Use methylphenidate hcl</i> )	NP	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
<i>methylphenidate hcl cpcr or 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln or 10 mg/5ml</i>	P	QL(900 ml per 30 days retail); AL(At least 3 yrs old)
<i>methylphenidate hcl soln or 5 mg/5ml</i>	P	QL(1800 ml per 30 days retail); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs or 20 mg, 10 mg</i>	P	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tabs or 5 mg</i>	P	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
<i>methylphenidate hcl tb24 or 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tb24 or 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcr or 10 mg, 36 mg, 20 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcr or 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS 20 MG, 10 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD; QL(3 ea daily); AL(At least 3 yrs old)
RITALIN TABS 5 MG ( <i>Use methylphenidate hcl</i> )	NP	Clinical Edit: ADHD; QL(6 ea daily); AL(At least 3 yrs old)
<b>ALTERNATIVE MEDICINES</b>		
<b>Alternative Medicine - G's</b>		
<i>ginger (zingiber officinalis) caps 250 mg</i>	P	OTC; QL(4 ea daily)
<b>Alternative Medicine - M's</b>		
MELATONIN SUBL SL 3 MG	P	QL(1 ea daily)
<i>melatonin tabs or 3 mg, 5 mg</i>	P	OTC; QL(1 ea daily)
<i>melatonin tbdp or 3 mg</i>	P	QL(1 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>neomycin sulfate tabs or</i>	P	
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	P	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	P	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	PA; SP
HUMIRA PEN PNKT	P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT	P	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	P	PA; SP
HUMIRA PSKT	P	PA; SP

Georgia Medicaid Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS	P	PA; SP
XELJANZ XR TB24	P	PA; SP
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS OR	P	
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ADVIL TABS (Use ibuprofen)	NP	OTC
ALEVE ARTHRITIS TABS (Use naproxen sodium)	NP	OTC;QL(2 ea daily)
ALEVE TABS (Use naproxen sodium)	NP	OTC;QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use ibuprofen)	NP	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NP	RX/OTC
<i>diclofenac potassium tabs</i>	P	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	P	
<i>etodolac caps 200 mg, 300 mg</i>	P	
<i>etodolac tabs 400 mg, 500 mg</i>	P	
FELDENE CAPS (Use piroxicam)	NP	
<i>fenoprofen calcium caps or 400 mg</i>	P	
<i>flurbiprofen tabs or 100 mg, 50 mg</i>	P	
<i>ibuprofen chew or 100 mg</i>	P	OTC
<i>ibuprofen lysine soln</i>	P	
<i>ibuprofen susp or 100 mg/5ml</i>	P	RX/OTC
<i>ibuprofen susp or 40 mg/ml, 50 mg/1.25ml</i>	P	OTC
<i>ibuprofen tabs or 200 mg</i>	P	OTC
<i>ibuprofen tabs or 400 mg, 600 mg, 800 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
INDOCIN SUPP	P	
INDOCIN SUSP	P	
<i>indomethacin caps or 25 mg, 50 mg</i>	P	
<i>indomethacin sodium solr</i>	P	
INFANTS ADVIL SUSP (Use ibuprofen)	NP	OTC
<i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>	P	
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
<i>ketorolac tromethamine tabs or 10 mg</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)
LODINE TABS (Use etodolac)	NP	
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	P	
MOBIC TABS (Use meloxicam)	NP	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NP	OTC
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NP	OTC
<i>nabumetone tabs or 500 mg, 750 mg</i>	P	
NALFON CAPS 400 MG	P	
NAPROSYN SUSP (Use naproxen)	NP	
<i>naproxen sodium tabs or 220 mg</i>	P	OTC;QL(2 ea daily)
<i>naproxen sodium tabs or 550 mg, 275 mg</i>	P	
<i>naproxen susp or 125 mg/5ml</i>	P	
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	P	
NEOPROFEN SOLN (Use ibuprofen lysine)	NP	

Georgia Medicaid Updated January 1, 2021  
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs



Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam caps or 10 mg, 20 mg</i>	P	
<i>sulindac tabs or 150 mg, 200 mg</i>	P	
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS (Use <i>leflunomide</i> )	NP	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	P	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine caps 325 mg-40 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i> )	NP	QL(4 ea daily); AL(At least 12 yrs old)
FIORINAL CAPS (Use <i>butalbital-aspirin-caffeine</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
<b>Analgesics Other</b>		
<i>acetaminophen chew or 80 mg, 160 mg</i>	P	OTC
<i>acetaminophen elix or 160 mg/5ml, 80 mg/2.5ml</i>	P	OTC
<i>acetaminophen liqd or 160 mg/5ml</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen soln or 100 mg/ml</i>	P	QL(30 ml per fill retail)
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	OTC
<i>acetaminophen supp re 650 mg, 120 mg</i>	P	OTC;QL(12 ea per 30 days retail)
<i>acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml</i>	P	OTC
<i>acetaminophen tabs or 325 mg, 500 mg</i>	P	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC;QL(12 ea per 30 days retail)
NORTEMP INFANTS SUSP	P	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>acetaminophen</i> )	NP	OTC
TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i> )	NP	OTC
TYLENOL EXTRA STRENGTH TABS (Use <i>acetaminophen</i> )	NP	OTC
TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i> )	NP	OTC
TYLENOL INFANTS SUSP (Use <i>acetaminophen</i> )	NP	OTC
TYLENOL TABS (Use <i>acetaminophen</i> )	NP	OTC
<b>Salicylates</b>		
<i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>	P	OTC
<i>aspirin chew or 81 mg</i>	P	OTC
ASPIRIN SUPP RE 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
<i>aspirin tabs or 325 mg</i>	P	OTC
<i>aspirin tbec or 500 mg, 324 mg, 325 mg, 81 mg</i>	P	OTC

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Drug Name	Drug Tier	Requirements/ Limits
BUFFERIN TABS ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NP	OTC
<i>diflunisal tabs</i>	P	
ECOTRIN MAXIMUM STRENGTH TBEC ( <i>Use aspirin</i> )	NP	OTC
ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	NP	OTC
<i>salsalate tabs or 500 mg, 750 mg</i>	P	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
CODEINE SULFATE TABS 15 MG, 60 MG	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
<i>codeine sulfate tabs 60 mg, 30 mg</i>	P	Clinical Edit: Opioids;QL(2 ea daily); AL(At least 12 yrs old)
DILAUDID TABS OR 2 MG, 4 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids;QL(6 ea daily)
DILAUDID TABS OR 8 MG ( <i>Use hydromorphone hcl</i> )	NP	Clinical Edit: Opioids;QL(4 ea daily)
DOLOPHINE TABS 10 MG ( <i>Use methadone hcl</i> )	NP	PA; QL(10 ea daily)
DOLOPHINE TABS 5 MG ( <i>Use methadone hcl</i> )	NP	PA; QL(6 ea daily)
DURAGESIC PT72 ( <i>Use fentanyl</i> )	NP	QL(0.34 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	P	QL(0.34 ea daily)
HYDROMORPHONE HCL SUPP RE 3 MG	P	Clinical Edit: Opioids;QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl tabs or 8 mg</i>	P	Clinical Edit: Opioids;QL(4 ea daily)
<i>meperidine hcl soln or 50 mg/5ml</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>methadone hcl tabs or 10 mg</i>	P	PA; QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	P	PA; QL(6 ea daily)
<i>morphine sulfate soln or 10 mg/5ml, 20 mg/5ml</i>	P	Clinical Edit: Opioids;QL(21.4 ml daily)
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i>	P	Clinical Edit: Opioids;QL(240 ml per fill retail)
<i>morphine sulfate supp re 10 mg, 20 mg, 30 mg, 5 mg</i>	P	Clinical Edit: Opioids;QL(18 ea per fill retail)
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>morphine sulfate tbcr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	P	QL(3 ea daily)
MS CONTIN TBCR ( <i>Use morphine sulfate</i> )	NP	QL(3 ea daily)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl caps or 5 mg</i>	P	Clinical Edit: Opioids;QL(6 ea daily)
<i>oxycodone hcl conc or 100 mg/5ml</i>	P	Clinical Edit: Opioids;QL(90 ml per fill retail)
<i>oxycodone hcl soln or 5 mg/5ml</i>	P	Clinical Edit: Opioids;QL(30 ml daily)
<i>oxycodone hcl t12a or 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	P	PA; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs or 10 mg, 20 mg, 15 mg, 5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl tabs or 30 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
OXYCONTIN T12A	P	PA; QL(2 ea daily)
ROXICODONE TABS 15 MG, 5 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
ROXICODONE TABS 30 MG ( <i>Use oxycodone hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily)
<i>tramadol hcl tabs or 50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
ULTRAM TABS ( <i>Use tramadol hcl</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Combinations</b>		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 300 mg-60 mg, 30 mg-300 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine w/cod caps</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FIORINAL/CODEINE #3 CAPS ( <i>Use butalbital-aspirin-caffeine w/cod</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	P	Clinical Edit: Opioids; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
NORCO TABS ( <i>Use hydrocodone-acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>Use oxycodone w/ acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily)
ROXICET SOLN	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>tramadol-acetaminophen tabs</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
TYLENOL/CODEINE #3 TABS ( <i>Use acetaminophen w/ codeine</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS ( <i>Use acetaminophen w/ codeine</i> )	NP	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ULTRACET TABS ( <i>Use tramadol-acetaminophen</i> )	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<b>Opioid Partial Agonists</b>		
BELBUCA FILM	P	PA
BUNAVAIL FILM	P	PA
BUPRENEX SOLN ( <i>Use buprenorphine hcl</i> )	NP	PA
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	P	PA
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	P	PA
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	P	PA; QL(1 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	P	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	P	QL(3 ea daily)
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	PA; QL(1 ea daily)
SUBOXONE FILM 12 MG-3 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	NP	PA; QL(2 ea daily)
SUBOXONE FILM 2 MG-8 MG ( <i>Use buprenorphine hcl-naloxone hcl dihydrate</i> )	P	PA; QL(2 ea daily)
ZUBSOLV SUBL	P	PA
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Androgens</b>		
ANDRODERM PT24	P	QL(1 ea daily)
DEPO-TESTOSTERONE SOLN 200 MG/ML ( <i>Use testosterone cypionate</i> )	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 30 days retail)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intra-rectal Steroids</b>		
CORTENEMA ENEM ( <i>Use hydrocortisone (intra-rectal)</i> )	NP	
<i>hydrocortisone (intra-rectal) enem</i>	P	
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN 1 %-2.5 %	P	QL(62 ml per 30 days retail)
<i>phenylephrine-shark liver oil-cocoa butter supp</i>	P	OTC; QL(12 ea per 30 days retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum oint</i>	P	OTC; QL(31 gm per 30 days retail)
<b>Rectal Steroids</b>		
ANUSOL-HC CREA ( <i>Use hydrocortisone (rectal)</i> )	NP	
<i>hydrocortisone (rectal) crea 2.5 %</i>	P	
<b>ANTACIDS</b>		
<b>Antacid Combinations</b>		
<i>alum &amp; mag hydrox-simethicone liqd 20 mg/5ml-200 mg/5ml-200 mg/5ml</i>	P	QL(744 ml per 30 days retail)
<i>alum &amp; mag hydrox-simethicone susp 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml, 20 mg/5ml-200 mg/5ml</i>	P	QL(744 ml per 30 days retail)
<b>Antacids - Aluminum Salts</b>		
ALUMINUM HYDROXIDE SUSP OR	P	OTC
<b>Antacids - Bicarbonate</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate (antacid) tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<b>Antacids - Calcium Salts</b>		
<i>calcium carbonate (antacid) chew 500 mg</i>	P	OTC
TUMS CHEW ( <i>Use calcium carbonate (antacid)</i> )	NP	OTC
TUMS LASTING EFFECTS CHEW ( <i>Use calcium carbonate (antacid)</i> )	NP	OTC
<b>Antacids - Magnesium Salts</b>		
<i>magnesium oxide tabs 400 mg</i>	P	OTC
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp or</i>	P	OTC;QL(60 ml per fill retail)
REESES PINWORM MEDICINE TABS	P	OTC;QL(3 ea per fill retail)
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
FLAGYL TABS 500 MG ( <i>Use metronidazole</i> )	NP	
<i>metronidazole tabs or 250 mg, 500 mg</i>	P	
<i>trimethoprim tabs or</i>	P	
<i>vancomycin hcl solr iv 1000 mg</i>	P	QL(14 ea per fill retail)
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NP	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-methylene blue-sod phosphoenyl sal tabs 0.12 mg-10.8 mg-36.2 mg-40.8 mg-81.6 mg</i>	P	
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml</i>	P	
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg</i>	P	
<b>Glycopeptides</b>		
FIRVANQ SOLR	P	QL(300 ml per fill retail)
VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	NP	QL(8 ea daily)
VANCOCIN HCL CAPS ( <i>Use vancomycin hcl</i> )	NP	QL(4 ea daily)
<i>vancomycin hcl caps or 125 mg</i>	P	QL(4 ea daily)
<i>vancomycin hcl caps or 250 mg</i>	P	QL(8 ea daily)
<i>vancomycin hcl solr iv 1 gm, 1000 mg</i>	P	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	P	QL(14 ea per 30 days retail)
<b>Leprostatics</b>		
<i>dapsone tabs or 100 mg, 25 mg</i>	P	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 150 MG, 300 MG ( <i>Use clindamycin hcl</i> )	NP	
CLEOCIN PEDIATRIC GRANULES SOLR ( <i>Use clindamycin palmitate hydrochloride</i> )	NP	QL(300 ml per fill retail)
<i>clindamycin hcl caps or 150 mg, 300 mg</i>	P	
<i>clindamycin palmitate hydrochloride solr</i>	P	QL(300 ml per fill retail)
<b>Oxazolidinones</b>		
SIVEXTRO TABS OR	P	PA; QL(6 ea per fill retail)
<b>Urinary Anti-infectives</b>		

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Drug Name	Drug Tier	Requirements/ Limits
FURADANTIN SUSP ( <i>Use nitrofurantoin</i> )	NP	QL(40 ml daily)
MACROBID CAPS ( <i>Use nitrofurantoin monohyd macro</i> )	NP	
MACRODANTIN CAPS 100 MG, 50 MG ( <i>Use nitrofurantoin macrocrystal</i> )	NP	
<i>methenamine mandelate tabs or 1 gm, 0.5 gm, 500 mg</i>	P	
<i>nitrofurantoin macrocrystal caps or 100 mg, 50 mg</i>	P	
<i>nitrofurantoin monohyd macro caps</i>	P	
<i>nitrofurantoin susp or</i>	P	QL(40 ml daily)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG ( <i>Use isosorbide dinitrate</i> )	NP	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	P	
<i>isosorbide dinitrate tbcr 40 mg</i>	P	
<i>isosorbide mononitrate tabs 10 mg, 20 mg</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate tb24 120 mg, 30 mg, 60 mg</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use nitroglycerin</i> )	NP	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	P	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	P	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	P	
NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>bupirone hcl tabs or 10 mg, 5 mg</i>	P	QL(6 ea daily)
<i>bupirone hcl tabs or 15 mg</i>	P	QL(4 ea daily)
<i>bupirone hcl tabs or 30 mg, 7.5 mg</i>	P	QL(3 ea daily)
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	P	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	P	
<i>hydroxyzine pamoate caps or 100 mg, 25 mg, 50 mg</i>	P	
<i>meprobamate tabs</i>	P	
VISTARIL CAPS ( <i>Use hydroxyzine pamoate</i> )	NP	
<b>Benzodiazepines</b>		
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG ( <i>Use lorazepam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium tabs</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>diazepam soln or 5 mg/5ml</i>	P	AL (6 months to 12 years old)
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>oxazepam caps</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS ( <i>Use clorazepate dipotassium</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
VALIUM TABS ( <i>Use diazepam</i> )	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS ( <i>Use alprazolam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbcr or 324 mg</i>	P	
<i>quinidine sulfate tabs or 200 mg, 300 mg</i>	P	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	P	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	P	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	P	
<b>Antiarrhythmics Type III</b>		
<i>amiodarone hcl tabs or 200 mg</i>	P	
CORDARONE TABS ( <i>Use amiodarone hcl</i> )	NP	
<i>dofetilide caps</i>	P	
TIKOSYN CAPS ( <i>Use dofetilide</i> )	NP	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
CROMOLYN SODIUM NEBU IN	P	QL(8 ml daily)
<i>cromolyn sodium nebu in</i>	P	QL(8 ml daily)
<b>Bronchodilators - Anticholinergics</b>		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA AERS	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA AEPB	P	QL(1 ea daily)
<i>ipratropium bromide soln in</i>	P	QL(375 ml per 20 days retail)
TUDORZA PRESSAIR AEPB	P	QL(1 ea per 30 days retail)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew or 4 mg, 5 mg</i>	P	QL(1 ea daily)
<i>montelukast sodium pack or 4 mg</i>	P	QL(1 ea daily)
<i>montelukast sodium tabs or 10 mg</i>	P	QL(1 ea daily)
SINGULAIR CHEW ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)
SINGULAIR PACK ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)
SINGULAIR TABS ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUIITY ELLIPTA AEPB	P	QL(1 ea daily)
<i>budesonide (inhalation) susp</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old )
FLOVENT HFA AERO 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old )
PULMICORT SUSP ( <i>Use budesonide (inhalation)</i> )	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
QVAR REDHALER AERB 40 MCG/ACT	P	QL(0.36 gm daily, 21.2 gm per 30 days retail)
QVAR REDHALER AERB 80 MCG/ACT	P	QL(0.72 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily,60 ea per 30 days retail)
<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(18 gm per fill retail,36 gm per 30 days retail);Refill 4%
<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(8.5 gm per fill retail,17 gm per 30 days retail);Refill 4%
<i>albuterol sulfate aers in 108 mcg/act</i>	P	QL(6.7 gm per fill retail,13.4 gm per 30 days retail);Refill 4%
<i>albuterol sulfate nebu in 0.083 %</i>	P	QL(12.5 ml daily)
ALBUTEROL SULFATE NEBU IN 0.5 %	P	
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	P	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml</i>	P	QL(375 ml per 30 days retail)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	P	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	P	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	P	
<i>budesonide-formoterol fumarate dihydrate aereo</i>	P	QL(11 gm per fill retail)
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	P	QL(2 ea daily,60 ea per 30 days retail)
<i>ipratropium-albuterol soln</i>	P	QL(12 ml daily)
<i>metaproterenol sulfate tabs or 10 mg, 20 mg</i>	P	
PROAIR HFA AERS (Use albuterol sulfate)	NF	

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail,2 ea per 30 days retail);Refill 4%;; AL(At least 4 yrs old - Up to 18 yrs old)
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	
SEREVENT DISKUS AEPB	P	QL(60 ea per fill retail)
SYMBICORT AERO (Use budesonide-formoterol fumarate dihydrate)	NF	
<i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>	P	
VENTOLIN HFA AERS (Use albuterol sulfate)	NF	
<b>Xanthines</b>		
ELIXOPHYLLIN ELIX	P	
THEO-24 CP24	P	
<i>theophylline soln 80 mg/15ml</i>	P	QL(475 ml per fill retail)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	P	
<i>theophylline tb24 400 mg, 600 mg</i>	P	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS (Use warfarin sodium)	P	
<i>warfarin sodium tabs</i>	P	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	P	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TBPK	P	QL(4 ea daily)
ELIQUIS TABS	P	QL(4 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	P	QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	P	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	P	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	P	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	P	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<i>heparin sodium (porcine) soln</i>	P	
LOVENOX SOLN IJ 300 MG/3ML ( <i>Use enoxaparin sodium</i> )	NP	QL(42 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML ( <i>Use enoxaparin sodium</i> )	NP	QL(14 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML ( <i>Use enoxaparin sodium</i> )	NP	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 30 MG/0.3ML ( <i>Use enoxaparin sodium</i> )	NP	QL(5 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
LOVENOX SOLN SC 40 MG/0.4ML ( <i>Use enoxaparin sodium</i> )	NP	QL(6 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 60 MG/0.6ML ( <i>Use enoxaparin sodium</i> )	NP	QL(9 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
DIASTAT ACUDIAL GEL 10 MG ( <i>Use diazepam (anticonvulsant)</i> )	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT ACUDIAL GEL 20 MG ( <i>Use diazepam (anticonvulsant)</i> )	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL ( <i>Use diazepam (anticonvulsant)</i> )	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)
<i>diazepam (anticonvulsant) gel</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS ( <i>Use clonazepam</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
NAYZILAM SOLN	P	PA; QL(10 ea per 30 days retail)
VALTOCO LIQD	P	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	P	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
<i>carbamazepine chew or 100 mg</i>	P	
<i>carbamazepine susp or 100 mg/5ml</i>	P	
<i>carbamazepine tabs or 200 mg</i>	P	
<i>carbamazepine tb12 or 100 mg, 200 mg, 400 mg</i>	P	
DIACOMIT CAPS 250 MG	P	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	P	PA; QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250 MG	P	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	P	PA; QL(6 ea daily)
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	P	QL(9 ea daily)
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	P	
<i>gabapentin tabs or 600 mg</i>	P	QL(6 ea daily)
<i>gabapentin tabs or 800 mg</i>	P	QL(4 ea daily)
KEPPRA SOLN OR 100 MG/ML ( <i>Use levetiracetam</i> )	NP	QL(16 ml daily)
KEPPRA TABS OR 1000 MG ( <i>Use levetiracetam</i> )	NP	
KEPPRA TABS OR 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NP	QL(4 ea daily)
KEPPRA TABS OR 500 MG ( <i>Use levetiracetam</i> )	NP	QL(6 ea daily)
KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NP	ST; Use levetiracetam IR
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use lamotrigine</i> )	NP	
LAMICTAL TABS ( <i>Use lamotrigine</i> )	NP	
LAMICTAL XR TB24 100 MG, 200 MG, 250 MG, 300 MG, 25 MG, 50 MG ( <i>Use lamotrigine</i> )	NP	ST; Use lamotrigine IR
<i>lamotrigine chew or 25 mg, 5 mg</i>	P	
<i>lamotrigine tabs or 100 mg, 150 mg, 200 mg, 25 mg</i>	P	
<i>lamotrigine tb24 or 100 mg, 200 mg, 250 mg, 300 mg, 25 mg, 50 mg</i>	P	ST; Use lamotrigine IR
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	P	QL(16 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	P	
<i>levetiracetam tabs or 250 mg, 750 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs or 500 mg</i>	P	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	P	ST; Use levetiracetam IR
MYSOLINE TABS ( <i>Use primidone</i> )	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG ( <i>Use gabapentin</i> )	NP	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML ( <i>Use gabapentin</i> )	NP	
NEURONTIN TABS 600 MG ( <i>Use gabapentin</i> )	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG ( <i>Use gabapentin</i> )	NP	QL(4 ea daily)
<i>oxcarbazepine susp</i>	P	
<i>oxcarbazepine tabs</i>	P	
<i>primidone tabs or 250 mg, 50 mg</i>	P	
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	NP	
TEGRETOL TABS ( <i>Use carbamazepine</i> )	NP	
TEGRETOL-XR TB12 ( <i>Use carbamazepine</i> )	NP	
TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	NP	QL(8 ea daily)
TOPAMAX TABS 100 MG ( <i>Use topiramate</i> )	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG ( <i>Use topiramate</i> )	NP	QL(6 ea daily)
<i>topiramate cpsp or 15 mg</i>	P	QL(6 ea daily)
<i>topiramate cpsp or 25 mg</i>	P	QL(8 ea daily)
<i>topiramate tabs or 100 mg</i>	P	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs or 200 mg</i>	P	QL(3 ea daily)
<i>topiramate tabs or 25 mg, 50 mg</i>	P	QL(6 ea daily)
TRILEPTAL SUSP (Use oxcarbazepine)	NP	
TRILEPTAL TABS (Use oxcarbazepine)	NP	
ZONEGRAN CAPS (Use zonisamide)	NP	
<i>zonisamide caps or 100 mg, 25 mg, 50 mg</i>	P	
<b>Carbamates</b>		
<i>felbamate susp</i>	P	
<i>felbamate tabs</i>	P	
FELBATOL SUSP (Use felbamate)	NP	
FELBATOL TABS (Use felbamate)	NP	
<b>GABA Modulators</b>		
GABITRIL TABS (Use tiagabine hcl)	NP	
<i>tiagabine hcl tabs</i>	P	
<b>Hydantoins</b>		
DILANTIN CAPS 100 MG (Use phenytoin sodium extended)	P	
DILANTIN CAPS 30 MG	P	
DILANTIN INFATABS CHEW (Use phenytoin)	P	
DILANTIN-125 SUSP (Use phenytoin)	P	
<i>phenytoin chew or 50 mg</i>	P	
<i>phenytoin sodium extended caps 100 mg</i>	P	
<i>phenytoin sodium soln ij</i>	P	
<i>phenytoin susp or 100 mg/4ml, 125 mg/5ml</i>	P	
<b>Succinimides</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide caps or 250 mg</i>	P	
<i>ethosuximide soln or 250 mg/5ml</i>	P	
ZARONTIN CAPS (Use ethosuximide)	NP	
ZARONTIN SOLN (Use ethosuximide)	NP	
<b>Valproic Acid</b>		
DEPAKENE CAPS (Use valproic acid)	P	
DEPAKENE SOLN (Use valproate sodium)	P	
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)
<i>divalproex sodium csdr or 125 mg</i>	P	QL(8 ea daily)
<i>divalproex sodium tb24 or 250 mg</i>	P	QL(3 ea daily)
<i>divalproex sodium tb24 or 500 mg</i>	P	QL(7 ea daily)
<i>divalproex sodium tbec or 125 mg</i>	P	QL(2 ea daily)
<i>divalproex sodium tbec or 250 mg</i>	P	QL(3 ea daily)
<i>divalproex sodium tbec or 500 mg</i>	P	QL(7 ea daily)
<i>valproate sodium soln or 250 mg/5ml</i>	P	
<i>valproic acid caps or</i>	P	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs or 15 mg</i>	P	QL(3 ea daily)
<i>mirtazapine tabs or 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tabs or 7.5 mg, 45 mg</i>	P	QL(1 ea daily)
<i>mirtazapine tbdp or 15 mg</i>	P	QL(3 ea daily)
<i>mirtazapine tbdp or 30 mg</i>	P	QL(1.5 ea daily)
<i>mirtazapine tbdp or 45 mg</i>	P	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG ( <i>Use mirtazapine</i> )	NP	QL(1 ea daily)
REMERON TABS 15 MG ( <i>Use mirtazapine</i> )	NP	QL(3 ea daily)
REMERON TABS 30 MG ( <i>Use mirtazapine</i> )	NP	QL(1.5 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs or 100 mg, 75 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 or 100 mg</i>	P	QL(4 ea daily)
<i>bupropion hcl tb12 or 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb12 or 200 mg</i>	P	QL(2 ea daily)
<i>bupropion hcl tb24 or 150 mg</i>	P	QL(3 ea daily)
<i>bupropion hcl tb24 or 300 mg</i>	P	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	P	
WELLBUTRIN SR TB12 100 MG ( <i>Use bupropion hcl</i> )	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG ( <i>Use bupropion hcl</i> )	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG ( <i>Use bupropion hcl</i> )	NP	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
NARDIL TABS ( <i>Use phenelzine sulfate</i> )	NP	
PARNATE TABS ( <i>Use tranylcypromine sulfate</i> )	NP	
<i>phenelzine sulfate tabs or</i>	P	
<i>tranylcypromine sulfate tabs</i>	P	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS 10 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(4 ea daily)
CELEXA TABS 20 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(2 ea daily)
CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	NP	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	P	
<i>citalopram hydrobromide tabs 10 mg</i>	P	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	P	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	P	QL(1 ea daily)
<i>escitalopram oxalate tabs 10 mg</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 20 mg</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
<i>escitalopram oxalate tabs 5 mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl caps or 10 mg, 20 mg</i>	P	QL(4 ea daily)
<i>fluoxetine hcl caps or 40 mg</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl soln or 20 mg/5ml</i>	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old )
<i>fluoxetine hcl tabs or 10 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl tabs or 20 mg</i>	P	QL(4 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	P	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	P	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily); AL(At least 12 yrs old)
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NP	QL(4 ea daily); AL(At least 12 yrs old)
<i>paroxetine hcl tabs 10 mg</i>	P	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	P	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg, 40 mg</i>	P	QL(2 ea daily)
<i>paroxetine hcl tb24 37.5 mg, 12.5 mg, 25 mg</i>	P	
PAXIL CR TB24 (Use paroxetine hcl)	NP	
PAXIL SUSP 10 MG/5ML	P	PA; QL(40 ml daily)
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>sertraline hcl conc or 20 mg/ml</i>	P	QL(6 ml daily)
<i>sertraline hcl tabs or 100 mg</i>	P	QL(2 ea daily)
<i>sertraline hcl tabs or 25 mg, 50 mg</i>	P	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NP	QL(6 ml daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs</i>	P	
<i>trazodone hcl tabs or 100 mg, 150 mg, 50 mg</i>	P	
<i>trazodone hcl tabs or 300 mg</i>	P	QL(2 ea daily)
TRINTELLIX TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD TABS	P	PA; QL(1 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); AL(At least 7 yrs old)
<i>desvenlafaxine succinate tb24 100 mg</i>	P	ST; QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	P	ST; QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 30 mg, 60 mg</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NP	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	ST; QL(1 ea daily)
venlafaxine hcl cp24 150 mg	P	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	P	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	P	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
venlafaxine hcl tb24 150 mg	P	QL(2 ea daily)
venlafaxine hcl tb24 225 mg, 75 mg, 37.5 mg	P	QL(1 ea daily)
<b>Tricyclic Agents</b>		
amitriptyline hcl tabs or 10 mg, 50 mg, 150 mg, 100 mg, 25 mg, 75 mg	P	
amoxapine tabs	P	
ANAFRANIL CAPS 75 MG (Use clomipramine hcl)	NP	
clomipramine hcl caps or 75 mg	P	
desipramine hcl tabs or 100 mg, 150 mg, 10 mg, 50 mg, 75 mg	P	
desipramine hcl tabs or 25 mg	P	QL(2 ea daily)
doxepin hcl caps or 100 mg, 150 mg, 25 mg, 10 mg, 50 mg, 75 mg	P	
doxepin hcl conc or 10 mg/ml	P	
imipramine hcl tabs or 10 mg, 25 mg, 50 mg	P	
NORPRAMIN TABS 10 MG (Use desipramine hcl)	NP	
NORPRAMIN TABS 25 MG (Use desipramine hcl)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl caps or 10 mg, 50 mg, 75 mg, 25 mg	P	
nortriptyline hcl soln or 10 mg/5ml	P	QL(20 ml daily)
PAMELOR CAPS (Use nortriptyline hcl)	NP	
TOFRANIL TABS (Use imipramine hcl)	NP	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SOPN	P	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	P	PA; QL(6 ml per 30 days retail)
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS (Use pioglitazone hcl-metformin hcl)	NP	QL(2 ea daily)
alogliptin-metformin hcl tabs	P	QL(2 ea daily)
alogliptin-pioglitazone tabs	P	
glipizide-metformin hcl tabs	P	
glyburide-metformin tabs	P	
KAZANO TABS (Use alogliptin-metformin hcl)	NF	
OSENI TABS (Use alogliptin-pioglitazone)	NF	
pioglitazone hcl-metformin hcl tabs	P	QL(2 ea daily)
SEGLUROMET TABS	P	ST; try Metformin 90 days QL(2 ea daily)
<b>Biguanides</b>		
GLUCOPHAGE TABS 1000 MG, 850 MG (Use metformin hcl)	NP	
GLUCOPHAGE TABS 500 MG (Use metformin hcl)	NP	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GLUCOPHAGE XR TB24 500 MG ( <i>Use metformin hcl</i> )	NP	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG ( <i>Use metformin hcl</i> )	NP	QL(3 ea daily)
<i>metformin hcl tabs or 1000 mg, 850 mg</i>	P	
<i>metformin hcl tabs or 500 mg</i>	P	QL(4 ea daily)
<i>metformin hcl tb24 or 500 mg</i>	P	QL(4 ea daily)
<i>metformin hcl tb24 or 750 mg</i>	P	QL(3 ea daily)
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD	P	QL(0.69 ea daily)
BAQSIMI TWO PACK POWD	P	QL(0.69 ea daily)
BD GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
CVS GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
CVS SOFT GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
DEX4 CHEW	P	QL(50 ea per 30 days retail)
DEX4 FAST ACTING GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
DEX4 NATURALS CHEW	P	QL(50 ea per 30 days retail)
DEX4 POUCH PACK CHEW	P	QL(50 ea per 30 days retail)
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GLUCAGEN HYPOKIT SOLR	P	
GLUCAGON EMERGENCY KIT KIT	P	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GLUCOSE CHEW 4 GM-4 GM-6 MG, 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GLUCOSE INSTANT ENERGY CHEW	P	QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
GOODSENSE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
GVOKE PFS SOSY	P	QL(0.02 ml daily)
HM GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
HY-VEE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
KROGER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
LEADER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
LONGS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
MEIJER GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
PREFERRED PLUS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
PX GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
RA GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
RELION GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
SM GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
SMART SENSE GLUCOSE TABLETS CHEW	P	QL(50 ea per 30 days retail)
TGT GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
UP & UP GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
VALUE PLUS GLUCOSE CHEW	P	QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4 GM-6 MG	P	QL(50 ea per 30 days retail)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<i>alogliptin benzoate tabs</i>	P	
NESINA TABS ( <i>Use alogliptin benzoate</i> )	NF	
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
BYDUREON BCISE AUIJ	P	PA; QL(3.4 ml per 28 days retail)
BYDUREON PEN PEN	P	PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYDUREON SRER	P	PA; QL(4 ea per 28 days retail); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	P	PA; QL(2.4 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	P	PA; QL(1.2 ml per 30 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VICTOZA SOPN	P	PA; QL(1.8 ml daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS ( <i>Use pioglitazone hcl</i> )	NP	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	P	QL(1 ea daily)
<b>Insulin</b>		
ADMELOG SOLN	P	QL(40 ml per 30 days retail)
ADMELOG SOLOSTAR SOPN	P	QL(1 ml daily)
BASAGLAR KWIKPEN SOPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	P	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	P	QL(40 ml per 30 days retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN N KWIKPEN SUPN	P	OTC;QL(1 ml daily)
HUMULIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
HUMULIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 days retail)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN 70/30 SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N FLEXPEN SUPN	P	OTC;QL(1 ml daily)
NOVOLIN N RELION SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN N SUSP	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R RELION SOLN	P	OTC;QL(40 ml per 30 days retail)
NOVOLIN R SOLN	P	OTC;QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	P	QL(1 ml daily)
NOVOLOG MIX 70/30 SUSP	P	QL(40 ml per 30 days retail)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	P	QL(3 ea daily)
STARLIX TABS ( <i>Use nateglinide</i> )	NP	QL(3 ea daily)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
STEGLATRO TABS	P	ST; try Metformin 90 days QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL TABS 1 MG, 2 MG ( <i>Use glimepiride</i> )	NP	QL(4 ea daily)
AMARYL TABS 4 MG ( <i>Use glimepiride</i> )	NP	QL(2 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tabs 4 mg</i>	P	QL(2 ea daily)
<i>glipizide tabs or 10 mg, 5 mg</i>	P	
<i>glipizide tb24 or 10 mg, 2.5 mg, 5 mg</i>	P	
GLUCOTROL TABS ( <i>Use glipizide</i> )	NP	
GLUCOTROL XL TB24 ( <i>Use glipizide</i> )	NP	
<i>glyburide micronized tabs</i>	P	
<i>glyburide tabs or 1.25 mg, 2.5 mg, 5 mg</i>	P	
GLYNASE TABS ( <i>Use glyburide micronized</i> )	NP	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
<i>bismuth subsalicylate chew or 262 mg</i>	P	OTC
<i>bismuth subsalicylate susp or 1050 mg/30ml, 525 mg/15ml</i>	P	OTC
PEPTO-BISMOL CHEW 262 MG ( <i>Use bismuth subsalicylate</i> )	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP ( <i>Use bismuth subsalicylate</i> )	NP	OTC
PEPTO-BISMOL TO-GO CHEW ( <i>Use bismuth subsalicylate</i> )	NP	OTC
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine liqd</i>	P	
<i>diphenoxylate w/ atropine tabs</i>	P	
IMODIUM A-D CAPS 2 MG ( <i>Use loperamide hcl</i> )	NP	OTC;QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG ( <i>Use loperamide hcl</i> )	NP	OTC;QL(8 ea daily)
LOMOTIL TABS ( <i>Use diphenoxylate w/ atropine</i> )	NP	
<i>loperamide hcl caps or 2 mg</i>	P	OTC;QL(8 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl liqd or 1 mg/5ml</i>	P	OTC;QL(40 ml daily)
<i>loperamide hcl tabs or 2 mg</i>	P	OTC;QL(8 ea daily)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	P	
<i>deferasirox tabs</i>	P	PA; SP
JADENU TABS ( <i>Use deferasirox</i> )	NP	PA; SP
<b>Antidotes and Specific Antagonists</b>		
ANDEXXA SOLR	P	PA; SP
SM IPECAC SYRUP SYRP	P	
VISTOGARD PACK	P	
<b>Opioid Antagonists</b>		
<i>naloxone hcl soct ij 0.4 mg/ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml</i>	P	QL(2 ml per 90 days retail)
<i>naloxone hcl sosy ij 2 mg/2ml</i>	P	QL(4 ml per 90 days retail)
<i>naltrexone hcl tabs or</i>	P	
NARCAN LIQD	P	QL(4 ea per 90 days retail)
VIVITROL SUSR	P	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
<i>ondansetron hcl soln or 4 mg/5ml</i>	P	QL(50 ml per 30 days retail)
<i>ondansetron hcl tabs or 24 mg</i>	P	QL(1 ea per 14 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	P	QL(2 ea daily)
<i>ondansetron tbdp</i>	P	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML ( <i>Use ondansetron hcl</i> )	NP	QL(50 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN TABS 4 MG, 8 MG ( <i>Use ondansetron hcl</i> )	NP	QL(2 ea daily)
<b>Antiemetics - Anticholinergic</b>		
<i>dimenhydrinate tabs or 50 mg</i>	P	OTC;QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC;QL(24 ea per fill retail)
DRAMAMINE TABS ( <i>Use dimenhydrinate</i> )	NP	OTC;QL(24 ea per fill retail)
<i>meclizine hcl chew or 25 mg</i>	P	OTC;RX/OTC
<i>meclizine hcl tabs or 12.5 mg, 25 mg</i>	P	RX/OTC
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosize tabs</i>	P	
<i>nystatin tabs or</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	P	QL(90 ea per 120 days retail)
<b>Imidazole-Related Antifungals</b>		
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML ( <i>Use fluconazole</i> )	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG ( <i>Use fluconazole</i> )	NP	
DIFLUCAN TABS 150 MG ( <i>Use fluconazole</i> )	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG ( <i>Use fluconazole</i> )	NP	QL(3 ea per 14 days retail)
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	P	QL(70 ml per fill retail)
<i>fluconazole tabs or 100 mg, 200 mg</i>	P	
<i>fluconazole tabs or 150 mg</i>	P	QL(2 ea per fill retail)
<i>fluconazole tabs or 50 mg</i>	P	QL(3 ea per 14 days retail)
<i>itraconazole caps or 100 mg</i>	P	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SPORANOX CAPS 100 MG (Use itraconazole)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use itraconazole)	NP	PA; QL(1 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
CHLOR-TRIMETON SYRP 2 MG/5ML (Use chlorpheniramine maleate)	NP	OTC
CHLOR-TRIMETON TABS 4 MG (Use chlorpheniramine maleate)	NP	OTC;QL(120 ea per fill retail)
chlorpheniramine maleate syrp or 2 mg/5ml	P	OTC
chlorpheniramine maleate tabs or 4 mg	P	OTC;QL(120 ea per fill retail)
<b>Antihistamines - Ethanolamines</b>		
ALER-DRYL TABS	P	QL(4 ea daily)
BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	NP	QL(4 ea daily)
BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use diphenhydramine hcl)	NP	OTC;QL(240 ml per fill retail); RX/OTC
BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	NP	OTC;QL(4 ea daily)
clemastine fumarate tabs or 1.34 mg	P	OTC;QL(2 ea daily)
diphenhydramine hcl caps or 50 mg, 25 mg	P	QL(4 ea daily)
diphenhydramine hcl elix or 12.5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml	P	OTC;QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl tabs or 25 mg	P	OTC;QL(4 ea daily)
<b>Antihistamines - Non-Sedating</b>		
ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	NP	QL(2 ea daily)
cetirizine hcl chew 5 mg, 10 mg	P	QL(1 ea daily)
cetirizine hcl soln 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
cetirizine hcl syrp 1 mg/ml, 5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
cetirizine hcl tabs 5 mg, 10 mg	P	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use loratadine)	NP	OTC;QL(240 ml per fill retail)
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	NP	OTC;QL(1 ea daily)
CLARITIN SYRP 5 MG/5ML (Use loratadine)	NP	OTC;QL(240 ml per fill retail)
CLARITIN TABS 10 MG (Use loratadine)	NP	OTC;QL(1 ea daily)
fexofenadine hcl tabs or 180 mg	P	QL(1 ea daily)
fexofenadine hcl tabs or 60 mg	P	QL(2 ea daily)
levocetirizine dihydrochloride tabs or 5 mg	P	RX/OTC
loratadine soln or 5 mg/5ml	P	OTC;QL(240 ml per fill retail)
loratadine syrp or 5 mg/5ml	P	OTC;QL(240 ml per fill retail)
loratadine tabs or 10 mg	P	OTC;QL(1 ea daily)
loratadine tbdp or 10 mg	P	OTC;QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use cetirizine hcl)	NP	QL(240 ml per fill retail); RX/OTC

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<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl soln or 6.25 mg/5ml</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl supp re 50 mg, 12.5 mg, 25 mg</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl tabs or 12.5 mg, 25 mg, 50 mg</i>	P	AL(At least 2 yrs old)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	P	
<i>cyproheptadine hcl tabs or 4 mg</i>	P	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	P	ST; QL(1 ea daily)
<i>VYTORIN TABS (Use ezetimibe-simvastatin)</i>	NP	ST; QL(1 ea daily)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack</i>	P	
<i>cholestyramine light powd</i>	P	
<i>cholestyramine pack or 4 gm</i>	P	
<i>cholestyramine powd or 4 gm/dose</i>	P	
<i>COLESTID FLAVORED GRAN 5 GM (Use colestipol hcl)</i>	NP	
<i>COLESTID GRAN 5 GM (Use colestipol hcl)</i>	NP	
<i>COLESTID TABS 1 GM (Use colestipol hcl)</i>	NP	
<i>colestipol hcl gran 5 gm</i>	P	
<i>colestipol hcl tabs 1 gm</i>	P	
<i>QUESTRAN LIGHT POWD (Use cholestyramine light)</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>QUESTRAN PACK (Use cholestyramine)</i>	NP	
<i>QUESTRAN POWD (Use cholestyramine)</i>	NP	
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134 mg, 200 mg</i>	P	QL(1 ea daily)
<i>fenofibrate micronized caps 67 mg</i>	P	QL(2 ea daily)
<i>FENOFIBRATE TABS OR 160 MG</i>	P	QL(1 ea daily)
<i>fenofibrate tabs or 160 mg</i>	P	QL(1 ea daily)
<i>fenofibrate tabs or 54 mg</i>	P	QL(3 ea daily)
<i>gemfibrozil tabs or</i>	P	QL(2 ea daily)
<i>LOPID TABS (Use gemfibrozil)</i>	NP	QL(2 ea daily)
<i>TRIGLIDE TABS</i>	P	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	P	QL(1 ea daily)
<i>CRESTOR TABS (Use rosuvastatin calcium)</i>	NP	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
<i>LIPITOR TABS (Use atorvastatin calcium)</i>	NP	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	P	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	P	QL(2 ea daily)
<i>PRAVACHOL TABS (Use pravastatin sodium)</i>	NP	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	P	ST; Try simvastatin or atorvastatin;QL (1 ea daily)
<i>simvastatin tabs or 10 mg, 20 mg, 40 mg, 5 mg</i>	P	QL(1 ea daily)

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ZOCOR TABS 10 MG, 20 MG, 40 MG, 5 MG ( <i>Use simvastatin</i> )	NP	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	P	ST
ZETIA TABS ( <i>Use ezetimibe</i> )	NP	ST
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tabs</i>	P	
<i>niacin (antihyperlipidemic) tbc</i>	P	
NIASPAN TBCR ( <i>Use niacin (antihyperlipidemic)</i> )	NP	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>Use quinapril hcl</i> )	NP	
ALTACE CAPS ( <i>Use ramipril</i> )	NP	QL(2 ea daily)
<i>benazepril hcl tabs or 10 mg, 5 mg, 20 mg</i>	P	QL(1 ea daily)
<i>benazepril hcl tabs or 40 mg</i>	P	QL(2 ea daily)
<i>captopril tabs or 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	QL(3 ea daily)
<i>enalapril maleate tabs or 10 mg, 2.5 mg, 20 mg, 5 mg</i>	P	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	P	QL(1 ea daily)
<i>lisinopril tabs or 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL(2 ea daily)
<i>lisinopril tabs or 2.5 mg</i>	P	QL(1 ea daily)
LOTENSIN TABS 10 MG, 20 MG ( <i>Use benazepril hcl</i> )	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG ( <i>Use benazepril hcl</i> )	NP	QL(2 ea daily)
PRINIVIL TABS ( <i>Use lisinopril</i> )	NP	QL(2 ea daily)
<i>quinapril hcl tabs</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps</i>	P	QL(2 ea daily)
<i>trandolapril tabs 1 mg, 2 mg</i>	P	QL(1 ea daily)
<i>trandolapril tabs 4 mg</i>	P	QL(2 ea daily)
VASOTEC TABS ( <i>Use enalapril maleate</i> )	NP	QL(2 ea daily)
ZESTRIL TABS 10 MG, 20 MG, 30 MG, 40 MG, 5 MG ( <i>Use lisinopril</i> )	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG ( <i>Use lisinopril</i> )	NP	QL(1 ea daily)
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS ( <i>Use candesartan cilexetil</i> )	NP	
AVAPRO TABS ( <i>Use irbesartan</i> )	NP	QL(1 ea daily)
BENICAR TABS ( <i>Use olmesartan medoxomil</i> )	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	P	
COZAAR TABS ( <i>Use losartan potassium</i> )	NP	QL(1 ea daily)
DIOVAN TABS ( <i>Use valsartan</i> )	NP	QL(1 ea daily)
<i>irbesartan tabs</i>	P	QL(1 ea daily)
<i>losartan potassium tabs</i>	P	QL(1 ea daily)
MICARDIS TABS ( <i>Use telmisartan</i> )	NP	QL(1 ea daily)
<i>olmesartan medoxomil tabs or 20 mg, 40 mg, 5 mg</i>	P	ST; Use losartan or irbesartan;QL(1 ea daily)
<i>telmisartan tabs</i>	P	QL(1 ea daily)
<i>valsartan tabs</i>	P	QL(1 ea daily)
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>Use doxazosin mesylate</i> )	NP	
CATAPRES TABS ( <i>Use clonidine hcl</i> )	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	P	
<i>guanfacine hcl tabs</i>	P	
<i>methyldopa tabs</i>	P	
MINIPRESS CAPS (Use <i>prazosin hcl</i> )	NP	
<i>prazosin hcl caps</i>	P	
<i>terazosin hcl caps</i>	P	
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NP	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NP	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NP	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	P	ST; Use losartan or irbesartan
<i>amlodipine besylate-valsartan tabs</i>	P	ST; Use losartan or irbesartan
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan
ATACAND HCT TABS (Use <i>candesartan cilexetil-hydrochlorothiazide</i> )	NP	
<i>atenolol &amp; chlorthalidone tabs</i>	P	QL(2 ea daily)
AVALIDE TABS (Use <i>irbesartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
AZOR TABS (Use <i>amlodipine besylate-olmesartan medoxomil</i> )	NP	ST; Use losartan or irbesartan

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
BENICAR HCT TABS (Use <i>olmesartan medoxomil-hydrochlorothiazide</i> )	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	P	
<i>captopril &amp; hydrochlorothiazide tabs 15 mg-25 mg, 15 mg-50 mg, 25 mg-25 mg</i>	P	QL(2 ea daily)
<i>captopril &amp; hydrochlorothiazide tabs 25 mg-50 mg</i>	P	QL(3 ea daily)
DIOVAN HCT TABS (Use <i>valsartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
EXFORGE HCT TABS (Use <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NP	ST; Use losartan or irbesartan
EXFORGE TABS (Use <i>amlodipine besylate-valsartan</i> )	NP	ST; Use losartan or irbesartan
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
HYZAAR TABS (Use <i>losartan potassium &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</i>	P	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs 20 mg-25 mg</i>	P	QL(1 ea daily)
LOPRESSOR HCT TABS (Use <i>metoprolol &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)

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<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
LOTENSIN HCT TABS (Use benazepril & hydrochlorothiazide)	NP	QL(1 ea daily)
LOTREL CAPS (Use amlodipine besylate-benazepril hcl)	NP	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 100 mg-25 mg, 25 mg-50 mg</i>	P	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide tabs 100 mg-50 mg</i>	P	QL(1 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	P	QL(1 ea daily)
MICARDIS HCT TABS (Use telmisartan-hydrochlorothiazide)	NP	QL(1 ea daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	P	ST; Use losartan or irbesartan; QL(1 ea daily)
<i>propranolol &amp; hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	P	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	P	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	P	QL(2 ea daily)
TARKA TBCR (Use trandolapril-verapamil hcl)	NP	
<i>telmisartan-amlodipine tabs</i>	P	
<i>telmisartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TENORETIC 100 TABS (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
TENORETIC 50 TABS (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
<i>trandolapril-verapamil hcl tbc</i>	P	
TRIBENZOR TABS (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NP	ST; Use losartan or irbesartan
TWYNSTA TABS (Use telmisartan-amlodipine)	NP	
<i>valsartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
VASERETIC TABS (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS 10 MG-12.5 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS 20 MG-25 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
ZIAC TABS (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
<b>Vasodilators</b>		
<i>hydralazine hcl tabs or 10 mg, 100 mg, 50 mg, 25 mg</i>	P	
<i>minoxidil tabs or 10 mg</i>	P	QL(10 ea daily)
<i>minoxidil tabs or 2.5 mg</i>	P	QL(3 ea daily)
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
COARTEM TABS	P	QL(24 ea per fill retail)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs or 250 mg</i>	P	
<i>chloroquine phosphate tabs or 500 mg</i>	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tabs or</i>	P	
KRINTAFEL TABS	P	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	P	
PLAQUENIL TABS ( <i>Use hydroxychloroquine sulfate</i> )	NP	
<i>primaquine phosphate tabs</i>	P	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NP	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NP	
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NP	
<i>pyridostigmine bromide tabs or 60 mg</i>	P	
<i>pyridostigmine bromide tbcr or 180 mg</i>	P	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Antimycobacterial Agents</b>		
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	P	
<i>isoniazid syrj or 50 mg/5ml</i>	P	
<i>isoniazid tabs or 100 mg, 300 mg</i>	P	
MYAMBUTOL TABS ( <i>Use ethambutol hcl</i> )	NP	
<i>pyrazinamide tabs or</i>	P	
RIFADIN CAPS OR 150 MG, 300 MG ( <i>Use rifampin</i> )	NP	
<i>rifampin caps or 150 mg, 300 mg</i>	P	
TRECTOR TABS	P	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN TABS ( <i>Use melphalan</i> )	NP	
LEUKERAN TABS	P	
<i>melphalan tabs</i>	P	
MYLERAN TABS	P	
<b>Antimetabolites</b>		
<i>mercaptopurine tabs or</i>	P	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium tabs or 2.5 mg</i>	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>anastrozole tabs or</i>	P	
ARIMIDEX TABS ( <i>Use anastrozole</i> )	NP	
AROMASIN TABS ( <i>Use exemestane</i> )	NP	
<i>bicalutamide tabs</i>	P	QL(1 ea daily)
CASODEX TABS ( <i>Use bicalutamide</i> )	NP	QL(1 ea daily)
<i>exemestane tabs</i>	P	
FARESTON TABS ( <i>Use toremifene citrate</i> )	NP	PA
FEMARA TABS ( <i>Use letrozole</i> )	NP	
<i>flutamide caps</i>	P	
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	P	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tabs or</i>	P	
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	P	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	P	
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	P	
<i>toremifene citrate tabs</i>	P	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
COTELLIC TABS	P	PA; SP
NINLARO CAPS	P	PA; SP
<b>Antineoplastics Misc.</b>		
HYDREA CAPS ( <i>Use hydroxyurea</i> )	NP	
<i>hydroxyurea caps or</i>	P	
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	P	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs or</i>	P	
LODOSYN TABS ( <i>Use carbidopa</i> )	NP	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl tabs</i>	P	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps or 100 mg</i>	P	
<i>amantadine hcl syrp or 50 mg/5ml</i>	P	
<i>bromocriptine mesylate caps or 5 mg</i>	P	
<i>bromocriptine mesylate tabs or 2.5 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tabs 10 mg-100 mg, 100 mg-25 mg, 25 mg-250 mg</i>	P	
<i>carbidopa-levodopa tbcr 100 mg-25 mg, 200 mg-50 mg</i>	P	
MIRAPEX TABS ( <i>Use pramipexole dihydrochloride</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS ( <i>Use bromocriptine mesylate</i> )	NP	
PARLODEL TABS ( <i>Use bromocriptine mesylate</i> )	NP	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
REQUIP TABS 0.25 MG, 4 MG ( <i>Use ropinirole hydrochloride</i> )	NP	QL(6 ea daily)
REQUIP TABS 1 MG, 2 MG, 5 MG ( <i>Use ropinirole hydrochloride</i> )	NP	QL(3 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 4 mg</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 1 mg, 2 mg, 5 mg</i>	P	QL(3 ea daily)
SINEMET CR TBCR ( <i>Use carbidopa-levodopa</i> )	NP	
SINEMET TABS ( <i>Use carbidopa-levodopa</i> )	NP	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>selegiline hcl caps or</i>	P	
<i>selegiline hcl tabs or</i>	P	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps or 300 mg, 150 mg, 600 mg</i>	P	
<i>lithium carbonate tabs or 300 mg</i>	P	
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOLN	P	
LITHOBID TBCR ( <i>Use lithium carbonate</i> )	P	
<b>Antipsychotics - Misc.</b>		
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG ( <i>Use ziprasidone hcl</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
NUPLAZID CAPS 34 MG	P	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	P	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	P	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<b>Benzisoxazoles</b>		
RISPERDAL SOLN 1 MG/ML ( <i>Use risperidone</i> )	NP	QL(4 ml daily); AL(At least 5 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use risperidone</i> )	NP	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone soln 1 mg/ml</i>	P	QL(4 ml daily); AL(At least 5 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL(4 ea daily); AL(At least 5 yrs old)
<i>risperidone tbdp 0.25 mg, 3 mg, 4 mg, 0.5 mg, 1 mg, 2 mg</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
<b>Butyrophenones</b>		
HALDOL DECANOATE 100 SOLN ( <i>Use haloperidol decanoate</i> )	NP	
HALDOL DECANOATE 50 SOLN ( <i>Use haloperidol decanoate</i> )	NP	
<i>haloperidol decanoate soln im 100 mg/ml, 50 mg/ml</i>	P	
<i>haloperidol lactate conc or 2 mg/ml</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs or 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	P	QL(3 ea daily)
<i>haloperidol tabs or 20 mg</i>	P	
<b>Dibenzapines</b>		
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS ( <i>Use clozapine</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>loxapine succinate caps</i>	P	QL(4 ea daily)
<i>olanzapine tabs or 10 mg, 7.5 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>olanzapine tabs or 15 mg, 20 mg</i>	P	QL(1 ea daily); AL(At least 10 yrs old)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 100 mg, 200 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 25 mg, 50 mg</i>	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 100 MG, 200 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 25 MG, 50 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
SEROQUEL TABS 300 MG, 400 MG ( <i>Use quetiapine fumarate</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 10 MG, 7.5 MG ( <i>Use olanzapine</i> )	NP	QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG ( <i>Use olanzapine</i> )	NP	QL(1 ea daily); AL(At least 10 yrs old)

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ZYPREXA TABS OR 2.5 MG, 5 MG (Use olanzapine)	NP	QL(4 ea daily); AL(At least 10 yrs old)
<b>Dihydroindolones</b>		
molindone hcl tabs	P	QL(4 ea daily)
<b>Phenothiazines</b>		
chlorpromazine hcl tabs or 10 mg	P	QL(10 ea daily)
chlorpromazine hcl tabs or 200 mg, 25 mg, 100 mg, 50 mg	P	QL(3 ea daily)
fluphenazine decanoate soln ij	P	
fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg	P	
perphenazine tabs or 16 mg, 2 mg, 4 mg, 8 mg	P	QL(4 ea daily)
prochlorperazine maleate tabs or 10 mg, 5 mg	P	
prochlorperazine supp	P	
thioridazine hcl tabs or 10 mg, 100 mg, 25 mg, 50 mg	P	QL(3 ea daily)
trifluoperazine hcl tabs	P	QL(2 ea daily)
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use aripiprazole)	NP	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole soln 1 mg/ml	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
aripiprazole tbdp 10 mg, 15 mg	P	QL(1 ea daily); AL(At least 6 yrs old)
<b>Thioxanthenes</b>		
thiothixene caps	P	QL(3 ea daily)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		

Drug Name	Drug Tier	Requirements/Limits
formaldehyde soln 10 %	P	QL(90 ml per fill retail)
<b>Chlorine Antiseptics</b>		
chlorhexidine gluconate liqd ex 4 %	P	OTC;QL(946 ml per fill retail)
HIBICLENS LIQD (Use chlorhexidine gluconate)	NP	OTC;QL(946 ml per fill retail)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
abacavir sulfate soln 20 mg/ml	P	QL(30 ml daily)
abacavir sulfate tabs 300 mg	P	QL(2 ea daily)
abacavir sulfate-lamivudine tabs	P	QL(1 ea daily)
abacavir sulfate-lamivudine-zidovudine tabs	P	QL(2 ea daily)
APTIVUS CAPS 250 MG	P	ST; QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	ST; QL(10 ml daily)
atazanavir sulfate caps 150 mg, 200 mg	P	QL(2 ea daily)
atazanavir sulfate caps 300 mg	P	
ATRIPLA TABS (Use efavirenz-emtricitabine-tenofovir disoproxil fumarate)	NP	ST; try Symfi;;QL(1 ea daily)
BIKTARVY TABS	P	QL(1 ea daily)
CIMDUO TABS	P	ST; QL(1 ea daily)
COMBIVIR TABS (Use lamivudine-zidovudine)	NP	QL(2 ea daily)
COMPLERA TABS	P	ST; try Symfi;;QL(1 ea daily)
CRIXIVAN CAPS 200 MG	P	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	P	QL(6 ea daily)
DELSTRIGO TABS	P	ST; try Symfi;QL(1 ea daily)

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DESCOVY TABS	P	PA; QL(1 ea daily)
<i>didanosine cpdr</i>	P	QL(1 ea daily)
DOVATO TABS	P	
EDURANT TABS	P	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	P	QL(1 ea daily)
<i>efavirenz caps 50 mg</i>	P	QL(2 ea daily)
<i>efavirenz tabs 600 mg</i>	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	P	ST; try Symfi;;QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
<i>emtricitabine caps</i>	P	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i> )	NP	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use <i>lamivudine</i> )	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i> )	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i> )	NP	QL(1 ea daily)
EPZICOM TABS (Use <i>abacavir sulfate-lamivudine</i> )	NP	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	P	QL(4 ea daily)
GENVOYA TABS	P	QL(1 ea daily)
INTELENCE TABS 100 MG, 25 MG	P	QL(4 ea daily)
INTELENCE TABS 200 MG	P	QL(2 ea daily)
INVIRASE CAPS 200 MG	P	ST; QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits
INVIRASE TABS 500 MG	P	ST; QL(4 ea daily)
ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)
ISENTRESS PACK 100 MG	P	QL(2 ea daily)
ISENTRESS TABS 400 MG	P	QL(2 ea daily)
JULUCA TABS	P	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use <i>lopinavir-ritonavir</i> )	NP	QL(480 ml per 30 days retail)
KALETRA TABS 100 MG-25 MG	P	QL(4 ea daily)
KALETRA TABS 200 MG-50 MG	P	QL(6 ea daily)
<i>lamivudine soln 10 mg/ml</i>	P	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	P	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	P	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	P	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	P	QL(56 ml daily)
LEXIVA TABS 700 MG (Use <i>fosamprenavir calcium</i> )	NP	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	P	QL(480 ml per 30 days retail)
<i>nevirapine susp 50 mg/5ml</i>	P	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	P	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	P	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	P	QL(1 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (Use <i>ritonavir</i> )	NP	QL(12 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TABS	P	QL(1 ea daily)
PREZCOBIX TABS	P	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	P	ST; QL(12 ml daily)
PREZISTA TABS 150 MG	P	ST; QL(3 ea daily)
PREZISTA TABS 600 MG, 75 MG	P	ST; QL(2 ea daily)
PREZISTA TABS 800 MG	P	ST; QL(1 ea daily)
RESCRIPTOR TABS	P	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NP	QL(6 ea daily)
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NP	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NP	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NP	
REYATAZ PACK 50 MG	P	QL(6 ea daily)
<i>ritonavir tabs</i>	P	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	P	QL(35 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	P	QL(2 ea daily)
SELZENTRY TABS 300 MG	P	QL(4 ea daily)
<i>stavudine caps</i>	P	QL(2 ea daily)
STRIBILD TABS	P	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NP	QL(1 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NP	QL(2 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NP	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NP	QL(1 ea daily)
SYMTUZA TABS	P	ST; try Symfi; QL(1 ea daily)
TEMIXYS TABS	P	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	P	QL(1 ea daily)
TIVICAY TABS 50 MG	P	QL(2 ea daily)
TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	NP	QL(2 ea daily)
TRUVADA TABS 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	P	QL(1 ea daily)
TYBOST TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
VIDEX EC CPDR 125 MG	P	QL(1 ea daily)
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use didanosine)	NP	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	P	QL(20 ml daily)
VIRACEPT TABS 250 MG	P	QL(9 ea daily)
VIRACEPT TABS 625 MG	P	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use nevirapine)	NP	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use nevirapine)	NP	QL(2 ea daily)
VIRAMUNE XR TB24 (Use nevirapine)	NP	QL(1 ea daily)
VIREAD POWD 40 MG/GM	P	QL(240 gm per 30 days retail)
VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 300 MG (Use <i>tenofovir disoproxil fumarate</i> )	NP	QL(1 ea daily)
ZERIT CAPS (Use <i>stavudine</i> )	NP	QL(2 ea daily)
ZIAGEN SOLN 20 MG/ML (Use <i>abacavir sulfate</i> )	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use <i>abacavir sulfate</i> )	NP	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	P	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	P	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	P	QL(2 ea daily)
<b>CMV Agents</b>		
VALCYTE TABS 450 MG (Use <i>valganciclovir hcl</i> )	NP	QL(2 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	P	QL(2 ea daily)
<b>Hepatitis Agents</b>		
MAVYRET TABS	P	PA; QL(3 ea daily); SP
<b>Herpes Agents</b>		
<i>acyclovir caps or 200 mg</i>	P	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	P	QL(400 ml per 30 days retail)
<i>acyclovir tabs or 400 mg</i>	P	QL(3 ea daily)
<i>acyclovir tabs or 800 mg</i>	P	QL(50 ea per 30 days retail)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	P	
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	P	QL(42 ea per 21 days retail)
<i>valacyclovir hcl tabs or 500 mg</i>	P	QL(2 ea daily)
VALTREX TABS 1 GM (Use <i>valacyclovir hcl</i> )	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use <i>valacyclovir hcl</i> )	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use <i>acyclovir</i> )	NP	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>acyclovir</i> )	NP	QL(400 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TABS OR 400 MG (Use <i>acyclovir</i> )	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use <i>acyclovir</i> )	NP	QL(50 ea per 30 days retail)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps or 30 mg</i>	P	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	P	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	P	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i> )	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i> )	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i> )	NP	QL(120 ml per 30 days retail)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol phosphate cp24</i>	P	QL(1 ea daily)
<i>carvedilol tabs 12.5 mg, 3.125 mg, 6.25 mg</i>	P	QL(3 ea daily)
<i>carvedilol tabs 25 mg</i>	P	QL(4 ea daily)
COREG CR CP24 (Use <i>carvedilol phosphate</i> )	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 3.125 MG, 6.25 MG (Use <i>carvedilol</i> )	NP	QL(3 ea daily)
COREG TABS 25 MG (Use <i>carvedilol</i> )	NP	QL(4 ea daily)
<i>labetalol hcl tabs or 100 mg</i>	P	QL(3 ea daily)
<i>labetalol hcl tabs or 200 mg</i>	P	QL(6 ea daily)
<i>labetalol hcl tabs or 300 mg</i>	P	QL(8 ea daily)
<b>Beta Blockers Cardio-Selective</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl caps or 400 mg, 200 mg</i>	P	
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use <i>metoprolol tartrate</i> )	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use <i>metoprolol tartrate</i> )	NP	QL(4 ea daily)
<i>metoprolol succinate tb24 100 mg, 25 mg, 50 mg</i>	P	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	P	QL(2 ea daily)
<i>metoprolol tartrate tabs or 100 mg</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate tabs or 25 mg, 50 mg</i>	P	QL(4 ea daily)
TENORMIN TABS (Use <i>atenolol</i> )	NP	QL(2 ea daily)
TOPROL XL TB24 100 MG, 25 MG, 50 MG (Use <i>metoprolol succinate</i> )	NP	QL(4 ea daily)
TOPROL XL TB24 200 MG (Use <i>metoprolol succinate</i> )	NP	QL(2 ea daily)
<b>Beta Blockers Non-Selective</b>		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/af)</i> )	NP	QL(2 ea daily)
BETAPACE TABS (Use <i>sotalol hcl</i> )	NP	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i> )	NP	QL(2 ea daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i> )	NP	QL(2 ea daily)
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</i>	P	QL(2 ea daily)
<i>pindolol tabs</i>	P	
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	P	QL(2 ea daily)
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tabs or 10 mg, 80 mg, 20 mg, 40 mg, 60 mg</i>	P	
<i>sotalol hcl (afib/af)</i> tabs	P	QL(2 ea daily)
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	P	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	P	
<i>timolol maleate tabs or 10 mg, 20 mg, 5 mg</i>	P	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 30 MG, 90 MG (Use <i>nifedipine</i> )	NP	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use <i>nifedipine</i> )	NP	QL(2 ea daily)
<i>amlodipine besylate tabs or 10 mg, 2.5 mg, 5 mg</i>	P	QL(1 ea daily)
CALAN SR TBCR (Use <i>verapamil hcl</i> )	NP	QL(2 ea daily)
CALAN TABS (Use <i>verapamil hcl</i> )	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use <i>diltiazem hcl coated beads</i> )	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use <i>diltiazem hcl coated beads</i> )	NP	QL(2 ea daily)
CARDIZEM TABS (Use <i>diltiazem hcl</i> )	NP	QL(3 ea daily)
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 300 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp24 or 120 mg, 180 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl cp24 or 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24 240 mg</i>	P	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cp24 420 mg, 120 mg, 180 mg, 300 mg, 360 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 mg</i>	P	QL(3 ea daily)
<i>felodipine tb24</i>	P	QL(1 ea daily)
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	P	
<i>nifedipine caps or 10 mg, 20 mg</i>	P	QL(4 ea daily)
<i>nifedipine tb24 or 30 mg, 90 mg</i>	P	QL(1 ea daily)
<i>nifedipine tb24 or 60 mg</i>	P	QL(2 ea daily)
NORVASC TABS (Use <i>amlodipine besylate</i> )	NP	QL(1 ea daily)
PROCARDIA CAPS (Use <i>nifedipine</i> )	NP	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use <i>nifedipine</i> )	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use <i>nifedipine</i> )	NP	QL(2 ea daily)
TIAZAC CP24 240 MG (Use <i>diltiazem hcl extended release beads</i> )	NP	QL(2 ea daily)
TIAZAC CP24 420 MG, 120 MG, 180 MG, 300 MG, 360 MG (Use <i>diltiazem hcl extended release beads</i> )	NP	QL(1 ea daily)
<i>verapamil hcl cp24 or 100 mg, 200 mg</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 or 360 mg, 120 mg, 180 mg, 240 mg, 300 mg</i>	P	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i>	P	QL(3 ea daily)
<i>verapamil hcl tbcr or 120 mg, 180 mg, 240 mg</i>	P	QL(2 ea daily)
VERELAN CP24 (Use <i>verapamil hcl</i> )	NP	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i> )	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i> )	NP	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin soln ij 0.25 mg/ml</i>	P	
<i>digoxin soln or 0.05 mg/ml</i>	P	
<i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i>	P	
LANOXIN SOLN IJ 0.25 MG/ML (Use <i>digoxin</i> )	P	
LANOXIN TABS OR 250 MCG, 125 MCG (Use <i>digoxin</i> )	P	
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	P	
<i>cefadroxil susr</i>	P	
<i>cefadroxil tabs</i>	P	
<i>cephalexin caps 250 mg, 500 mg</i>	P	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	P	
KEFLEX CAPS 250 MG, 500 MG (Use <i>cephalexin</i> )	NP	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	P	
<i>cefaclor susr</i>	P	
<i>cefprozil susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old )
<i>cefprozil tabs 250 mg, 500 mg</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
<b>Cephalosporins - 3rd Generation</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir caps 300 mg</i>	P	QL(20 ea per fill retail)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>ceftriaxone sodium solr ij 1 gm, 250 mg, 500 mg</i>	P	QL(3 ea per fill retail)

## CHEMICALS

### Bulk Chemicals - O's

OMEPRAZOLE POWD XX	P	PA
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### Bulk Chemicals - P's

PROMETHAZINE HCL POWD XX	P	PA
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## CONTRACEPTIVES - Drugs to Prevent Pregnancy

### Combination Contraceptives - Oral

<i>desogestrel &amp; ethinyl estradiol tabs</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	P	
<i>drosiprenone-ethinyl estradiol tabs</i>	P	QL(1 ea daily)
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i> )	NP	
<i>ethynodiol diacet &amp; eth estrad tabs</i>	P	QL(1 ea daily)
GENERESS FE CHEW (Use <i>norethindrone &amp; ethinyl estradiol-fe</i> )	NP	
<i>levonorgestrel &amp; eth estradiol tabs</i>	P	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	P	QL(91 ea per fill retail)
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )	NP	
<i>norethin acet &amp; estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone &amp; eth estradiol tabs</i>	P	
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	P	
<i>norethindrone acet &amp; eth estra tabs</i>	P	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	P	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	P	
<i>norgestimate-ethinyl estradiol tabs</i>	P	
<i>norgestrel &amp; ethinyl estradiol tabs 0.3 mg-30 mcg</i>	P	QL(2 ea daily)
<i>norgestrel &amp; ethinyl estradiol tabs 0.5 mg-50 mcg</i>	P	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i> )	NP	
ORTHO TRI-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i> )	NP	
ORTHO-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol</i> )	NP	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone &amp; eth estradiol</i> )	NP	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i> )	NP	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	NP	QL(91 ea per fill retail)
TRI-NORINYL 28 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i> )	NP	
YASMIN 28 TABS (Use <i>drosiprenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)
YAZ TABS (Use <i>drosiprenone-ethinyl estradiol</i> )	NP	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-ethinyl estradiol ptwk</i>	P	QL(3 ea per 28 days retail)
<b>Combination Contraceptives - Vaginal</b>		
<i>etonogestrel-ethinyl estradiol ring</i>	P	QL(1 ea per fill retail)
NUVARING RING (Use <i>etonogestrel-ethinyl estradiol</i> )	NP	QL(1 ea per fill retail)
<b>Emergency Contraceptives</b>		
ELLA TABS	P	QL(4 ea per 365 days retail)
<i>levonorgestrel (emergency oc) tabs</i>	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use <i>levonorgestrel (emergency oc)</i> )	NP	QL(1 ea per 21 days retail)
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>medroxyprogesterone acetate (contraceptive)</i> )	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susp</i>	P	QL(1 ml per fill retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	P	QL(1 ml per fill retail)
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	P	
ORTHO MICRONOR TABS (Use <i>norethindrone (contraceptive)</i> )	NP	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
CORTEF TABS (Use <i>hydrocortisone</i> )	NP	

Drug Name	Drug Tier	Requirements/ Limits
<i>cortisone acetate tabs or</i>	P	
<i>dexamethasone elix or 0.5 mg/5ml</i>	P	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 days retail)
<i>dexamethasone soln or 0.5 mg/5ml</i>	P	
<i>dexamethasone tabs or 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	P	
<i>hydrocortisone tabs or 10 mg, 20 mg, 5 mg</i>	P	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i> )	NP	
MEDROL TABS 8 MG, 4 MG (Use <i>methylprednisolone</i> )	NP	
<i>methylprednisolone tabs or 8 mg, 4 mg</i>	P	
<i>methylprednisolone tbpk or 4 mg</i>	P	
MILLIPRED TABS 5 MG	P	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NP	
<i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml</i>	P	
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>prednisolone soln or</i>	P	
PREDNISONE INTENSOL CONC	P	
<i>prednisone soln or 5 mg/5ml</i>	P	
<i>prednisone tabs or 1 mg, 10 mg, 2.5 mg, 50 mg, 20 mg, 5 mg</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone tbpk or 10 mg, 5 mg</i>	P	
VERIPRED 20 SOLN ( <i>Use prednisolone sodium phosphate</i> )	NP	QL(150 ml per fill retail)
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs or</i>	P	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)
<i>benzonatate caps 200 mg</i>	P	QL(30 ea per 30 days retail); AL(At least 10 yrs old - Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER ( <i>Use dextromethorphan polistirex</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
DELSYM SUER ( <i>Use dextromethorphan polistirex</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>dextromethorphan hbr liqd or 7.5 mg/5ml</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>dextromethorphan polistirex suer</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>hydrocodone w/ homatropine syrp 1.5 mg/5ml-5 mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
TESSALON PERLES CAPS ( <i>Use benzonatate</i> )	NP	AL(At least 10 yrs old - Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML ( <i>Use dextromethorphan hbr</i> )	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<b>Cough/Cold/Allergy Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
ADVIL COLD & SINUS TABS ( <i>Use pseudoephedrine-ibuprofen</i> )	NP	OTC;AL(Up to 21 yrs old )
BIOSPEC DMX LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>brompheniramine &amp; phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml, 1 mg/5ml-2.5 mg/5ml</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
<i>brompheniramine &amp; pseudoeph elix</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
<i>brompheniramine &amp; pseudoeph liqd</i>	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
BROTAPP DM LIQD	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>cetirizine-pseudoephedrine tb12</i>	P	AL(Up to 21 yrs old )
CHERACOL PLUS LIQD ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
CHERACOL-D COUGH LIQD ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
CLARITIN-D 12 HOUR TB12 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
CLARITIN-D 24 HOUR TB24 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NP	OTC;QL(1 ea daily); AL(Up to 21 yrs old )
CLEAR COUGH PM MULTI-SYMPTOM LIQD ( <i>Use dextromethorphan-doxylamine-acetaminophen</i> )	NP	OTC;AL(Up to 21 yrs old )
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC;AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/Limits
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use dextromethorphan-phenylephrine-acetaminophen)	NP	OTC;AL(Up to 21 yrs old )
dextromethorphan-doxylamine-acetaminophen liqd 10 %-15 mg/15ml-15 mg/15ml-500 mg/15ml-500 mg/15ml-6.25 mg/15ml-6.25 mg/15ml, 1000 mg/30ml-12.5 mg/30ml-30 mg/30ml, 15 mg/15ml-500 mg/15ml-6.25 mg/15ml	P	OTC;AL(Up to 21 yrs old )
dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 15 mg/7.5ml-150 mg/7.5ml, 20 mg/10ml-200 mg/10ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
dextromethorphan-guaifenesin liqd 10 mg/5ml-200 mg/5ml, 20 mg/10ml-400 mg/10ml	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
dextromethorphan-guaifenesin liqd 200 mg/5ml-200 mg/5ml-30 mg/5ml-30 mg/5ml, 200 mg/5ml-30 mg/5ml, 100 mg/5ml-5 mg/5ml, 20 mg/20ml-400 mg/20ml	P	OTC;AL(Up to 21 yrs old )
dextromethorphan-guaifenesin syrup 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
dextromethorphan-guaifenesin tb12 30 mg-600 mg	P	QL(2 ea daily); AL(Up to 21 yrs old )
dextromethorphan-phenylephrine-acetaminophen caps 10 mg-10 mg-325 mg-325 mg-5 mg-5 mg, 10 mg-325 mg-5 mg	P	OTC;AL(Up to 21 yrs old )
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC;AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/Limits
DIMETAPP COLD & ALLERGY ELIX (Use brompheniramine & phenyleph)	NP	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old )
DIMETAPP LONG ACTING COUGH PLUS COLD SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
ED BRON GP LIQD	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
guaifenesin-codeine syrup 10 mg/5ml-100 mg/5ml	P	AL(At least 18 yrs old - Up to 21 yrs old)
LITTLE REMEDIES FOR COLDSMULTI SYMPTOM LIQD	P	OTC;AL(Up to 21 yrs old )
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
loratadine & pseudoephedrine tb12 120 mg-5 mg	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 10 mg-240 mg	P	OTC;QL(1 ea daily); AL(Up to 21 yrs old )
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old )
MAXI-TUSS PE MAX LIQD	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old )
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NP	QL(2 ea daily); AL(Up to 21 yrs old )

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine-chlorphen-dm liqd 10 mg/5ml-15 mg/5ml-4 mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>phenylephrine-dm liqd</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>phenylephrine-dm soln</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine &amp; phenylephrine syrp</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>promethazine w/codeine soln</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>promethazine w/codeine syrp</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>promethazine-dm soln</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine-dm syrp</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>promethazine-phenylephrine-codeine syrp</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
PROMETHAZINE/PHENYL EPHRINE SYRP	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>pseudoephed-bromphen-dm syrp</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine w/ codeine-gg soln</i>	P	QL(240 ml per 7 days retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>pseudoephedrine w/ dm-gg liqd 10 mg/5ml-100 mg/5ml-30 mg/5ml</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-chlorphen-dm liqd</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-dm liqd</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-guaifenesin syrp 100 mg/5ml-30 mg/5ml</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old )
<i>pseudoephedrine-ibuprofen tabs</i>	P	OTC;AL(Up to 21 yrs old )
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC;AL(Up to 21 yrs old )
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC;QL(240 ea per fill retail); AL(Up to 21 yrs old )
QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
ROBITUSSIN PEAK COLD DM SYRP ( <i>Use dextromethorphan-guaifenesin</i> )	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old )
SCOT-TUSSIN DM LIQD	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
SCOT-TUSSIN SENIOR LIQD	P	OTC;AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old )
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	NP	AL(Up to 21 yrs old )
<b>Expectorants</b>		
<i>guaifenesin liqd or 100 mg/5ml, 200 mg/10ml, 400 mg/20ml</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>guaifenesin soln or 100 mg/5ml, 200 mg/10ml, 300 mg/15ml</i>	P	QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>guaifenesin syrp or 100 mg/5ml, 200 mg/10ml</i>	P	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old )
<i>guaifenesin tb12 or 1200 mg</i>	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
<i>guaifenesin tb12 or 600 mg</i>	P	QL(40 ea per 30 days retail); AL(Up to 21 yrs old )
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i> )	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old )
MUCINEX TB12 (Use <i>guaifenesin</i> )	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old )
<b>Misc. Respiratory Inhalants</b>		
<i>sodium chloride (inhalant) aers 0.9 %</i>	P	OTC;QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 10 %, 3 %</i>	P	
<b>Mucolytics</b>		
<i>acetylcysteine soln in 10 %, 20 %</i>	P	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG	NP	PA; QL(2 ea daily); AL(At least 12 yrs old)
ACNE MEDICATION 10 LOTN	P	OTC
ACNE MEDICATION 5 LOTN	P	OTC
BENZAC AC WASH LIQD (Use <i>benzoyl peroxide</i> )	NP	RX/OTC
<i>benzoyl peroxide bar ex 10 %</i>	P	
BENZOYL PEROXIDE CLEANSER LIQD	P	
<i>benzoyl peroxide gel ex 2.5 %, 5 %, 10 %</i>	P	
<i>benzoyl peroxide liqd ex 4 %, 10 %</i>	P	
<i>benzoyl peroxide liqd ex 5 %</i>	P	RX/OTC
CLEOCIN-T GEL (Use <i>clindamycin phosphate (topical)</i> )	NP	QL(60 ml per fill retail)
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i> )	NP	
CLEOCIN-T SOLN (Use <i>clindamycin phosphate (topical)</i> )	NP	
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i> )	NP	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) gel</i>	P	QL(60 ml per fill retail)
<i>clindamycin phosphate (topical) lotn</i>	P	
<i>clindamycin phosphate (topical) soln</i>	P	
ERYGEL GEL (Use <i>erythromycin (acne aid)</i> )	NP	QL(60 gm per fill retail)
<i>erythromycin (acne aid) gel</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) soln</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps or 30 mg, 10 mg, 20 mg, 40 mg</i>	P	PA; QL(2 ea daily); AL(At least 12 yrs old)
KLARON LOTN ( <i>Use sulfacetamide sodium (acne)</i> )	NP	
RETIN-A CREA 0.05 %, 0.1 %, 0.025 % ( <i>Use tretinoin</i> )	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.01 % ( <i>Use tretinoin</i> )	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old )
RETIN-A GEL 0.025 % ( <i>Use tretinoin</i> )	NP	AL(Up to 35 yrs old )
SODIUM SULFACETAMIDE/SULFUR SUSP	P	
<i>sulfacetamide sodium (acne) lotn</i>	P	
<i>sulfacetamide sodium w/ sulfur lotn 10 %-5 %</i>	P	QL(60 gm per fill retail)
<i>tretinoin crea ex 0.05 %, 0.1 %, 0.025 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old )
<i>tretinoin gel ex 0.025 %</i>	P	AL(Up to 35 yrs old )
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac sodium (topical) gel 1 %</i>	P	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
VOLTAREN GEL ( <i>Use diclofenac sodium (topical)</i> )	NP	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,; RX/OTC
<b>Antibiotics - Topical</b>		

Drug Name	Drug Tier	Requirements/ Limits
BACIGUENT OINT EX ( <i>Use bacitracin (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
<i>bacitracin (topical) oint</i>	P	OTC;QL(30 gm per fill retail)
<i>bacitracin zinc oint ex</i>	P	OTC;QL(30 gm per fill retail)
BACTROBAN CREA ( <i>Use mupirocin calcium (topical)</i> )	NP	QL(30 gm per fill retail)
CENTANY OINT	P	
<i>gentamicin sulfate (topical) crea</i>	P	QL(60 gm per fill retail)
<i>gentamicin sulfate (topical) oint</i>	P	QL(60 gm per fill retail)
<i>mupirocin calcium (topical) crea</i>	P	QL(30 gm per fill retail)
<i>mupirocin oint ex</i>	P	
<i>neomycin-bacitracin-polymyxin oint</i>	P	OTC;QL(454 gm per fill retail)
<i>neomycin-polymyxin w/ pramoxine crea</i>	P	OTC;QL(30 gm per fill retail)
NEOSPORIN ORIGINAL OINT ( <i>Use neomycin-bacitracin-polymyxin</i> )	NP	OTC;QL(454 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH CREA ( <i>Use neomycin-polymyxin w/ pramoxine</i> )	NP	OTC;QL(30 gm per fill retail)
<b>Antifungals - Topical</b>		
<i>clotrimazole (topical) crea</i>	P	QL(90 gm per fill retail); RX/OTC
<i>clotrimazole (topical) soln</i>	P	QL(60 ml per fill retail); RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	P	QL(45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	P	QL(31 ml per 30 days retail)
<i>econazole nitrate crea ex</i>	P	QL(30 gm per fill retail)
<i>ketoconazole (topical) crea 2 %</i>	P	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) sham 1 %</i>	P	OTC
<i>ketoconazole (topical) sham 2 %</i>	P	
LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NP	OTC;QL(30 gm per fill retail)
LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	NP	QL(90 gm per fill retail); RX/OTC
LOTRISONE CREA ( <i>Use clotrimazole w/ betamethasone</i> )	NP	QL(45 gm per 30 days retail)
MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NP	QL(60 ml per fill retail)
<i>miconazole nitrate (topical) crea</i>	P	QL(60 ml per fill retail)
NIZORAL SHAM ( <i>Use ketoconazole (topical)</i> )	NP	
<i>nystatin (topical) crea</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) oint</i>	P	QL(30 gm per fill retail)
<i>nystatin (topical) powd</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone crea</i>	P	QL(60 gm per fill retail)
<i>nystatin-triamcinolone oint</i>	P	QL(60 gm per fill retail)
<i>terbinafine hcl (topical) crea</i>	P	OTC;QL(30 gm per fill retail)
TINACTIN CREA ( <i>Use tolnaftate</i> )	NP	OTC;QL(30 gm per fill retail)
<i>tolnaftate crea ex</i>	P	OTC;QL(30 gm per fill retail)
<b>Antihistamines-Topical</b>		
ITCH RELIEF CREA	P	OTC
<b>Antineoplastic or Premalignant Lesion Agents -</b>		

Drug Name	Drug Tier	Requirements/Limits
CARAC CREA ( <i>Use fluorouracil (topical)</i> )	NP	
EFUDEX CREA ( <i>Use fluorouracil (topical)</i> )	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea 0.5 %</i>	P	
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) soln 2 %, 5 %</i>	P	QL(10 ml per 30 days retail)
<b>Antipruritics - Topical</b>		
<i>camphor &amp; menthol lotn 0.5 %-0.5 %</i>	P	OTC;QL(222 ml per fill retail)
SARNA LOTN ( <i>Use camphor &amp; menthol</i> )	NP	OTC;QL(222 ml per fill retail)
<b>Antipsoriatics</b>		
<i>calcipotriene crea ex</i>	P	
<i>calcipotriene soln ex</i>	P	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	P	PA; SP
COSENTYX SOSY	P	PA; SP
DOVONEX CREA ( <i>Use calcipotriene</i> )	NP	
<i>tazarotene crea ex</i>	P	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC CREA 0.05 %	P	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC CREA 0.1 % ( <i>Use tazarotene</i> )	NP	QL(2 gm daily); AL(Up to 20 yrs old )
TAZORAC GEL 0.05 %, 0.1 %	P	QL(6.67 gm daily); AL(Up to 20 yrs old )
<b>Antiseborrheic Products</b>		
OVACE PLUS WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)
OVACE WASH LIQD ( <i>Use sulfacetamide sodium</i> )	NP	QL(120 ml per fill retail)
<i>selenium sulfide lotn ex 1 %</i>	P	OTC;QL(420 ml per fill retail)

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<i>selenium sulfide lotn ex 2.5 %</i>	P	
<i>selenium sulfide sham ex 1 %</i>	P	OTC;QL(420 ml per fill retail)
SELSUN BLUE DAILY LOTN ( <i>Use selenium sulfide</i> )	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE LOTN ( <i>Use selenium sulfide</i> )	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN ( <i>Use selenium sulfide</i> )	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN ( <i>Use selenium sulfide</i> )	NP	OTC;QL(420 ml per fill retail)
<i>sulfacetamide sodium liqd ex</i>	P	QL(120 ml per fill retail)
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	P	QL(5 gm per fill retail)
<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA EX 5 % ( <i>Use acyclovir topical</i> )	NP	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % ( <i>Use acyclovir topical</i> )	NP	QL(30 gm per 30 days retail)
<b>Burn Products</b>		
SILVADENE CREA ( <i>Use silver sulfadiazine</i> )	NP	
<i>silver sulfadiazine crea ex</i>	P	
<b>Corticosteroids - Topical</b>		
<i>betamethasone dipropionate (topical) crea</i>	P	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<i>betamethasone dipropionate augmented crea</i>	P	QL(50 gm per fill retail)
<i>betamethasone valerate crea ex 0.1 %</i>	P	
<i>betamethasone valerate lotn ex 0.1 %</i>	P	
<i>betamethasone valerate oint ex 0.1 %</i>	P	
<i>clobetasol propionate crea ex</i>	P	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate gel ex</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate oint ex</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate soln ex</i>	P	QL(50 ml per fill retail)
DERMA-SMOOTH/FS SCALP OIL ( <i>Use fluocinolone acetonide</i> )	NP	QL(118.28 ml per fill retail)
<i>desonide crea ex</i>	P	
<i>desonide oint ex</i>	P	QL(2 gm daily)
DESOWEN CREA ( <i>Use desonide</i> )	NP	
DESOXIMETASONE CREA EX 0.05 %	P	
<i>desoximetasone crea ex 0.05 %</i>	P	
<i>desoximetasone crea ex 0.25 %</i>	P	QL(2 gm daily)
<i>desoximetasone gel ex 0.05 %</i>	P	QL(2 gm daily)
<i>desoximetasone oint ex 0.25 %</i>	P	QL(2 gm daily)
DIPROLENE AF CREA ( <i>Use betamethasone dipropionate augmented</i> )	NP	QL(50 gm per fill retail)
ELOCON CREA ( <i>Use mometasone furoate</i> )	NP	QL(50 gm per fill retail)
ELOCON OINT ( <i>Use mometasone furoate</i> )	NP	QL(45 gm per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)
<i>fluocinolone acetonide oil ex 0.01 %</i>	P	QL(118.28 ml per fill retail)
<i>fluocinonide crea ex 0.05 %</i>	P	QL(150 gm per 30 days retail)1 rtl pack lmt per fill,
<i>fluocinonide emulsified base crea</i>	P	QL(60 gm per fill retail)
<i>fluocinonide gel ex 0.05 %</i>	P	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint ex 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluocinonide soln ex 0.05 %</i>	P	QL(60 ml per fill retail)
<i>fluticasone propionate crea ex 0.05 %</i>	P	QL(60 gm per fill retail)
<i>fluticasone propionate oint ex 0.005 %</i>	P	QL(60 gm per fill retail)
<i>hydrocortisone (topical) crea 0.5 %</i>	P	OTC
<i>hydrocortisone (topical) crea 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	P	
<i>hydrocortisone (topical) lotn 1 %</i>	P	QL(453.6 ml per fill retail)
<i>hydrocortisone (topical) lotn 2.5 %</i>	P	QL(120 ml per fill retail)
<i>hydrocortisone (topical) oint 1 %</i>	P	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	P	
<i>hydrocortisone butyrate soln</i>	P	
<i>hydrocortisone-aloe vera crea 0.5 %</i>	P	
<i>hydrocortisone-aloe vera crea 1 %</i>	P	OTC;QL(224 gm per fill retail)
LOCOID SOLN ( <i>Use hydrocortisone butyrate</i> )	NP	
<i>mometasone furoate crea ex</i>	P	QL(50 gm per fill retail)
<i>mometasone furoate oint ex</i>	P	QL(45 gm per fill retail)
<i>mometasone furoate soln ex</i>	P	QL(60 ml per fill retail)
MONISTAT SOOTHING CARE ITCH RELIEF CREA ( <i>Use hydrocortisone (topical)</i> )	NP	QL(454 gm per fill retail); RX/OTC
TEMOVATE CREA ( <i>Use clobetasol propionate</i> )	NP	QL(60 gm per fill retail)
TEMOVATE OINT ( <i>Use clobetasol propionate</i> )	NP	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TOPICORT CREA 0.05 % ( <i>Use desoximetasone</i> )	NP	
TOPICORT CREA 0.25 % ( <i>Use desoximetasone</i> )	NP	QL(2 gm daily)
TOPICORT GEL 0.05 % ( <i>Use desoximetasone</i> )	NP	QL(2 gm daily)
TOPICORT OINT 0.25 % ( <i>Use desoximetasone</i> )	NP	QL(2 gm daily)
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	P	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	P	QL(60 ml per fill retail)
<i>triamcinolone acetonide (topical) oint 0.025 %</i>	P	QL(454 gm per fill retail)
<i>triamcinolone acetonide (topical) oint 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA ( <i>Use desonide</i> )	NP	
<b>Emollient/Keratolytic Agents</b>		
<i>urea crea ex 40 %</i>	P	RX/OTC
<i>urea lotn ex 40 %</i>	P	
<b>Emollients</b>		
EMOLLIENT LOTION-MISC	P	RX/OTC
LAC-HYDRIN CREA ( <i>Use lactic acid (ammonium lactate)</i> )	NP	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use lactic acid (ammonium lactate)</i> )	NP	QL(1368 ml per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	P	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	QL(1368 ml per fill retail); RX/OTC
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>Use imiquimod</i> )	NP	QL(48 ea per 180 days retail)
<i>imiquimod crea ex 5 %</i>	P	QL(48 ea per 180 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>Use pimecrolimus</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.03 % ( <i>Use tacrolimus (topical)</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % ( <i>Use tacrolimus (topical)</i> )	NP	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	P	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL 3 %	P	OTC
KERALYT GEL 6 % ( <i>Use salicylic acid</i> )	NP	
<i>podofilox soln ex</i>	P	
<i>salicylic acid gel ex 6 %</i>	P	
<b>Local Anesthetics - Topical</b>		
ARTHRITIS PAIN RELIEVING CREA	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea ex 0.025 %</i>	P	OTC;QL(60 ml per fill retail)
<i>capsaicin crea ex 0.075 %</i>	P	OTC;QL(60 gm per fill retail)
<i>capsaicin crea ex 0.1 %</i>	P	OTC;QL(43 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
CAPZASIN-HP CREA ( <i>Use capsaicin</i> )	NP	OTC;QL(43 gm per fill retail)
CAPZASIN-P CREA	P	OTC;QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	P	OTC;QL(30 gm per fill retail)
<i>dibucaine oint ex</i>	P	OTC;QL(56.7 gm per fill retail)
<i>lidocaine crea ex 4 %</i>	P	OTC;QL(2 gm daily)
<i>lidocaine hcl crea ex 3 %</i>	P	QL(453.6 gm per fill retail); RX/OTC
<i>lidocaine hcl crea ex 4 %</i>	P	OTC;QL(2 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine hcl gel ex 2 %</i>	P	AL(At least 21 yrs old); RX/OTC
<i>lidocaine oint ex 5 %</i>	P	QL(100 gm per 30 days retail)1 rtl pack lmt per fill,
<i>lidocaine-prilocaine crea</i>	P	QL(30 gm per fill retail)
LMX 4 CREA ( <i>Use lidocaine</i> )	NP	OTC;QL(2 gm daily)
PREDATOR CREA ( <i>Use lidocaine hcl</i> )	NP	OTC;QL(2 ml daily)
<b>Misc. Topical</b>		
DRYSOL SOLN	P	
HYDRO-LAN CREA	P	OTC
<i>lanolin (topical) crea</i>	P	OTC
LANOLOR CREA	P	OTC
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
ULTRATHON INSECT REPELLENT LOTN	P	OTC;QL(57 gm per fill retail,114 gm per 30 days retail)
<i>zinc oxide (topical) oint 20 %</i>	P	OTC;QL(500 gm per fill retail)
<b>Rosacea Agents</b>		
METROCREAM CREA (Use <i>metronidazole (topical)</i> )	NP	
METROLOTION LOTN (Use <i>metronidazole (topical)</i> )	NP	
<i>metronidazole (topical) crea 0.75 %</i>	P	
<i>metronidazole (topical) gel 0.75 %</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn 0.75 %</i>	P	
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton lotn ex</i>	P	QL(454 gm per fill retail)
ELIMITE CREA (Use <i>permethrin</i> )	NP	QL(360 gm per fill retail)
EURAX CREA	P	QL(60 gm per fill retail)
EURAX LOTN (Use <i>crotamiton</i> )	NP	QL(454 gm per fill retail)
LICEMD GEL	P	OTC
LICIDE TREATMENT KIT KIT	P	OTC
<i>malathion lotn</i>	P	QL(59 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
NATROBA SUSP (Use <i>spinosad</i> )	NP	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD (Use <i>permethrin</i> )	NP	OTC
OVIDE LOTN (Use <i>malathion</i> )	NP	QL(59 ml per fill retail)
<i>permethrin crea ex 5 %</i>	P	QL(360 gm per fill retail)
<i>permethrin liqd ex 1 %</i>	P	OTC
<i>permethrin lotn ex 1 %</i>	P	OTC
<i>pyrethrins-piperonyl butoxide liqd</i>	P	OTC
<i>pyrethrins-piperonyl butoxide sham</i>	P	OTC
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover kit</i>	P	OTC
RA LICE SOLUTION KIT KIT	P	OTC
RID COMPLETE LICE ELIMINATION KIT (Use <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	OTC
RID LIQD EX 0.33 %-4 % (Use <i>pyrethrins-piperonyl butoxide</i> )	NP	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
<i>spinosad susp</i>	P	Min Age limit = 6 months;QL(120 ml per fill retail,240 ml per 30 days retail)
<b>Tar Products</b>		



Drug Name	Drug Tier	Requirements/Limits
<i>coal tar extract sham 0.5 %</i>	P	OTC
DHS TAR GEL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
DHS TAR SHAM ( <i>Use coal tar extract</i> )	NP	OTC
NEUTROGENA T/GEL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM ( <i>Use coal tar extract</i> )	NP	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Tests</b>		
CHEMSTRIP-K STRP	P	OTC;QL(6.67 ea daily)
FORA GTEL BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
GOJJI BLOOD KETONE TEST STRIPS STRP	P	OTC;QL(1 ea daily)
KETONE STRP	P	OTC;QL(6.67 ea daily)
KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)
KETOSTIX STRP	P	OTC;QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	P	OTC;QL(1 ea daily)
ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips;RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
PRECISION XTRA STRP VI	P	OTC;QL(1 ea daily)
PTS PANELS KETONE TEST STRP	P	OTC;QL(1 ea daily)
RELION KETONE STRP	P	OTC;QL(6.67 ea daily)
RELION KETONE TEST STRIPS STRP	P	OTC;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	P	
PANCREAZE CPEP	P	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 or 500 mg</i>	P	
<i>acetazolamide tabs or 125 mg, 250 mg</i>	P	
<i>methazolamide tabs or 25 mg, 50 mg</i>	P	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NP	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
DYAZIDE CAPS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
MAXZIDE TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
MAXZIDE-25 TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NP	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	P	
<i>triamterene &amp; hydrochlorothiazide caps</i>	P	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	P	
<b>Loop Diuretics</b>		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
BUMEX TABS ( <i>Use bumetanide</i> )	NP	
DEMADEX TABS ( <i>Use torsemide</i> )	NP	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide soln or 10 mg/ml, 8 mg/ml</i>	P	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	P	
LASIX TABS (Use <i>furosemide</i> )	NP	
<i>toremide tabs</i>	P	QL(1 ea daily)
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (Use <i>spironolactone</i> )	NP	
<i>amiloride hcl tabs or</i>	P	QL(4 ea daily)
<i>spironolactone tabs or 50 mg, 100 mg, 25 mg</i>	P	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiazide tabs 250 mg</i>	P	QL(2 ea daily)
<i>chlorothiazide tabs 500 mg</i>	P	QL(4 ea daily)
<i>chlorthalidone tabs</i>	P	
<i>hydrochlorothiazide caps or 12.5 mg</i>	P	
<i>hydrochlorothiazide tabs or 25 mg, 50 mg</i>	P	
<i>indapamide tabs</i>	P	
<i>metolazone tabs</i>	P	
MICROZIDE CAPS (Use <i>hydrochlorothiazide</i> )	NP	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i> )	NP	PA; QL(4 ea per fill retail)
ACTONEL TABS 5 MG (Use <i>risedronate sodium</i> )	NP	PA; QL(1 ea daily)
<i>alendronate sodium soln 70 mg/75ml</i>	P	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	P	QL(0.15 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ATELVIA TBEC (Use <i>risedronate sodium</i> )	NP	PA; QL(4 ea per 28 days retail)
<i>calcitonin (salmon) soln</i>	P	1 rtl pack lmt per fill,
<i>etidronate disodium tabs</i>	P	PA
FOSAMAX TABS (Use <i>alendronate sodium</i> )	NP	QL(0.15 ea daily)
MIACALCIN SOLN	P	QL(2 ml per fill retail)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	P	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	P	PA; QL(4 ea per fill retail)
<i>risedronate sodium tbec 35 mg</i>	P	PA; QL(4 ea per 28 days retail)
<b>Growth Hormones</b>		
NORDITROPIN FLEXPRO SOPN	P	PA; SP
OMNITROPE SOCT	P	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS (Use <i>raloxifene hcl</i> )	NP	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	P	QL(1 ea daily)
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	P	
CARNITOR SF SOLN (Use <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (Use <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(30 ml daily)
CARNITOR TABS OR 330 MG (Use <i>levocarnitine (metabolic modifiers)</i> )	NP	QL(3 ea daily)
CRYSVITA SOLN	P	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	P	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	P	QL(3 ea daily)
ROCALTROL CAPS 0.25 MCG, 0.5 MCG ( <i>Use calcitriol</i> )	NP	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 %	P	QL(5 ml per fill retail)
DDAVP SOLN NA 0.01 % ( <i>Use desmopressin acetate spray</i> )	NP	QL(5 ml per fill retail)
DDAVP TABS OR 0.1 MG, 0.2 MG ( <i>Use desmopressin acetate</i> )	NP	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray soln</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>	P	QL(6 ea daily)
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
ACTIVELLA TABS ( <i>Use estradiol &amp; norethindrone acetate</i> )	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol &amp; norethindrone acetate tabs</i>	P	QL(1 ea daily)
FEMHRT LOW DOSE TABS ( <i>Use norethindrone acetate-ethinyl estradiol</i> )	NP	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	P	
PREMPHASE TABS	P	
PREMPRO TABS	P	
<b>Estrogens</b>		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK ( <i>Use estradiol</i> )	NP	QL(4 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG ( <i>Use estradiol</i> )	NP	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	QL(8 ea per fill retail)
<i>estradiol ptwk td 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	P	QL(4 ea per fill retail)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
MINIVELLE PTTW ( <i>Use estradiol</i> )	NP	QL(8 ea per fill retail)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	QL(1 ea daily)
VIVELLE-DOT PTTW ( <i>Use estradiol</i> )	NP	QL(8 ea per fill retail)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )	NP	
<i>ciprofloxacin hcl tabs or 100 mg</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 750 mg, 250 mg, 500 mg</i>	P	
LEVAQUIN TABS ( <i>Use levofloxacin</i> )	NP	QL(1 ea daily, 14 ea per fill retail)
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	P	QL(1 ea daily, 14 ea per fill retail)
<i>ofloxacin tabs 400 mg</i>	P	QL(56 ea per fill retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Antiflatulents</b>		
GAS-X CHEW ( <i>Use simethicone</i> )	NP	OTC
MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>Use simethicone</i> )	NP	OTC;QL(31 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
MYLICON INFANTS GAS RELIEF SUSP ( <i>Use simethicone</i> )	NP	OTC;QL(31 ml per 30 days retail)
<i>simethicone chew or 80 mg</i>	P	OTC
<i>simethicone liqd or 20 mg/0.3ml, 40 mg/0.6ml</i>	P	OTC;QL(31 ml per 30 days retail)
<i>simethicone susp or 20 mg/0.3ml, 40 mg/0.6ml</i>	P	OTC;QL(31 ml per 30 days retail)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	P	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use ursodiol</i> )	NP	
URSO 250 TABS ( <i>Use ursodiol</i> )	NP	QL(7 ea daily)
<i>ursodiol caps or 300 mg</i>	P	
<i>ursodiol tabs or 250 mg</i>	P	QL(7 ea daily)
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	P	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	P	
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NP	
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>Use mesalamine</i> )	NP	
ASACOL HD TBEC ( <i>Use mesalamine</i> )	NP	
AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	NP	
AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NP	
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)
COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	NP	QL(9 ea daily)
DELZICOL CPDR ( <i>Use mesalamine</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
LIALDA TBEC ( <i>Use mesalamine</i> )	NP	
<i>mesalamine cp24 or 0.375 gm</i>	P	
<i>mesalamine cpdr or 400 mg</i>	P	
<i>mesalamine enem re 4 gm</i>	P	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	P	
SFROWASA ENEM	P	
<i>sulfasalazine tabs or</i>	P	
<i>sulfasalazine tbec or</i>	P	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	P	
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	P	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc 1080 mg, 540 mg</i>	P	
<i>sodium citrate &amp; citric acid soln</i>	P	QL(500 ml per 30 days retail); RX/OTC
UROKIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	NP	
UROKIT-K 5 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	NP	
<b>Genitourinary Irrigants</b>		
<i>sodium chloride (gu irrigant) soln</i>	P	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	P	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tabs or</i>	P	QL(1 ea daily)
FLOMAX CAPS ( <i>Use tamsulosin hcl</i> )	NP	QL(2 ea daily)
PROSCAR TABS ( <i>Use finasteride</i> )	NP	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	P	QL(2 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	P	
PYRIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NP	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	P	
<b>Gout Agents</b>		
<i>allopurinol tabs or 100 mg, 300 mg</i>	P	
<i>colchicine tabs or</i>	P	QL(6 ea per fill retail)
COLCRYS TABS ( <i>Use colchicine</i> )	NP	QL(6 ea per fill retail)
ZYLOPRIM TABS ( <i>Use allopurinol</i> )	NP	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	P	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	P	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SOLN	P	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
BRILINTA TABS	P	QL(2 ea daily)
<i>cilostazol tabs</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate tabs or 75 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	P	
EFFIENT TABS ( <i>Use prasugrel hcl</i> )	NP	QL(1 ea daily)
PLAVIX TABS 75 MG ( <i>Use clopidogrel bisulfate</i> )	NP	
<i>prasugrel hcl tabs</i>	P	QL(1 ea daily)
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	P	
SIKLOS TABS	P	PA
<b>Cobalamins</b>		
<i>cyanocobalamin soln 1000 mcg/ml</i>	P	QL(10 ml per 270 days retail)
<b>Folic Acid/Folates</b>		
<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>folic acid tabs 800 mcg, 400 mcg</i>	P	OTC;QL(1 ea daily)
<b>Hematopoietic Growth Factors</b>		
ZARXIO SOSY	P	PA; SP
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	P	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	NP	OTC;QL(3.4 ml daily)
FERRETT'S TABS	P	OTC;QL(2 ea daily)
<i>ferrous fumarate tabs or</i>	P	OTC;QL(2 ea daily)
FERROUS GLUCONATE TABS OR	P	OTC;QL(100 ea per 30 days retail); AL(Up to 50 yrs old )
<i>ferrous sulfate elix 220 mg/5ml</i>	P	OTC;AL(Up to 50 yrs old )
<i>ferrous sulfate soln 15 mg/ml</i>	P	OTC;QL(3.4 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tabs 28 mg</i>	P	OTC
<i>ferrous sulfate tabs 325 mg, 65 mg</i>	P	OTC;AL(Up to 50 yrs old )
FERROUS SULFATE TBEC 324 MG	P	OTC;AL(Up to 50 yrs old )
<i>ferrous sulfate tbec 325 mg</i>	P	OTC;AL(Up to 50 yrs old )
HEMOCYTE TABS (Use <i>ferrous fumarate</i> )	NP	OTC;QL(2 ea daily)
IRON CHEWS PEDIATRIC CHEW	P	OTC
<i>polysaccharide iron complex caps</i>	P	QL(1 ea daily)
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
AMICAR SOLN 0.25 GM/ML (Use <i>aminocaproic acid</i> )	NP	QL(60 ml per fill retail)
AMICAR TABS 500 MG (Use <i>aminocaproic acid</i> )	NP	QL(24 ea per fill retail)
<i>aminocaproic acid soln or 0.25 gm/ml</i>	P	QL(60 ml per fill retail)
<i>aminocaproic acid tabs or 500 mg</i>	P	QL(24 ea per fill retail)
LYSTEDA TABS (Use <i>tranexamic acid</i> )	NP	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<i>tranexamic acid tabs or 650 mg</i>	P	QL(30 ea per 7 days retail); AL(At least 12 yrs old)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Antihistamine Hypnotics</b>		
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	OTC
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	OTC;QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 mg</i>	P	OTC
<i>doxylamine succinate (sleep) tabs</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
NYTOL MAXIMUM STRENGTH TABS (Use <i>diphenhydramine hcl (sleep)</i> )	NP	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i> )	NP	OTC
UNISOM SLEEPTABS TABS (Use <i>doxylamine succinate (sleep)</i> )	NP	OTC
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix or 20 mg/5ml</i>	P	
<i>phenobarbital soln or 20 mg/5ml</i>	P	
<i>phenobarbital tabs or 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	P	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS (Use <i>zolpidem tartrate</i> )	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
<i>flurazepam hcl caps</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION TABS (Use <i>triazolam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>midazolam hcl soln ij 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml, 10 mg/10ml, 50 mg/10ml, 25 mg/5ml</i>	P	
RESTORIL CAPS 15 MG, 30 MG (Use <i>temazepam</i> )	NP	AL(At least 18 yrs old)
<i>temazepam caps 15 mg, 30 mg</i>	P	AL(At least 18 yrs old)
<i>triazolam tabs</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon caps 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Bulk Laxatives</b>		
<i>calcium polycarbophil tabs</i>	P	OTC;QL(10 ea daily)
EVAC POWD ( <i>Use psyllium</i> )	NP	OTC
FIBERCON TABS ( <i>Use calcium polycarbophil</i> )	NP	OTC;QL(10 ea daily)
KONSYL DAILY FIBER POWD 100 % ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL CAPS 0.52 GM ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL ORIGINAL TEXTURE POWD ( <i>Use psyllium</i> )	NP	OTC
METAMUCIL POWD 48.57 % ( <i>Use psyllium</i> )	NP	OTC
<i>psyllium caps 0.52 gm, 520 mg</i>	P	OTC
<i>psyllium powd 33 %, 68 %, 30 %, 100 %, 30.9 %, 58.6 %, 48.57 %, 28.3 %</i>	P	OTC
<b>Laxative Combinations</b>		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	P	
COLYTE-FLAVOR PACKS SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	QL(4000 ml per fill retail)
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	QL(4000 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
NULYTELY SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	QL(4000 ml per fill retail)
NULYTELY/FLAVOR PACKS SOLR ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	P	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium tabs</i>	P	OTC;QL(4 ea daily)
SENOKOT S TABS ( <i>Use sennosides-docusate sodium</i> )	NP	OTC;QL(4 ea daily)
<b>Laxatives - Miscellaneous</b>		
<i>glycerin (laxative) supp 2 gm</i>	P	OTC
GLYCERIN ADULT SUPP ( <i>Use glycerin (laxative)</i> )	NP	OTC
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	P	
MIRALAX POWD 17 GM/SCOOP ( <i>Use polyethylene glycol 3350</i> )	NP	QL(34 gm daily)
<i>polyethylene glycol 3350 powd or 17 gm/scoop</i>	P	QL(34 gm daily)
SORBITOL SOLN OR 70 %	P	OTC
<b>Saline Laxatives</b>		
FLEET ENEMA ENEM ( <i>Use sodium phosphates</i> )	NP	OTC
FLEET ENEMA SIX PACK ENEM ( <i>Use sodium phosphates</i> )	NP	OTC
FLEET PEDIATRIC ENEM ( <i>Use sodium phosphates</i> )	NP	OTC
<i>magnesium citrate soln or 1.745 gm/30ml,</i>	P	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium hydroxide susp or 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	P	OTC;QL(992 ml per 30 days retail)
<i>sodium phosphates enem</i>	P	OTC
<b>Stimulant Laxatives</b>		
<i>bisacodyl supp re 10 mg</i>	P	OTC;QL(12 ea per fill retail)
<i>bisacodyl tbec or 5 mg</i>	P	OTC;QL(1 ea daily)
DULCOLAX SUPP RE 10 MG ( <i>Use bisacodyl</i> )	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG ( <i>Use bisacodyl</i> )	NP	OTC;QL(1 ea daily)
<i>sennosides tabs 8.6 mg</i>	P	OTC;QL(12 ea per fill retail)
SENOKOT TABS ( <i>Use sennosides</i> )	NP	OTC;QL(12 ea per fill retail)
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use docusate sodium</i> )	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS ( <i>Use docusate sodium</i> )	NP	OTC
<i>docusate sodium caps or 250 mg, 100 mg</i>	P	OTC;QL(3 ea daily)
<i>docusate sodium caps or 50 mg</i>	P	OTC
<i>docusate sodium liqd or 150 mg/15ml, 50 mg/5ml</i>	P	OTC
<i>docusate sodium syrps or 60 mg/15ml</i>	P	OTC
<i>docusate sodium tabs or 100 mg</i>	P	OTC
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<i>azithromycin pack or 1 gm</i>	P	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	P	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	P	QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs or 500 mg</i>	P	QL(4 ea daily)
<i>azithromycin tabs or 600 mg</i>	P	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM ( <i>Use azithromycin</i> )	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML ( <i>Use azithromycin</i> )	NP	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG ( <i>Use azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG ( <i>Use azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG ( <i>Use azithromycin</i> )	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS ( <i>Use azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS ( <i>Use azithromycin</i> )	NP	QL(6 ea per fill retail)
<b>Clarithromycin</b>		
<i>clarithromycin susr or 125 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>clarithromycin susr or 250 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>clarithromycin tabs or 250 mg, 500 mg</i>	P	QL(28 ea per fill retail)
<i>clarithromycin tb24 or 500 mg</i>	P	QL(14 ea per fill retail)
<b>Erythromycins</b>		
E.E.S. GRANULES SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR ( <i>Use erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin base tbec</i>	P	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml</i>	P	
<i>erythromycin ethylsuccinate tabs or 400 mg</i>	P	
<i>erythromycin stearate tabs</i>	P	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Bandages-Dressings-Tape</b>		
GAUZE SPONGES	P	RX/OTC
<b>Contraceptives</b>		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
<b>Diabetic Supplies</b>		
AIMSCO TWIST LANCETS 32G MISC	P	QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	P	QL(6.67 ea daily)
CARESENS LANCETS MISC	P	QL(6.67 ea daily)
GOJJI STERILE LANCETS 30G MISC	P	QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	P	QL(6.67 ea daily)
LANCETS-MISC	P	QL (6.67 ea daily); OTC
LANCING DEVICE-MISC	P	OTC
ONETOUCH CLUB LANCETS FINE POINT MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	P	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	P	QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	P	QL(6.67 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	P	QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	P	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G MISC	P	QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	P	QL(0.02 ea daily,90 day(s) limit)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	P	QL(0.02 ea daily,90 day(s) limit)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	P	QL(0.02 ea daily,90 day(s) limit)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	P	1/ 90 days;QL(0.02 ea daily,90 day(s) limit)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	P	1/ 90 days;QL(0.02 ea daily,90 day(s) limit)
UNILET LANCETS MICRO-THIN33G MISC	P	QL(6.67 ea daily)
<b>Misc. Devices</b>		
ALCOHOL PREP PADS-MISC	P	OTC
<b>Parenteral Therapy Supplies</b>		
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
PEN NEEDLES-MISC	P	QL (5 ea daily); OTC
<b>Respiratory Therapy Supplies</b>		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)

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Drug Name	Drug Tier	Requirements/Limits
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use ergotamine w/ caffeine</i> )	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	P	AL(At least 18 yrs old)
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	P	AL(At least 18 yrs old)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	P	AL(At least 18 yrs old)
MIGRANAL SOLN ( <i>Use dihydroergotamine mesylate</i> )	NP	AL(At least 18 yrs old)
<b>Serotonin Agonists</b>		
AMERGE TABS ( <i>Use naratriptan hcl</i> )	NP	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT ( <i>Use sumatriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NP	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>Use sumatriptan succinate</i> )	NP	QL(2 ml per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
IMITREX TABS OR 100 MG, 25 MG, 50 MG ( <i>Use sumatriptan succinate</i> )	NP	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
MAXALT TABS ( <i>Use rizatriptan benzoate</i> )	NP	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP ( <i>Use rizatriptan benzoate</i> )	NP	QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	P	QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAX TABS ( <i>Use eletriptan hydrobromide</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg, 5 mg</i>	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg, 5 mg</i>	P	QL(0.4 ea daily)
<i>sumatriptan soln na 20 mg/act, 5 mg/act</i>	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	P	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP ( <i>Use zolmitriptan</i> )	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
<i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 400 unit-600 mg, 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit, 600 mg-800 unit</i>	P	QL(2 ea daily)
<i>calcium carbonate-cholecalciferol tabs 200 unit-500 mg, 5 mcg-500 mg</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 125 unit-500 mg, 200 unit-200 unit-500 mg-500 mg, 200 unit-500 mg</i>	P	OTC
<i>calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg</i>	P	OTC;QL(2 ea daily)
CALTRATE 600+D3 TABS ( <i>Use calcium carbonate-cholecalciferol</i> )	NP	QL(2 ea daily)
<i>oyster shell tabs</i>	P	OTC
PARVA-CAL TABS	P	OTC

Drug Name	Drug Tier	Requirements/Limits
QC CALCIUM 500MG/D3 TABS	P	OTC
RA CALCIUM HI-CAL/VITAMIND TABS	P	OTC
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 200 UNIT-500 MG	P	OTC
<b>Electrolyte Mixtures</b>		
CERALYTE 70 SOLN 20 MEQ/L-30 MEQ/L-60 MEQ/L-70 MEQ/L	P	QL(1000 ml per fill retail)
CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)
CERASPORT SOLN 18 MEQ/L-20 MEQ/L-4 MEQ/L-6 MEQ/L	P	QL(1000 ml per fill retail)
ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
EQUALYTE SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)
HYDRALYTE SOLN 16 GM/L-20 MEQ/L-45 MEQ/L-45 MEQ/L-90 MEQ/L, 210 MG/250ML-270 MG/250ML	P	QL(1000 ml per fill retail)
KINDERLYTE PREMAX SOLN 3.1 MG/360ML-320 MG/360ML-620 MG/360ML-630 MG/360ML, 3.1 MG/360ML-330 MG/360ML-620 MG/360ML-630 MG/360ML	P	QL(1000 ml per fill retail)
KINDERLYTE SOLN 3.1 MG/360ML-300 MG/360ML-445 MG/360ML-560 MG/360ML, 3.1 MG/360ML-300 MG/360ML-460 MG/360ML-570 MG/360ML	P	QL(1000 ml per fill retail)
<i>oral electrolytes soln</i>	P	QL(1000 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )	NP	QL(1000 ml per fill retail)

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PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)
PEDIALYTE SOLN 0.5 MG/59ML-1.2 MEQ/59ML-1.5 GM/59ML-2.1 MEQ/59ML-2.7 MEQ/59ML, 10.6 MEQ/237ML-4.7 MEQ/237ML-8.3 MEQ/237ML, 20 GM/L-20 MEQ/L-35 MEQ/L-45 MEQ/L-5 GM/L, 20 MEQ/L-25 GM/L-30 MEQ/L-35 MEQ/L-45 MEQ/L, 20 MEQ/L-25 GM/L-35 MEQ/L-45 MEQ/L-7.8 MG/L (Use oral electrolytes)	NP	QL(1000 ml per fill retail)
<b>Fluoride</b>		
sodium fluoride chew or 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	P	AL(Up to 15 yrs old )
sodium fluoride soln or 0.5 mg/ml, 0.125 mg/drop	P	AL(Up to 15 yrs old )
<b>Magnesium</b>		
MAGNESIUM CAPS 400 MG	P	OTC
magnesium oxide (mg supplement) tabs 400 mg	P	OTC
magnesium oxide (mg supplement) tabs 400 mg	P	
MAGNESIUM OXIDE CAPS 400 MG	P	OTC
MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NP	
<b>Phosphate</b>		
K-PHOS NEUTRAL TABS (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NP	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	P	QL(8 ea daily)
<b>Potassium</b>		
K-TAB TBCR 10 MEQ, 8 MEQ (Use potassium chloride)	NP	
potassium bicarbonate tbcf or	P	
potassium chloride cpcr or 10 meq	P	
potassium chloride cpcr or 8 meq	P	QL(1 ea daily)
potassium chloride microencapsulated crystals er tbcf	P	
potassium chloride pack or 20 meq	P	
potassium chloride soln or 20 %, 10 %	P	
potassium chloride tbcf or 10 meq, 8 meq	P	
<b>Zinc</b>		
zinc sulfate caps or 220 mg	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS OR 50 MG	P	QL(100 ea per fill retail)
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
DEPEN TITRATABS TABS (Use penicillamine)	NP	
penicillamine tabs or	P	
<b>Immunosuppressive Agents</b>		
AZASAN TABS	P	PA
azathioprine tabs or 50 mg	P	
CELLCEPT CAPS (Use mycophenolate mofetil)	NP	
CELLCEPT SUSR (Use mycophenolate mofetil)	NP	
CELLCEPT TABS (Use mycophenolate mofetil)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine caps or 100 mg, 25 mg</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
<i>cyclosporine soln iv 50 mg/ml</i>	P	
IMURAN TABS (Use <i>azathioprine</i> )	NP	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	P	
<i>mycophenolate mofetil tabs</i>	P	
<i>mycophenolate sodium tbec</i>	P	
MYFORTIC TBEC (Use <i>mycophenolate sodium</i> )	NP	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i> )	NP	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i> )	NP	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use <i>tacrolimus</i> )	NP	
PROGRAF PACK OR 0.2 MG, 1 MG	P	PA
RAPAMUNE SOLN (Use <i>sirolimus</i> )	NP	
RAPAMUNE TABS (Use <i>sirolimus</i> )	NP	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use <i>cyclosporine</i> )	NP	
SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i> )	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	
<i>sirolimus soln or 1 mg/ml</i>	P	
<i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	P	
<b>Potassium Removing Agents</b>		
<i>sodium polystyrene sulfonate powd or</i>	P	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	P	QL(100 ml per fill retail)
<b>Anti-infectives - Throat</b>		
<i>nystatin (mouth-throat) susp</i>	P	QL(120 ml per fill retail)
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	P	
PERIDEX SOLN (Use <i>chlorhexidine gluconate (mouth-throat)</i> )	NP	
<b>Dental Products</b>		
PREVIDENT 5000 BOOSTER PLUS PSTE (Use <i>sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 DRY MOUTH GEL (Use <i>sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE (Use <i>sodium fluoride (dental)</i> )	NP	
PREVIDENT 5000 PLUS CREA (Use <i>sodium fluoride (dental)</i> )	NP	PA
PREVIDENT FLUORIDE GEL (Use <i>sodium fluoride (dental)</i> )	NP	
<i>sodium fluoride (dental) crea dt 1.1 %</i>	P	PA
<i>sodium fluoride (dental) gel dt 1.1 %</i>	P	
<i>sodium fluoride (dental) pste dt 1.1 %</i>	P	

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<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	P	QL(5 gm per fill retail)
<b>Throat Products - Misc.</b>		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ml per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) tabs 5 mg</i>	P	QL(6 ea daily)
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC
SALAGEN TABS 5 MG (Use <i>pilocarpine hcl (oral)</i> )	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
<b>MULTIVITAMINS</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>B-Complex Vitamins</b>		
<i>b-complex vitamins caps 0.5 mg-1 mcg-20 mg-3 mg-3 mg-5 mg-60 mg-60 mg, 1 mg-1.5 mg-10 mg-100 mcg-100 mg-2 mg-70 mg</i>	P	OTC;QL(1 ea daily)
<i>b-complex vitamins tabs 0.1 mg-1 mg-2 mg-20 mg-3 mg-5 mcg, 0.2 mg-1.5 mg-10 mg-10 mg-2 mg, 1 mcg-1 mg-10 mg-100 mg-20 mg-4.6 mg-40 mg-5 mg-5 mg-50 mg, 1 mg-2 mg-20 mg-3 mg-5 mcg-83 mg, 10 mg-10 mg-2 mg-2 mg-20 mg-20 mg-3 mg-3 mg-3 mg-3 mg-6 mcg-6 mcg, 10 mg-14 mg-25 mcg-4.5 mg-7 mg, 10 mg-2 mg-20 mg-3 mg-3 mg-6 mcg, 100 mcg-30 mg-50 mcg-50 mcg-50 mg-50 mg-50 mg-50 mg-50 mg-50 mg, 15 mg-2 mcg-2 mg-2 mg-5 mg</i>	P	QL(1 ea daily)
<b>B-Complex w/ C</b>		
<i>b complex w/ c caps 10 mg-10 mg-15 mg-300 mg-5 mg-50 mg, 10 mg-10.2 mg-15 mg-300 mg-5 mg-50 mg</i>	P	OTC;QL(1 ea daily)
<b>B-Complex w/ Folic Acid</b>		
<i>b-complex w/ c &amp; folic acid caps 1 mg-1.5 mg-1.7 mg-10 mg-100 mg-150 mcg-20 mg-5 mg-6 mcg</i>	P	QL(1 ea daily); RX/OTC

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<i>b-complex w/ c &amp; folic acid tabs 0.006 mg-0.3 mg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-100 mg-20 mg, 0.01 mcg-1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-300 mcg-60 mg, 1 mg-1 mg-1.5 mg-1.5 mg-1.7 mg-1.7 mg-10 mg-10 mg-10 mg-10 mg-100 mg-100 mg-20 mg-20 mg-300 mcg-300 mcg-6 mcg-6 mcg, 1 mg-1 mg-1.5 mg-1.7 mg-20 mg-200 mg-30 mcg-300 mcg-8 mg, 1 mg-1.5 mg-1.7 mg-10 mg-10 mg-100 mg-20 mg-300 mcg-6 mcg, 1 mg-1.5 mg-1.7 mg-10 mg-10 mg-20 mg-300 mcg-6 mcg-60 mg, 1.5 mg-1.7 mg-10 mg-10 mg-100 mg-1000 mcg-20 mg-300 mcg-6 mcg, 1.5 mg-1.7 mg-10 mg-100 mg-1000 mcg-150 mcg-20 mg-5 mg-6 mcg</i>	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (Use <i>b-complex w/ c &amp; folic acid</i> )	NP	QL(1 ea daily); RX/OTC
<b>Multiple Vitamins w/ Minerals</b>		
<i>multiple vitamins w/ minerals tabs</i>	P	RX/OTC
<i>multiple vitamins w/ minerals-various</i>	P	RX/OTC
<b>Ped MV w/ Fluoride</b>		
<i>pediatric vitamins acd w/ fluoride soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old )
<b>Ped Multi Vitamins w/FI &amp; FE</b>		
<i>ped multivitamins w/fl &amp; iron soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old )
<b>Ped Multiple Vitamins w/ Minerals</b>		
<i>pediatric multiple vitamins w/ minerals-various</i>	P	RX/OTC
<b>Prenatal Vitamins</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vitamins-misc</i>	P	RX/OTC
<b>Vitamins w/ Lipotropics</b>		
<i>vitamins w/ lipotropics caps</i>	P	OTC;QL(1 ea daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen tabs or 10 mg, 20 mg</i>	P	
<i>chlorzoxazone tabs 500 mg</i>	P	
<i>cyclobenzaprine hcl tabs or 10 mg, 5 mg</i>	P	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs or 7.5 mg</i>	P	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	P	
<i>orphenadrine citrate tb12 or 100 mg</i>	P	
ROBAXIN TABS OR 500 MG (Use <i>methocarbamol</i> )	NP	
ROBAXIN-750 TABS (Use <i>methocarbamol</i> )	NP	
<i>tizanidine hcl tabs or 4 mg, 2 mg</i>	P	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i> )	NP	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agents - Misc.</b>		
OCEAN NASAL SPRAY SOLN (Use <i>saline</i> )	NP	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old )
<i>saline soln na 0.002 %-0.65 %, 0.65 %</i>	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old )
<b>Nasal Antiallergy</b>		
<i>azelastine hcl soln na 0.1 %, 137 mcg/spray</i>	P	
<i>azelastine hcl soln na 0.15 %</i>	P	QL(30 ml per fill retail)

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<i>cromolyn sodium (nasal) aers</i>	P	OTC;QL(26 ml per 30 days retail)
NASALCROM AERS ( <i>Use cromolyn sodium (nasal)</i> )	NP	OTC;QL(26 ml per 30 days retail)
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	P	QL(31 ml per 30 days retail)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	P	QL(15 ml per 30 days retail)
<b>Nasal Steroids</b>		
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NP	QL(16 ml per fill retail); RX/OTC
<i>flunisolide (nasal) soln</i>	P	QL(25 ml per 30 days retail)
<i>fluticasone propionate (nasal) susp</i>	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO	P	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR AERO ( <i>Use triamcinolone acetonide (nasal)</i> )	NP	AL(At least 2 yrs old)
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>Use triamcinolone acetonide (nasal)</i> )	NP	AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) aero</i>	P	AL(At least 2 yrs old)
<b>Sympathomimetic Decongestants</b>		
ADRENALIN SOLN NA 0.1 % ( <i>Use epinephrine hcl (nasal)</i> )	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old )
<i>epinephrine hcl (nasal) soln</i>	P	QL(120 ml per fill retail); AL(Up to 21 yrs old )

Drug Name	Drug Tier	Requirements/Limits
NASAL DECONGESTANT LIQD	P	OTC;AL(Up to 21 yrs old )
NASAL DECONGESTANT SYRP	P	OTC;QL(1 ml daily); AL(Up to 21 yrs old )
<i>phenylephrine hcl (oral) tabs</i>	P	OTC;QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd or 15 mg/5ml</i>	P	OTC;AL(Up to 21 yrs old )
<i>pseudoephedrine hcl tabs or 60 mg, 30 mg</i>	P	OTC;AL(Up to 21 yrs old )
<i>pseudoephedrine hcl tb12 or 120 mg</i>	P	OTC;QL(62 ea per 30 days retail); AL(Up to 21 yrs old )
SUDAFED CHILDRENS LIQD ( <i>Use pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
SUDAFED CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)
SUDAFED PE SINUS CONGESTION TABS ( <i>Use phenylephrine hcl (oral)</i> )	NP	OTC;QL(24 ea per fill retail)
SUDAFED SINUS CONGESTION TABS ( <i>Use pseudoephedrine hcl</i> )	NP	OTC;AL(Up to 21 yrs old )
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS ( <i>Use riluzole</i> )	NP	PA
<i>riluzole tabs</i>	P	PA
<b>NUTRIENTS</b>		
<b>Carbohydrates</b>		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
<b>Misc. Nutritional Substances</b>		

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<i>omega-3 fatty acids caps</i> 12 mg-1200 mg-360 mg-360 mg, 120 mg-1200 mg-180 mg-60 mg, 1200 mg, 1200 mg-144 mg-15 unit-216 mg, 1200 mg-144 mg-180 mg, 1200 mg-144 mg-216 mg, 1200 mg-144 mg-216 mg-360 mg, 1200 mg-2 unit, 1200 mg-216 mg-324 mg-600 mg, 1200 mg-276 mg-336 mg, 1200 mg-300 mg-360 mg-60 mg, 1200 mg-360 mg, 1200 mg-600 mg, 1 gm-120 mg-180 mg-300 mg, 1 mg-1000 mg-120 mg-180 mg, 1 unit-1000 mg-1000 mg-300 mg, 1 unit-1000 mg-120 mg-180 mg, 1 unit-1000 mg-120 mg-180 mg-340 mg, 1 unit-1000 mg-200 mg-300 mg, 1 unit-1000 mg-300 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-1000 mg-500 mg, 100 mg-1000 mg-160 mg, 1000 mg, 1000 mg-120 mg-180 mg, 1000 mg-120 mg-180 mg-300 mg, 1000 mg-180 mg-270 mg, 1000 mg-200 mg-300 mg, 1000 mg-210 mg-75 mg-90 mg, 1000 mg-250 mg-350 mg, 1000 mg-250 mg-500 mg, 1000 mg-300 mg, 1000 mg-300 mg-400 mg, 1000 mg-350 mg, 1000 mg-360 mg-455 mg-900 mg, 1000 mg-600 mg, 120 mg-180 mg, 120 mg-180 mg-300 mg, 120 mg-180 mg-5 unit	P	OTC;QL(6 ea daily)
<i>omega-3 fatty acids cpdr</i> 1200 mg, 1200 mg-144 mg-216 mg-360 mg, 1200 mg-360 mg, 1200 mg-684 mg	P	QL(6 ea daily)
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		

Drug Name	Drug Tier	Requirements/Limits
HYPOTEARNS SOLN	P	OTC;QL(31 ml per 30 days retail)
<i>polyvinyl alcohol soln op</i>	P	OTC;QL(31 ml per 30 days retail)
TEARS NATURALE PM OINT ( <i>Use white petrolatum-mineral oil</i> )	NP	OTC;QL(30 gm per fill retail)
<i>white petrolatum-mineral oil oint</i>	P	OTC;QL(30 gm per fill retail)
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN SOLN ( <i>Use levobunolol hcl</i> )	NP	QL(15 ml per 30 days retail)
<i>betaxolol hcl (ophth) soln</i>	P	
<i>carteolol hcl (ophth) soln</i>	P	
COSOPT SOLN ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	P	QL(10 ml per 30 days retail)
<i>levobunolol hcl soln</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>timolol maleate (ophth) soln 0.5 %</i>	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.25 %	P	QL(15 ea per 30 days retail)
TIMOPTIC OCUDOSE SOLN 0.5 % ( <i>Use timolol maleate (ophth)</i> )	NP	QL(15 ea per 30 days retail)
TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NP	QL(15 ml per 30 days retail)
<b>Cycloplegic Mydriatics</b>		
ATROPINE SULFATE OINT OP 1 %	P	
ATROPINE SULFATE SOLN OP 1 %	P	
CYCLOGYL SOLN 0.5 % ( <i>Use cyclopentolate hcl</i> )	NP	QL(15 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL SOLN 2 %, 1 % (Use cyclopentolate hcl)	NP	
cyclopentolate hcl soln op 0.5 %	P	QL(15 ml per 30 days retail)
cyclopentolate hcl soln op 2 %, 1 %	P	
homatropine hbr soln	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (Use tropicamide)	NP	
phenylephrine hcl (mydriatic) soln	P	QL(5 ml per 30 days retail)
tropicamide soln op 0.5 %, 1 %	P	
<b>Miotics</b>		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NP	
pilocarpine hcl soln op 1 %, 2 %, 4 %	P	
<b>Ophthalmic Adrenergic Agents</b>		
apraclonidine hcl soln	P	
brimonidine tartrate soln op 0.2 %	P	
IOPIDINE SOLN 0.5 % (Use apraclonidine hcl)	NP	
IOPIDINE SOLN 1 %	P	
<b>Ophthalmic Anti-infectives</b>		
BACIGUENT OINT OP	P	QL(4 gm per 30 days retail)
bacitracin (ophthalmic) oint	P	QL(4 gm per 30 days retail)
bacitracin-polymyxin b (ophth) oint	P	QL(4 gm per 30 days retail)
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NP	QL(15 ml per 30 days retail)
CILOXAN OINT	P	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NP	
ciprofloxacin hcl (ophth) soln	P	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (ophth) oint	P	
gentamicin sulfate (ophth) oint	P	QL(4 gm per 30 days retail)
gentamicin sulfate (ophth) soln	P	
moxifloxacin hcl (ophth) soln	P	QL(3 ml per fill retail)
neomycin-bacitracin zn-polymyxin oint	P	QL(4 gm per 30 days retail)
neomycin-polymyxin-gramicidin soln	P	QL(10 ml per 30 days retail)
OCUFLOX SOLN (Use ofloxacin (ophth))	NP	QL(10 ml per 30 days retail)
ofloxacin (ophth) soln	P	QL(10 ml per 30 days retail)
polymyxin b-trimethoprim soln	P	QL(10 ml per fill retail)
POLYTRIM SOLN (Use polymyxin b-trimethoprim)	NP	QL(10 ml per fill retail)
sulfacetamide sodium (ophth) oint	P	QL(4 gm per 30 days retail)
sulfacetamide sodium (ophth) soln	P	QL(15 ml per 30 days retail)
tobramycin (ophth) soln	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	
TOBREX SOLN (Use tobramycin (ophth))	NP	QL(5 ml per 30 days retail)
trifluridine soln	P	QL(8 ml per 30 days retail)
VIGAMOX SOLN (Use moxifloxacin hcl (ophth))	NP	QL(3 ml per fill retail)
VIROPTIC SOLN (Use trifluridine)	NP	QL(8 ml per 30 days retail)
<b>Ophthalmic Decongestants</b>		
naphazoline w/ pheniramine soln 0.027 %-0.315 %	P	OTC;QL(15 ml per 30 days retail)
OPCON-A SOLN (Use naphazoline w/ pheniramine)	NP	OTC;QL(15 ml per 30 days retail)
tetrahydrozoline hcl (ophth) soln	P	OTC

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Drug Name	Drug Tier	Requirements/Limits
VISINE RED EYE COMFORT SOLN (Use tetrahydrozoline hcl (ophth))	NP	OTC
VISINE SOLN (Use tetrahydrozoline hcl (ophth))	NP	OTC
<b>Ophthalmic Local Anesthetics</b>		
tetracaine hcl (ophth) soln	P	
<b>Ophthalmic Steroids</b>		
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
dexamethasone sodium phosphate (ophth) soln	P	
fluorometholone (ophth) susp	P	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
FML OINT	P	QL(4 gm per 30 days retail)
MAXITROL OINT 0.1 %-10000 UNIT/GM-3.5 MG/GM (Use neomycin-polymy-dexameth)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 0.1 %-10000 UNIT/ML-3.5 MG/ML (Use neomycin-polymy-dexameth)	NP	QL(10 ml per 30 days retail)
neomycin-polymy-dexameth oint 0.1 %-10000 unit/gm-3.5 mg/gm	P	QL(4 gm per 30 days retail)
neomycin-polymy-dexameth susp 0.1 %-10000 unit/ml-3.5 mg/ml	P	QL(10 ml per 30 days retail)
neomycin-polymyxin-hc (ophth) susp	P	QL(15 ml per 30 days retail)
OMNIPRED SUSP (Use prednisolone acetate (ophth))	NF	
PRED FORTE SUSP (Use prednisolone acetate (ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP	P	QL(10 ml per 30 days retail)
PRED-G SUSP	P	QL(5 ml per fill retail)
prednisolone acetate (ophth) susp	P	
PREDNISOLONE ACETATE P-F SUSP	P	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	P	QL(15 ml per 30 days retail)
sulfacetamide sod-prednisolone soln	P	QL(10 ml per 30 days retail)
TOBRADEX OINT	P	QL(4 gm per 30 days retail)
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NP	QL(10 ml per fill retail)
tobramycin-dexamethasone susp	P	QL(10 ml per fill retail)
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN (Use ketorolac tromethamine (ophth))	NP	QL(5 ml per 30 days retail)
ACULAR SOLN (Use ketorolac tromethamine (ophth))	NP	QL(10 ml per fill retail)
ALOCRIOL SOLN	P	PA; QL(5 ml per 30 days retail)
ALOMIDE SOLN	P	PA; QL(10 ml per 30 days retail)
azelastine hcl (ophth) soln	P	QL(6 ml per 30 days retail)
AZOPT SUSP	P	
cromolyn sodium (ophth) soln	P	QL(10 ml per fill retail)
diclofenac sodium (ophth) soln	P	QL(3 ml per 30 days retail)
DORZOLAMIDE HCL SOLN	P	QL(10 ml per 30 days retail)
dorzolamide hcl soln	P	QL(10 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium soln</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) soln 0.4 %</i>	P	QL(5 ml per 30 days retail)
<i>ketorolac tromethamine (ophth) soln 0.5 %</i>	P	QL(10 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	P	
TRUSOPT SOLN (Use <i>dorzolamide hcl</i> )	NP	QL(10 ml per 30 days retail)
ZADITOR SOLN (Use <i>ketotifen fumarate (ophth)</i> )	NP	
<b>Prostaglandins - Ophthalmic</b>		
<i>latanoprost soln op</i>	P	QL(5 ml per 30 days retail)
XALATAN SOLN (Use <i>latanoprost</i> )	NP	QL(5 ml per 30 days retail)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	P	QL(15 ml per 30 days retail)
<i>carbamide peroxide (otic) soln</i>	P	OTC;QL(15 ml per 30 days retail)
DEBROX SOLN (Use <i>carbamide peroxide (otic)</i> )	NP	OTC;QL(15 ml per 30 days retail)
<b>Otic Anti-infectives</b>		
FLOXIN OTIC SOLN (Use <i>ofloxacin (otic)</i> )	NP	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	P	QL(10 ml per fill retail)
<b>Otic Combinations</b>		
CIPRODEX SUSP (Use <i>ciprofloxacin-dexamethasone</i> )	NP	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-dexamethasone susp</i>	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
CORTANE-B-OTIC SOLN (Use <i>pramoxine-hc-chloroxylenol</i> )	NP	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) soln</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) susp</i>	P	QL(20 ml per 30 days retail)
OTICIN HC NR SOLN (Use <i>pramoxine-hc-chloroxylenol</i> )	NP	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	P	QL(15 ml per fill retail)
<b>Otic Steroids</b>		
DERMOTIC OIL (Use <i>fluocinolone acetonide (otic)</i> )	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic) oil</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)
<i>hydrocortisone w/acetic acid soln</i>	P	QL(20 ml per 30 days retail)
<b>OXYTICICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
<i>methylergonovine maleate tabs or 0.2 mg</i>	P	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
HYPERRHO S/D SOSY	P	
RHOGAM ULTRA-FILTERED PLUS SOSY	P	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps 250 mg, 500 mg</i>	P	
<i>amoxicillin chew 125 mg, 250 mg</i>	P	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	P	
<i>amoxicillin tabs 875 mg</i>	P	
<i>ampicillin caps</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<b>Natural Penicillins</b>		
<i>penicillin v potassium solr</i>	P	
<i>penicillin v potassium tabs</i>	P	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew 200 mg-28.5 mg, 400 mg-57 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 200 mg/5ml-28.5 mg/5ml</i>	P	QL(100 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 250 mg/5ml-62.5 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate susr 400 mg/5ml-57 mg/5ml, 42.9 mg/5ml-600 mg/5ml</i>	P	QL(200 ml per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 125 mg-250 mg, 125 mg-500 mg</i>	P	QL(30 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tabs 125 mg-875 mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin &amp; pot clavulanate tb12 1000 mg-62.5 mg</i>	P	QL(40 ea per 30 days retail)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(30 ea per fill retail)
AUGMENTIN TABS 125 MG-875 MG (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(20 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN XR TB12 (Use <i>amoxicillin &amp; pot clavulanate</i> )	NP	QL(40 ea per 30 days retail)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	P	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>Internal Vehicle Ingredients/Agents</b>		
SIMPLYTHICK EASY MIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
SIMPLYTHICK GEL	P	PA; OTC;QL(1816 ml per fill retail); AL(At least 1 yrs old)
<b>Semi Solid Vehicles</b>		
<i>lanolin oint ex</i>	P	RX/OTC
<i>lanolin oint xx</i>	P	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use <i>norethindrone acetate</i> )	NP	
<i>hydroxyprogesterone caproate oil im</i>	P	PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP
MAKENA OIL (Use <i>hydroxyprogesterone caproate</i> )	NP	PA; QL(2 ml per fill retail,2 ml per 11 days retail); SP
<i>medroxyprogesterone acetate tabs or 10 mg, 2.5 mg, 5 mg</i>	P	
<i>norethindrone acetate tabs or</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized caps or 100 mg</i>	P	QL(30 ea per 30 days retail)
<i>progesterone micronized caps or 200 mg</i>	P	QL(20 ea per 30 days retail)
PROMETRIUM CAPS 100 MG ( <i>Use progesterone micronized</i> )	NP	QL(30 ea per 30 days retail)
PROMETRIUM CAPS 200 MG ( <i>Use progesterone micronized</i> )	NP	QL(20 ea per 30 days retail)
PROVERA TABS ( <i>Use medroxyprogesterone acetate</i> )	NP	

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions**

**Agents for Chemical Dependency**

ANTABUSE TABS 250 MG ( <i>Use disulfiram</i> )	NP	
<i>disulfiram tabs or 250 mg</i>	P	

**Antidementia Agents**

ARICEPT TABS 10 MG, 5 MG ( <i>Use donepezil hydrochloride</i> )	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg, 5 mg</i>	P	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR ( <i>Use rivastigmine</i> )	NP	PA; QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	P	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	P	QL(2 ea daily)
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	P	PA; QL(2 ml daily)
<i>memantine hcl tabs</i>	P	PA; 1 rtl pack lmt amt, 28 rtl pack lmt day(s),
<i>memantine hcl tabs 10 mg, 5 mg</i>	P	PA; QL(2 ea daily)
NAMENDA TABS ( <i>Use memantine hcl</i> )	NP	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )	NP	PA; 1 rtl pack lmt amt, 28 rtl pack lmt day(s),
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	NP	QL(1 ea daily)
RAZADYNE TABS ( <i>Use galantamine hydrobromide</i> )	NP	QL(2 ea daily)
<i>rivastigmine pt24 4.6 mg/24hr, 9.5 mg/24hr</i>	P	PA; QL(1 ea daily)
<i>rivastigmine tartrate caps</i>	P	PA; QL(2 ea daily)

**Combination Psychotherapeutics**

<i>perphenazine-amitriptyline tabs</i>	P	QL(4 ea daily)
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**Fibromyalgia Agents**

SAVELLA TABS	P	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	P	PA; QL(55 ea per 365 days retail)

**Multiple Sclerosis Agents**

AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
COPAXONE SOSY ( <i>Use glatiramer acetate</i> )	NP	PA; SP
<i>dimethyl fumarate cpdr or 120 mg, 240 mg</i>	P	PA; SP
<i>dimethyl fumarate misc or</i>	P	PA; SP
GILENYA CAPS	P	PA; SP
<i>glatiramer acetate sosy</i>	P	PA; SP
PLEGRIDY SOPN	P	PA; SP
PLEGRIDY SOSY	P	PA; SP
PLEGRIDY STARTER PACK SOPN	P	PA; SP
PLEGRIDY STARTER PACK SOSY	P	PA; SP
TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )	NP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA STARTER PACK MISC ( <i>Use dimethyl fumarate</i> )	NP	PA; SP
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) caps 10 mg, 20 mg</i>	P	QL(4 ea daily)
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX CONTINUING MONTHPAK TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
CHANTIX TABS	P	QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 ( <i>Use nicotine</i> )	NP	QL(1 ea daily)
NICORETTE GUM 2 MG, 4 MG ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)
NICORETTE MINI LOZG ( <i>Use nicotine polacrilex</i> )	NP	QL(20 ea daily)
NICORETTE STARTER KIT GUM ( <i>Use nicotine polacrilex</i> )	NP	QL(24 ea daily)
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	P	QL(24 ea daily)
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	P	QL(20 ea daily)
<i>nicotine pt24</i>	P	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	
NICOTROL INHALER INHA	P	QL(16.8 ea daily)
NICOTROL NS SOLN	P	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ZYBAN TB12 ( <i>Use bupropion hcl (smoking deterrent)</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK	P	PA; SP
KALYDECO TABS	P	PA; SP
ORKAMBI TABS	P	PA; SP
SYMDEKO TBPK	P	PA; SP
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	P	
<i>doxycycline (monohydrate) tabs 100 mg, 50 mg</i>	P	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	P	
<i>doxycycline hyclate tabs or 100 mg</i>	P	
MINOCIN CAPS OR 50 MG ( <i>Use minocycline hcl</i> )	NP	
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	P	
VIBRAMYCIN CAPS 100 MG ( <i>Use doxycycline hyclate</i> )	NP	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs or 10 mg, 5 mg</i>	P	
<i>propylthiouracil tabs or</i>	P	
TAPAZOLE TABS ( <i>Use methimazole</i> )	NP	
<b>Thyroid Hormones</b>		

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Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>Use thyroid</i> )	P	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NP	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	P	
<i>liothyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i>	P	
SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	P	
<i>thyroid tabs or 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	P	

## TOXOIDS

### Toxoid Combinations

ADACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
INFANRIX SUSP	P	QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TDVAX SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	P	Limit 1 per 10 years;QL(0.5 ml per fill retail); AL(At least 19 yrs old)

## ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

### Proton Pump Inhibitors

<i>omeprazole 20mg tablet</i>	P	QL (1 ea daily); OTC
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### Antispasmodics

<i>dicyclomine hcl caps or 10 mg</i>	P	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	P	QL(496 ml per 30 days retail)
<i>dicyclomine hcl tabs or 20 mg</i>	P	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate elix or 0.125 mg/5ml</i>	P	
HYOSCYAMINE SULFATE POWD XX	P	
<i>hyoscyamine sulfate soln ij 0.5 mg/ml</i>	P	
<i>hyoscyamine sulfate soln or 0.125 mg/ml</i>	P	
<i>hyoscyamine sulfate subl sl 0.125 mg</i>	P	
<i>hyoscyamine sulfate tabs or 0.125 mg</i>	P	
<i>hyoscyamine sulfate tb12 or 0.375 mg</i>	P	QL(4 ea daily)
<i>hyoscyamine sulfate tbdp or 0.125 mg</i>	P	
LEVBID TB12 ( <i>Use hyoscyamine sulfate</i> )	NP	QL(4 ea daily)
LEVSIN SOLN ( <i>Use hyoscyamine sulfate</i> )	NP	



Drug Name	Drug Tier	Requirements/Limits
SYMAX DUOTAB TBCR	P	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl soln</i>	P	
<i>cimetidine tabs or 200 mg</i>	P	RX/OTC
<i>cimetidine tabs or 300 mg, 400 mg, 800 mg</i>	P	
<i>famotidine susr or 40 mg/5ml</i>	P	
<i>famotidine tabs or 10 mg</i>	P	OTC
<i>famotidine tabs or 20 mg</i>	P	RX/OTC
<i>famotidine tabs or 40 mg</i>	P	
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NP	RX/OTC
PEPCID AC TABS ( <i>Use famotidine</i> )	NP	OTC
PEPCID TABS 20 MG ( <i>Use famotidine</i> )	NP	RX/OTC
PEPCID TABS 40 MG ( <i>Use famotidine</i> )	NP	
TAGAMET HB TABS ( <i>Use cimetidine</i> )	NP	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML ( <i>Use sucralfate</i> )	NP	QL(420 ml per fill retail)
CARAFATE TABS 1 GM ( <i>Use sucralfate</i> )	NP	
<i>sucralfate susp or 1 gm/10ml</i>	P	QL(420 ml per fill retail)
<i>sucralfate tabs or 1 gm</i>	P	
<b>Proton Pump Inhibitors</b>		
DEXILANT CPDR	P	ST
<i>lansoprazole cpdr or 15 mg</i>	P	QL(4 ea daily); RX/OTC
<i>lansoprazole cpdr or 30 mg</i>	P	
<i>omeprazole cpdr or 10 mg, 40 mg</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr or 20 mg</i>	P	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium tbec 20 mg</i>	P	OTC;QL(1 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	P	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	P	QL(2 ea daily)
PREVACID 24HR CPDR ( <i>Use lansoprazole</i> )	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG ( <i>Use lansoprazole</i> )	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG ( <i>Use lansoprazole</i> )	NP	
PRIOLOSEC OTC TBEC ( <i>Use omeprazole magnesium</i> )	NP	OTC;QL(1 ea daily)
PROTONIX TBEC OR 20 MG ( <i>Use pantoprazole sodium</i> )	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG ( <i>Use pantoprazole sodium</i> )	NP	QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS ( <i>Use misoprostol</i> )	NP	
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	P	
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
<i>nitrofurantoin monohyd macro caps</i>	P	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )	NP	QL(1 ea daily)
DETROL TABS ( <i>Use tolterodine tartrate</i> )	NP	QL(2 ea daily)
DITROPAN XL TB24 ( <i>Use oxybutynin chloride</i> )	NP	QL(2 ea daily)
<i>oxybutynin chloride syrp or 5 mg/5ml</i>	P	QL(496 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride tabs or 5 mg</i>	P	QL(3 ea daily)
<i>oxybutynin chloride tb24 or 10 mg, 15 mg, 5 mg</i>	P	QL(2 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	P	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	P	QL(2 ea daily)
<i>tropium chloride tabs 20 mg</i>	P	QL(2 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs or 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
URECHOLINE TABS ( <i>Use bethanechol chloride</i> )	NP	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	P	
<b>VACCINES</b>		
<b>Bacterial Vaccines</b>		
BEXSERO SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENACTRA INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENQUADFI INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
MENVEO SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
PREVNAR 13 SUSP	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
TRUMENBA SUSY	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
<b>Viral Vaccines</b>		
ENGERIX-B INJ IM 10 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B INJ IM 20 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B SUSP IJ 10 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ENGERIX-B SUSP IJ 20 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	P	QL(0.5 ml per fill retail); AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	P	QL(0.7 ml per fill retail); AL(At least 65 yrs old)
GARDASIL 9 SUSP	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
GARDASIL 9 SUSY	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 1440 ELU/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
HAVRIX SUSP 720 ELU/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
INFLUENZA VACCINE	P	AL; At least 13 years old; QL (1 ea per 180 days retail)
M-M-R II SOLR	P	QL(1 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	QL(1 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	QL(0.5 ml per fill retail)3 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VAQTA SUSP 25 UNIT/0.5ML	P	QL(0.5 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VAQTA SUSP 50 UNIT/ML	P	QL(1 ml per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
VARIVAX INJ	P	QL(0.5 ea per fill retail)2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 19 yrs old)
ZOSTAVAX SUSR	P	QL(1 ea per fill retail)1 rtl MAX fill,999 rtl day(s) supply,; AL(At least 50 yrs old)

### VAGINAL AND RELATED PRODUCTS

#### Vaginal Anti-infectives

CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NP	
clindamycin phosphate vaginal crea	P	
clotrimazole vaginal crea 1 %	P	OTC;QL(45 gm per 30 days retail)
clotrimazole vaginal crea 2 %	P	OTC;QL(31 gm per 30 days retail)
GYNAZOLE-1 CREA	P	
GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	NP	OTC;QL(31 gm per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NP	OTC;QL(45 gm per 30 days retail)
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NP	QL(70 gm per fill retail)
<i>metronidazole vaginal gel</i>	P	QL(70 gm per fill retail)
<i>miconazole nitrate vaginal crea 4 %, 2 %</i>	P	OTC;QL(45 gm per 30 days retail)
<i>miconazole nitrate vaginal kit</i>	P	
<i>miconazole nitrate vaginal supp 100 mg</i>	P	OTC;QL(7 ea per 30 days retail)
<i>miconazole nitrate vaginal supp 200 mg</i>	P	QL(3 ea per 30 days retail)
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC;QL(45 gm per 30 days retail)
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC;QL(45 gm per 30 days retail)
<i>terconazole vaginal crea</i>	P	
<i>terconazole vaginal supp</i>	P	
<i>tioconazole vaginal oint</i>	P	OTC
<b>Vaginal Estrogens</b>		
ESTRACE CREA VA 0.1 MG/GM (Use estradiol vaginal)	NP	QL(43 gm per 30 days retail)
<i>estradiol vaginal crea 0.1 mg/gm</i>	P	QL(43 gm per 30 days retail)
<i>estradiol vaginal tabs 10 mcg</i>	P	
PREMARIN CREA VA 0.625 MG/GM	P	QL(43 gm per fill retail)
VAGIFEM TABS (Use estradiol vaginal)	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	P	QL(2 ea per fill retail,4 ea per 365 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPINEPHRINE SOAJ IJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NP	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	P	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
BABY DDROPS LIQD (Use cholecalciferol)	NP	Age limit = less than 6 months
<i>cholecalciferol caps or 1.25 mg, 50000 unit</i>	P	OTC;QL(8 ea per 30 days retail)
<i>cholecalciferol caps or 1000 unit, 25 mcg, 2000 unit, 50 mcg</i>	P	OTC;QL(100 ea per fill retail)
<i>cholecalciferol caps or 125 mcg, 5000 unit</i>	P	OTC;QL(2 ea daily)
<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</i>	P	
<i>cholecalciferol liqd or 400 ut/0.028ml</i>	P	Age limit = less than 6 months

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol liqd or 5000 unit/ml</i>	P	Age limit = 6 months to 1 year
D-VI-SOL LIQD ( <i>Use cholecalciferol</i> )	NP	
DRISDOL CAPS ( <i>Use ergocalciferol</i> )	NP	
<i>ergocalciferol caps</i>	P	
<i>ergocalciferol soln</i>	P	
KEY-E CHEW OR	P	OTC;QL(2 ea daily)
MEPHYTON TABS ( <i>Use phytonadione</i> )	NP	
<i>phytonadione tabs or</i>	P	
<i>vitamin e caps or 100 unit, 45 mg, 200 unit, 400 unit</i>	P	OTC;QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	P	OTC;QL(2 ea daily)
<b>Water Soluble Vitamins</b>		
<i>ascorbic acid tabs or 250 mg, 1000 mg, 1000 mg-37 mg, 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg, 500 mg</i>	P	OTC;QL(100 ea per 30 days retail)
B-1 TABS	P	OTC;QL(100 ea per 30 days retail)
<i>niacin cpcr</i>	P	OTC
<i>niacin tabs</i>	P	OTC
<i>niacin tbcr</i>	P	OTC
NIACIN TR TBCR	P	OTC
<i>pyridoxine hcl tabs</i>	P	OTC
<i>riboflavin tabs or 25 mg, 50 mg, 100 mg</i>	P	OTC;QL(100 ea per 30 days retail)
SLO-NIACIN TBCR ( <i>Use niacin</i> )	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>thiamine hcl tabs</i>	P	OTC;QL(100 ea per 30 days retail)
<i>thiamine mononitrate tabs</i>	P	OTC;QL(100 ea per 30 days retail)

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cyclosporine.....	60	desoximetason.....	44	digoxin.....	35
cyclosporine modified (for microemulsion).....	60	desvenlafaxine succinate..	16	dihydroergotamine mesylate.	57
CYMBALTA.....	16	DETROL.....	72	DILANTIN.....	14
cyproheptadine hcl.....	23	DETROL LA.....	72	DILANTIN INFATABS.....	14
CYTOMEL.....	71	DEX4.....	18	DILANTIN-125.....	14
CYTOTEC.....	72	DEX4 FAST ACTING GLUCOSE.....	18	DILAUDID.....	5
D-VI-SOL.....	76	DEX4 NATURALS.....	18	diltiazem hcl.....	34,35
D.H.E. 45.....	57	DEX4 POUCH PACK.....	18	diltiazem hcl coated beads..	34
dapsone.....	8	DEX4 QUICK DISSOLVE GLUCOSE.....	18	diltiazem hcl extended release beads.....	34,35
DAY TIME MULTI-SYMP TOM COLD/FLU RELIEF.....	39	dexamethasone.....	37	dimenhydrinate.....	21
DDAVP.....	50	dexamethasone sodium phosphate.....	37	DIMETAPP COLD & ALLERGY.....	39
DEBROX.....	67	DEXAMETHASONE SODIUM PHOSPHATE.....	37	DIMETAPP LONG ACTING COUGH PLUS COLD.....	39
deferasirox.....	21	dexamethasone sodium phosphate (ophth).....	66	dimethyl fumarate.....	69
DELSTRIGO.....	30	DEXEDRINE.....	1	DIOVAN.....	24
DELSYM.....	38	DEXILANT.....	72	DIOVAN HCT.....	25
DELSYM COUGH CHILDRENS.....	38	dexmethylphenidate hcl.....	1	diphenhydramine hcl.....	22
DELZICOL.....	51	dextroamphetamine sulfate.	1	diphenhydramine hcl (sleep).	53
DEMADEX.....	48	dextromethorphan hbr.....	38	diphenoxylate w/ atropine...	20
DEPAKENE.....	14	dextromethorphan polistirex.....	38	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	71
DEPAKOTE.....	14	dextromethorphan-doxylamine- acetaminophen.....	39	DIPROLENE AF.....	44
DEPAKOTE ER.....	14	dextromethorphan-guaifenesin .....	39	dipyridamole.....	52
DEPAKOTE SPRINKLES.....	14	dextromethorphan- phenylephrine-acetaminophen .....	39	disopyramide phosphate.....	10
DEPEN TITRATABS.....	59	DHS TAR.....	48	disulfiram.....	69
DEPO-PROVERA CONTRACEPTIVE.....	37	DHS TAR GEL.....	48	DITROPAN XL.....	72
DEPO-SUBQ PROVERA 104.....	37	DIABETIC TUSSIN COLD/FLU.....	39	divalproex sodium.....	14
DEPO-TESTOSTERONE.....	7	DIACOMIT.....	12	docusate sodium.....	55
DERMA-SMOOTHIE/FS SCALP.....	44	DIASTAT ACUDIAL.....	12	dofetilide.....	10
DERMAREST PSORIASIS..	46	DIASTAT PEDIATRIC.....	12	DOLOPHINE.....	5
DERMOTIC.....	67	diazepam.....	9	donepezil hydrochloride.....	69
DESCOVY.....	31	diazepam (anticonvulsant).	12	DORZOLAMIDE HCL.....	66
desipramine hcl.....	17	dibucaine.....	46	dorzolamide hcl.....	66
desmopressin acetate.....	50	diclofenac potassium.....	3	dorzolamide hcl-timolol maleate.....	64
desmopressin acetate spray.	50	diclofenac sodium.....	3	DOVATO.....	31
desmopressin acetate spray refrigerated.....	50	diclofenac sodium (ophth).	66	DOVONEX.....	43
desogestrel & ethinyl estradiol.....	36	diclofenac sodium (topical).	42	doxazosin mesylate.....	25
desogestrel-ethinyl estradiol (biphasic).....	36	dicloxacillin sodium.....	68	doxepin hcl.....	17
desogestrel-ethinyl estradiol (triphasic).....	36	dicyclomine hcl.....	71	doxycycline (monohydrate)..	70
desonide.....	44	didanosine.....	31	doxycycline hyclate.....	70
				doxylamine succinate (sleep).....	53
				DRAMAMINE.....	21

DRISDOL.....	76	EPIFOAM.....	44	famotidine.....	72
drospirenone-ethinyl		EPINEPHRINE.....	75	FARESTON.....	27
estradiol.....	36	epinephrine (anaphylaxis).....	75	felbamate.....	14
DROXIA.....	52	epinephrine hcl (nasal).....	63	FELBATOL.....	14
DRYSOL.....	46	EPIPEN 2-PAK.....	75	FELDENE.....	3
DULCOLAX.....	55	EPIPEN-JR 2-PAK.....	75	felodipine.....	35
duloxetine hcl.....	16	EPIVIR.....	31	FEMARA.....	27
DURAGESIC.....	5	EPZICOM.....	31	FEMHRT LOW DOSE.....	50
DUTOPROL.....	25	EQL DRY MOUTH ORAL		FENOFIBRATE.....	23
DYAZIDE.....	48	RINSE.....	61	fenofibrate.....	23
E.E.S. GRANULES.....	55	EQUALYTE.....	58	fenofibrate micronized.....	23
econazole nitrate.....	42	ergocalciferol.....	76	fenoprofen calcium.....	3
ECOTRIN MAXIMUM		ergotamine w/ caffeine.....	57	fentanyl.....	5
STRENGTH.....	5	ERYGEL.....	41	FER-IN-SOL.....	52
ECOTRIN REGULAR		ERYPED 200.....	55	FERRETTS.....	52
STRENGTH.....	5	ERYPED 400.....	55	ferrous fumarate.....	52
ED BRON GP.....	39	erythromycin (acne aid).....	41	ferrous fumarate-fa-b complex-c-	
EDURANT.....	31	erythromycin (ophth).....	65	zn-mg-mn-cu.....	52
efavirenz.....	31	erythromycin base.....	55	FERROUS GLUCONATE.....	52
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efavirenz-lamivudine-tenofovir		erythromycin stearate.....	56	ferrous sulfate.....	53
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EFFEXOR XR.....	16	ESGIC.....	4	STRENGTH.....	4
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EFUDEX.....	43	estradiol.....	50	FIBERCON.....	54
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ELIDEL.....	46	acetate.....	50	FIORINAL.....	4
ELIMITE.....	47	estradiol vaginal.....	75	FIORINAL/CODEINE #3.....	6
ELIQUIS.....	11	ESTROSTEP FE.....	36	FIRVANQ.....	8
ELIQUIS STARTER PACK.....	11	ethambutol hcl.....	27	FLAGYL.....	8
ELIXOPHYLLIN.....	11	ethosuximide.....	14	flavoxate hcl.....	73
ELLA.....	37	ethynodiol diacet & eth		flecainide acetate.....	10
ELMIRON.....	51	estrad.....	36	FLEET ENEMA.....	54
ELOCON.....	44	etidronate disodium.....	49	FLEET ENEMA SIX PACK.....	54
EMOLLIENT LOTION-MISC.....	45	etodolac.....	3	FLEET PEDIATRIC.....	54
emtricitabine.....	31	etonogestrel-ethinyl		FLOMAX.....	52
emtricitabine-tenofovir disoproxil		estradiol.....	37	FLONASE ALLERGY	
fumarate.....	31	EURAX.....	47	RELIEF.....	63
EMTRIVA.....	31	EVAC.....	54	FLONASE ALLERGY RELIEF	
EMVERM.....	8	EVISTA.....	49	CHILDRENS.....	63
enalapril maleate.....	24	EXELON.....	69	FLOVENT HFA.....	10
enalapril maleate &		exemestane.....	27	FLOXIN OTIC.....	67
hydrochlorothiazide.....	25	EXFORGE.....	25	FLUAD QUADRIVALENT	
ENBREL.....	4	EXFORGE HCT.....	25	INFLUENZA VACCINE FOR	
ENBREL SURECLICK.....	4	ezetimibe.....	24	ADULTS.....	74
ENFAMIL ENFALYTE.....	58	ezetimibe-simvastatin.....	23	fluconazole.....	21
ENGERIX-B.....	73	famciclovir.....	33	fludrocortisone acetate.....	38
enoxaparin sodium.....	12				

flunisolide (nasal).....	63	GILENYA.....	69	HAVRIX.....	74
fluocinolone acetonide.....	44	ginger (zingiber officinalis) ..	2	HEMOCYTE.....	53
fluocinolone acetonide (otic) ..	67	glatiramer acetate.....	69	heparin sodium (porcine).....	12
fluocinonide.....	44	glimepiride.....	20	HIBICLENS.....	30
fluocinonide emulsified base.....	44	glipizide.....	20	HM GLUCOSE.....	18
fluorometholone (ophth).....	66	glipizide-metformin hcl.....	17	homatropine hbr.....	65
fluorouracil (topical).....	43	GLUCAGEN HYPOKIT.....	18	HUMALOG MIX 50/50.....	19
fluoxetine hcl.....	16	GLUCAGON EMERGENCY		HUMALOG MIX 50/50	
fluoxetine hcl (pmdd).....	70	KIT.....	18	KWIKPEN.....	19
fluphenazine decanoate.....	30	GLUCOPHAGE.....	17	HUMALOG MIX 75/25.....	19
fluphenazine hcl.....	30	GLUCOPHAGE XR.....	18	HUMALOG MIX 75/25	
flurazepam hcl.....	53	GLUCOSE.....	18	KWIKPEN.....	19
flurbiprofen.....	3	GLUCOSE INSTANT		HUMIRA.....	2
flurbiprofen sodium.....	67	ENERGY.....	18	HUMIRA PEDIATRIC CROHNS	
flutamide.....	27	GLUCOTROL.....	20	DISEASE STARTER PACK.....	2
fluticasone propionate.....	45	GLUCOTROL XL.....	20	HUMIRA PEN.....	2
fluticasone propionate		glyburide.....	20	HUMIRA PEN-CD/UC/HS	
(nasal).....	63	glyburide micronized.....	20	STARTER.....	2
fluticasone-salmeterol.....	11	glyburide-metformin.....	17	HUMIRA PEN-PS/UV	
fluvoxamine maleate.....	16	glycerin (laxative).....	54	STARTER.....	2
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2021.....	74	glycopyrrolate.....	71	HUMULIN 70/30 KWIKPEN.....	19
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fosinopril sodium.....	24	GOODSENSE GLUCOSE.....	18	HYDRO-LAN.....	46
fosinopril sodium &		griseofulvin microsize.....	21	hydrochlorothiazide.....	49
hydrochlorothiazide.....	25	griseofulvin ultramicrosize.....	21	hydrocodone w/	
FURADANTIN.....	9	guaifenesin.....	41	homatropine.....	38
furosemide.....	49	guaifenesin-codeine.....	39	hydrocodone-acetaminophen.....	6
gabapentin.....	13	guanfacine hcl.....	25	hydrocortisone.....	37
GABITRIL.....	14	guanfacine hcl (adhd).....	1	hydrocortisone (intrarectal).....	7
galantamine hydrobromide.....	69	GVOKE PFS.....	18	hydrocortisone (rectal).....	7
GARDASIL 9.....	74	GYNAZOLE-1.....	74	hydrocortisone (topical).....	45
GAS-X.....	50	GYNE-LOTRIMIN.....	75	hydrocortisone butyrate.....	45
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GENERESS FE.....	36	HALDOL DECANOATE		HYDROMORPHONE HCL.....	5
gentamicin sulfate (ophth).....	65	100.....	29	hydromorphone hcl.....	5
gentamicin sulfate (topical).....	42	HALDOL DECANOATE 50.....	29	hydroxychloroquine sulfate.....	27
GENVOYA.....	31	haloperidol.....	29	hydroxyprogesterone	
GEODON.....	29	haloperidol decanoate.....	29	caproate.....	68
		haloperidol lactate.....	29	hydroxyprogesterone caproate	
				(antineoplastic).....	27

hydroxyurea.....	28	irbesartan-hydrochlorothiazide.....	25	LAC-HYDRIN.....	45
hydroxyzine hcl.....	9	IRON CHEWS PEDIATRIC.....	53	LAC-HYDRIN TWELVE.....	45
hydroxyzine pamoate.....	9	ISENTRESS.....	31	lactic acid (ammonium lactate).....	45
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HYZAAR.....	25	isosorbide dinitrate.....	9	LAMISIL AT.....	43
ibuprofen.....	3	isosorbide mononitrate.....	9	LAMISIL AT JOCK ITCH.....	43
ibuprofen lysine.....	3	isotretinoin.....	42	lamivudine.....	31
imipramine hcl.....	17	ITCH RELIEF.....	43	lamivudine-zidovudine.....	31
imiquimod.....	45	itraconazole.....	21	lamotrigine.....	13
IMITREX.....	57	JADENU.....	21	LANCETS SUPER THIN 28G.....	56
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IMURAN.....	60	KALBITOR.....	52	lanolin (topical).....	46
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indapamide.....	49	KALYDECO.....	70	LANOXIN.....	35
INDERAL LA.....	34	KAPVAY.....	1	lansoprazole.....	72
INDOCIN.....	3	KAZANO.....	17	LASIX.....	49
indomethacin.....	3	KEFLEX.....	35	latanoprost.....	67
indomethacin sodium.....	3	KEPPRA.....	13	LEADER GLUCOSE.....	18
INFANRIX.....	71	KEPPRA XR.....	13	LEADER QUICK DISSOLVE GLUCOSE.....	18
INFANTS ADVIL.....	3	KERALYT.....	46	leflunomide.....	4
INFLUENZA VACCINE.....	74	ketoconazole (topical).....	42,43	letrozole.....	28
INSULIN ASPART PROTAMINE/INSULIN ASPART.....	19	KETONE.....	48	leucovorin calcium.....	28
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	19	KETONE TEST STRIPS.....	48	LEUKERAN.....	27
INSULIN LISPRO PROTAMINE/INSULIN LISPRO.....	19	ketorolac tromethamine.....	3	LEVAQUIN.....	50
KWIKPEN.....	19	KETOROLAC TROMETHAMINE.....	3	LEVBID.....	71
INSULIN SYRINGES.....	56	ketorolac tromethamine (ophth).....	67	levetiracetam.....	13
INSULIN SYRINGES-MISC.....	56	KETOSTIX.....	48	levobunolol hcl.....	64
INTELENCE.....	31	ketotifen fumarate (ophth).....	67	levocarnitine (metabolic modifiers).....	49,50
INTUNIV.....	1	KEY-E.....	76	levocetirizine dihydrochloride.....	22
INVIRASE.....	31	KINDERLYTE.....	58	levofloxacin.....	50
IOPIDINE.....	65	KINDERLYTE PREMAX.....	58	levonorgestrel & eth estradiol.....	36
ipratropium bromide.....	10	KLARON.....	42	levonorgestrel (emergency oc).....	37
ipratropium bromide (nasal).....	63	KLONOPIN.....	12	levonorgestrel-eth estradiol (triphasic).....	36
ipratropium-albuterol.....	11	KONSYL DAILY FIBER.....	54	levonorgestrel-ethinyl estradiol (91-day).....	36
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		KROGER GLUCOSE.....	18		
		labetalol hcl.....	33		

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LIALDA.....	51	MACRODANTIN.....	9	TEXTURE.....	54
LICEMD.....	47	MAGNESIUM.....	59	metaproterenol sulfate.....	11
LICIDE TREATMENT KIT... 47		magnesium citrate.....	54	metformin hcl.....	18
lidocaine.....	46	magnesium hydroxide.....	55	methadone hcl.....	5
lidocaine hcl.....	46	magnesium oxide.....	8	methazolamide.....	48
lidocaine hcl (mouth-throat) 60		MAGNESIUM OXIDE.....	59	methenamine mandelate.....	9
lidocaine-prilocaine.....	46	magnesium oxide (mg		methenamine-hyosc-methylene	
liothyronine sodium.....	71	supplement).....	59	blue-sod phos-phenyl sal.....	8
LIPITOR.....	23	MAGOX 400.....	59	methimazole.....	70
lisinopril.....	24	MAKENA.....	68	METHITEST.....	7
lisinopril &		malathion.....	47	methocarbamol.....	62
hydrochlorothiazide.....	25	maprotiline hcl.....	15	METHOTREXATE.....	3
LITHIUM.....	29	MAVYRET.....	33	methotrexate sodium.....	27
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LOCOID.....	45	MAXZIDE.....	48	metoclopramide hcl.....	51
LODINE.....	3	MAXZIDE-25.....	48	metolazone.....	49
LODOSYN.....	28	meclizine hcl.....	21	metoprolol &	
LOHIST-D.....	39	MEDROL.....	37	hydrochlorothiazide.....	26
LOMOTIL.....	20	MEDROL DOSEPAK.....	37	metoprolol succinate.....	34
LONGS GLUCOSE.....	18	medroxyprogesterone		METOPROLOL SUCCINATE	
loperamide hcl.....	20,21	acetate.....	68	ER/HYDROCHLOROTHIAZIDE	
LOPID.....	23	medroxyprogesterone acetate		.....	26
lopinavir-ritonavir.....	31	(contraceptive).....	37	metoprolol tartrate.....	34
LOPRESSOR.....	34	mefloquine hcl.....	27	METROCREAM.....	47
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loratadine.....	22	MEIJER GLUCOSE.....	18	METROLOTION.....	47
loratadine &		MELATONIN.....	2	metronidazole.....	8
pseudoephedrine.....	39	melatonin.....	2	metronidazole (topical).....	47
lorazepam.....	9	meloxicam.....	3	metronidazole vaginal.....	75
losartan potassium.....	24	melphalan.....	27	mexiletine hcl.....	10
losartan potassium &		memantine hcl.....	69	MIACALCIN.....	49
hydrochlorothiazide.....	26	MENACTRA.....	73	MICARDIS.....	24
LOTENSIN.....	24	MENQUADFI.....	73	MICARDIS HCT.....	26
LOTENSIN HCT.....	26	MENVEO.....	73	MICATIN.....	43
LOTREL.....	26	meperidine hcl.....	5	miconazole nitrate (topical) .. 43	
LOTRIMIN AF.....	43	MEPHYTON.....	76	miconazole nitrate vaginal... 75	
LOTRIMIN AF JOCK ITCH.. 43		meprobamate.....	9	MICROZIDE.....	49
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LOVENOX.....	12	MESTINON.....	27	MIGRANAL.....	57
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MINIVELLE.....	50	nabumetone.....	3	STUBBORN ITCH	
MINOCIN.....	70	nadolol.....	34	CONTROL.....	48
minocycline hcl.....	70	NALFON.....	3	nevirapine.....	31
minoxidil.....	26	naloxone hcl.....	21	niacin.....	76
MIRALAX.....	54	naltrexone hcl.....	21	niacin (antihyperlipidemic).....	24
MIRAPEX.....	28	NAMENDA.....	69	NIACIN TR.....	76
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mirtazapine.....	15	PAK.....	69	nicardipine hcl.....	35
misoprostol.....	72	naphazoline w/		NICODERM CQ.....	70
MOBIC.....	3	pheniramine.....	65	NICORETTE.....	70
MOI-STIR.....	61	NAPROSYN.....	3	NICORETTE MINI.....	70
molindone hcl.....	30	naproxen.....	3	NICORETTE STARTER KIT.....	70
mometasone furoate.....	45	naproxen sodium.....	3	nicotine.....	70
MONISTAT 3.....	75	naratriptan hcl.....	57	nicotine polacrilex.....	70
MONISTAT 3 COMBINATION		NARCAN.....	21	NICOTINE TRANSDERMAL	
PACK.....	75	NARDIL.....	15	SYSTEM.....	70
MONISTAT 7 SIMPLY		NASACORT ALLERGY		NICOTROL INHALER.....	70
CURE.....	75	24HR.....	63	NICOTROL NS.....	70
MONISTAT SOOTHING CARE		NASACORT ALLERGY 24HR		nifedipine.....	35
ITCH RELIEF.....	45	CHILDRENS.....	63	NINLARO.....	28
montelukast sodium.....	10	NASAL DECONGESTANT.....	63	NITRO-BID.....	9
morphine sulfate.....	5	NASALCROM.....	63	NITRO-DUR.....	9
MOTRIN CHILDRENS.....	3	nateglinide.....	20	nitrofurantoin.....	9
MOTRIN INFANTS DROPS.....	3	NATROBA.....	47	nitrofurantoin macrocrystal.....	9
MOUTH KOTE.....	61	NAYZILAM.....	12	nitrofurantoin monohyd macro.....	9
MOUTH KOTE REMINT.....	61	nefazodone hcl.....	16	nitroglycerin.....	9
moxifloxacin hcl (ophth).....	65	neomycin sulfate.....	2	NITROSTAT.....	9
MS CONTIN.....	5	neomycin-bacitracin zn-		NIX CREME RINSE.....	47
MUCINEX.....	41	polymyxin.....	65	NIZORAL.....	43
MUCINEX D.....	39	neomycin-bacitracin-polymyxin		NORCO.....	6
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STRENGTH.....	41	dexameth.....	66	estradiol.....	37
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various.....	62	.....	65	fe.....	36
mupirocin.....	42	neomycin-polymyxin-hc		norethindrone	
mupirocin calcium (topical).....	42	(ophth).....	66	(contraceptive).....	37
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mycophenolate mofetil.....	60	(otic).....	67	estra.....	36
mycophenolate sodium.....	60	NEOPROFEN.....	3	norethindrone acetate.....	68
MYDRIACYL.....	65	NEORAL.....	60	norethindrone acetate-ethinyl	
MYFORTIC.....	60	NEOSPORIN ORIGINAL.....	42	estradiol.....	50
MYLERAN.....	27	NEOSPORIN PLUS PAIN		norethindrone acetate-ethinyl	
MYLICON INFANTS GAS		RELIEF MAXIMUM		estradiol-fe.....	36
RELIEF.....	51	STRENGTH.....	42	norethindrone-eth estradiol	
MYLICON INFANTS GAS		NEPHRO-VITE RX.....	62	(triphasic).....	36
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		NEURONTIN.....	13	estradiol.....	36
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PIFELTRO	32	prednisolone acetate (ophth)	66	promethazine-dm	40
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polysaccharide iron complex	53	PREVNAR 13	73	pseudoephedrine-dm	40
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