

Comprehensive
PREFERRED DRUG LIST

Peach State Health Plan



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 medicine 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 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 Peach State Health Plan’s specialty pharmacy. AcariaHealth is the specialty pharmacy you should use.

The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs. AcariaHealth provides you with the following services:

- Delivers drugs to the home or doctor’s office
- Has pharmacists who can help 24 hours a day, seven days a week to answer your questions and help with drugs
- Helps you know your medicine better. This will help you understand your health condition better.

These drugs are not usually available at local pharmacies. Drugs that AcariaHealth provides are marked in the PDL and on the Biopharmaceutical Pharmacy Program list. Both of these lists are on the Peach State Health Plan website at www.pshp.com.

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.

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.

Prior Authorizations (PA)

Some drugs on the PDL may require PA. 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. 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 licensed clinical pharmacist. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends you 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 medicine. 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 licensed clinical pharmacist. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Envolve Pharmacy Solutions sends you 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 medicine. 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 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 and are not covered by the 72 hour emergency supply policy:

- 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 medicine. 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 a 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 drug 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 drug. 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.

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 doctor on your prescription is known with Georgia Families. If your prescription is written by a non-registered doctor, the prescription will be rejected. Pharmacies will also get a claims message if their store is not listed with Georgia Medicaid.

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[®] 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 cervical cancer

Prescription	Member Copayment
Preferred Drug List (PDL) Medicine	\$0.50
Non-PDL Medicine	
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

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS			
Tier	Tier Definitions		
P	Preferred Drug		
NP	Non-Preferred Drug		
REQUIREMENT or LIMITS			
Requirement/Limits	Requirement/Limit Description		
AL	Age Limit: Drug is limited to a specific age		
PACK	Prior Authorization: Review required before prescription can be filled		
QL	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.		
Rx/OTC	Product has both prescription and over the counter coverage		
SP	Specialty Drug: 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	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.		
CLINICAL EDIT DESCRIPTIONS			
Edit Name	Edit Description		
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time. 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.		
ADHD	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.		
Test Strips	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	EX	External
AERB	Aerosol, breath activated	GRAN	Granules
AERO	Aerosol	IJ	Injection
AJKT	Auto-injector Kit	IMPL	Implant
AUIJ	Auto-injector	INHA	Inhaler
CAPS	Capsule	INJ	Injectable
CHEW	Tablet Chewable	IUD	Intrauterine Device
CONC	Concentrate	IV	Intravenous
CP12	Capsule ER 12 HR	LIQD	Liquid
CP24	Capsule ER 24 HR	LOTN	Lotion
CPCR	Capsule ER	LOZG	Lozenge
CPDR	Capsule Delayed Release	LPOP	Lollipop
CPEP	Capsule Enteric Coated Particles	MISC	Miscellaneous
CPSP	Capsule Sprinkle	NA	Nasal
CREA	Cream	NEBU	Nebulization solution
CSDR	Capsule Delayed Release Sprinkle	OINT	Ointment
DEVI	Device	OP	Ophthalmic
ELIX	Elixir	OPHT	Ophthalmic
EMUL	Emulsion	OR	Oral
ENEM	Enema	PACK	Packet

Peach State Health Plan: Preferred Drug List (PDL)



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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
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 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg</i>	P	Clinical Edit: ADHD;QL(1 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg</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 5 mg, 10 mg, 15 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 5 mg, 10 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)
Analeptics		
<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)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<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)
Stimulants - Misc.		
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 5 mg, 10 mg, 2.5 mg</i>	P	Clinical Edit: ADHD;QL(2 ea daily); AL(At least 6 yrs old)

Georgia Medicaid Updated February 1, 2019
P-Preferred drug, NP-Non-preferred, AL-Age Limit, PA-Prior Authorization
QL-Quantity limit, SP-Specialty drug, ST-Step Therapy, RX/OTC - both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
FOCALIN TABS (<i>Use Dexmethylphenidate HCl</i>)	NP	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
METADATE CD CPCR (<i>Use Methylphenidate HCl</i>)	NP	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs or 10 mg, 20 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 tbcrr or 10 mg, 20 mg, 36 mg</i>	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcrr or 18 mg, 27 mg, 54 mg</i>	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG, 54 MG	P	Clinical Edit: ADHD; QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG	P	Clinical Edit: ADHD; QL(2 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 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)
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		

Drug Name	Drug Tier	Requirements/ Limits
<i>ginger (zingiber officinalis) caps 250 mg</i>	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin tabs or 3 mg, 5 mg</i>	P	OTC; QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>neomycin sulfate tabs or</i>	P	
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	P	PA
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	P	PA
<i>tobramycin sulfate solr ij 1.2 gm</i>	P	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
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
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS (<i>Use Ibuprofen</i>)	NP	OTC
ALEVE ARTHRITIS TABS (<i>Use Naproxen Sodium</i>)	NP	OTC; QL(2 ea daily)
ALEVE TABS (<i>Use Naproxen Sodium</i>)	NP	OTC; QL(2 ea daily)
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	NP	
CHILDRENS ADVIL SUSP (<i>Use Ibuprofen</i>)	NP	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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	
FENOPROFEN CALCIUM CAPS OR 400 MG	P	
FENORTHO CAPS 400 MG	P	
<i>flurbiprofen tabs or 50 mg, 100 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	
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	
<i>ketorolac tromethamine tabs or 10 mg</i>	P	QL(20 ea per 30 days retail); AL(At least 17 yrs old)

Drug Name	Drug Tier	Requirements/Limits
LODINE TABS (Use Etodolac)	NP	
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	P	
MOBIC TABS (Use Meloxicam)	NP	
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	
NAPROSYN TABS (Use Naproxen)	NP	
<i>naproxen sodium tabs or 220 mg</i>	P	OTC;QL(2 ea daily)
<i>naproxen sodium tabs or 275 mg, 550 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	
<i>piroxicam caps or 10 mg, 20 mg</i>	P	
<i>sulindac tabs or 150 mg, 200 mg</i>	P	
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use Leflunomide)	NP	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	P	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	P	PA; SP
ENBREL SOSY	P	PA; SP
ENBREL SURECLICK SOAJ	P	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		

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Drug Name	Drug Tier	Requirements/Limits
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</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)
TENCON TABS	P	QL(4 ea daily); AL(At least 12 yrs old)
Analgesics Other		
<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
<i>acetaminophen soln or 160 mg/5ml, 650 mg/20.3ml, 325 mg/10.15ml</i>	P	OTC
<i>acetaminophen supp re 120 mg, 325 mg, 650 mg</i>	P	OTC;QL(12 ea per 30 days retail)
<i>acetaminophen susp or 160 mg/5ml, 80 mg/0.8ml, 80 mg/2.5ml</i>	P	OTC
<i>acetaminophen tabs or 325 mg, 500 mg</i>	P	OTC
NORTEMP INFANTS SUSP	P	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>Acetaminophen</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
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
Salicylates		
<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 120 MG, 200 MG, 300 MG, 600 MG	P	OTC;QL(12 ea per 30 days retail)
<i>aspirin supp re 300 mg, 600 mg</i>	P	OTC;QL(12 ea per 30 days retail)
<i>aspirin tabs or 325 mg</i>	P	OTC
<i>aspirin tbec or 81 mg, 324 mg, 325 mg, 500 mg</i>	P	OTC
BUFFERIN TABS (Use <i>Aspirin Buffered (Cal Carb-Mag Carb-Mag Oxide)</i>)	NP	OTC
<i>diflunisal tabs</i>	P	
DISALCID TABS (Use <i>Salsalate</i>)	NP	
ECOTRIN MAXIMUM STRENGTH TBEC (Use <i>Aspirin</i>)	NP	OTC
ECOTRIN REGULAR STRENGTH TBEC (Use <i>Aspirin</i>)	NP	OTC
<i>salsalate tabs or 500 mg, 750 mg</i>	P	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		

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Drug Name	Drug Tier	Requirements/ Limits
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG, 60 MG	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS 30 MG (<i>Use Codeine Sulfate</i>)	NP	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
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 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 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)
<i>hydromorphone hcl tabs or 8 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
MEPERIDINE HCL SOLN OR 50 MG/5ML	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 20 mg/ml, 100 mg/5ml</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)
MORPHINE SULFATE SUPP RE 5 MG, 10 MG, 20 MG, 30 MG	P	Clinical Edit: Opioids; QL(18 ea per fill retail)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	P	QL(3 ea daily)
MS CONTIN TBCR (<i>Use Morphine Sulfate</i>)	NP	QL(3 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)
OXYCODONE HCL ER T12A	P	PA; QL(2 ea daily)
<i>oxycodone hcl soln or 5 mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily)
<i>oxycodone hcl tabs or 30 mg</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
<i>oxycodone hcl tabs or 5 mg, 10 mg, 15 mg, 20 mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
OXYCONTIN T12A	P	PA; QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>Use Oxycodone HCl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>Use Oxycodone HCl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg, 300mg-60mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</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)
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 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	P	Clinical Edit: Opioids; QL(18 0 ml daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
NORCO TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone-aspirin tabs</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	P	Clinical Edit: Opioids; QL(30 ml daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (<i>Use Oxycodone w/ Acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea 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)
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
Opioid Partial Agonists		
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

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	P	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate sub/ 8mg-2mg, 2mg-0.5mg</i>	P	PA
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	P	PA; QL(1 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	P	PA; QL(2 ea daily)
ZUBSOLV SUBL	P	PA

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Androgens

ANDRODERM PT24	P	QL(1 ea daily)
ANDROXY TABS	P	
DEPO-TESTOSTERONE SOLN 200 MG/ML (<i>Use Testosterone Cypionate</i>)	NP	QL(4 ml per 30 days retail)
METHITEST TABS	P	
<i>testosterone cypionate soln im 200 mg/ml</i>	P	QL(4 ml per 30 days retail)
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	P	QL(4 ml per 30 days retail)

ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching

Intrarectal Steroids

CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NP	
<i>hydrocortisone (intrarectal) enem</i>	P	

Rectal Combinations

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)

Drug Name	Drug Tier	Requirements/Limits
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	NP	
<i>hydrocortisone (rectal) crea 2.5 %</i>	P	

ANTACIDS

Antacid Combinations

<i>alum & mag hydrox-simethicone liqd 200mg/5ml-20mg/5ml-200mg/5ml</i>	P	OTC;QL(744 ml per 30 days retail)
<i>alum & mag hydrox-simethicone susp 200mg/5ml-20mg/5ml-200mg/5ml, 200mg/5ml-200mg/5ml-20mg/5ml-200mg/5ml-200mg/5ml</i>	P	OTC;QL(744 ml per 30 days retail)

Antacids - Aluminum Salts

ALUMINUM HYDROXIDE SUSP OR	P	OTC
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Antacids - Bicarbonate

<i>sodium bicarbonate (antacid) tabs</i>	P	OTC;QL(100 ea per 30 days retail)
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Antacids - Calcium Salts

<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

Antacids - Magnesium Salts

<i>magnesium oxide tabs 400 mg</i>	P	OTC
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ANTHELMINTICS - Drugs to Treat Worm Infections

Anthelmintics

EMVERM CHEW	P	QL(1 ea per 14 days retail)
<i>pyrantel pamoate susp or</i>	P	OTC;QL(60 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
REESES PINWORM MEDICINE TABS	P	OTC;QL(3 ea per fill retail)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NP	
metronidazole tabs or 250 mg, 500 mg	P	
trimethoprim tabs or	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NP	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NP	
sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml	P	
sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg	P	
Glycopeptides		
FIRVANQ SOLR	P	QL(300 ml per fill retail)
VANCOGIN HCL CAPS 125 MG (Use Vancomycin HCl)	NP	QL(4 ea daily)
VANCOGIN HCL CAPS 250 MG (Use Vancomycin HCl)	NP	QL(8 ea daily)
vancomycin hcl caps or 125 mg	P	QL(4 ea daily)
vancomycin hcl caps or 250 mg	P	QL(8 ea daily)
vancomycin hcl solr iv 1 gm, 1000 mg	P	QL(14 ea per fill retail)
vancomycin hcl solr iv 500 mg	P	QL(14 ea per 30 days retail)
Leprostatics		
dapsone tabs or 25 mg, 100 mg	P	

Drug Name	Drug Tier	Requirements/Limits
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG (Use Clindamycin HCl)	NP	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NP	QL(300 ml per fill retail)
clindamycin hcl caps or 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride solr	P	QL(300 ml per fill retail)
Oxazolidinones		
SIVEXTRO TABS OR	P	PA; QL(6 ea per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NP	
ISOSORBIDE DINITRATE ER TBCR	P	
isosorbide dinitrate tabs	P	
isosorbide mononitrate tabs 10 mg, 20 mg	P	QL(2 ea daily)
isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg	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 (Use Nitroglycerin)	NP	
nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg	P	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	P	
NITROSTAT SUBL (Use Nitroglycerin)	NP	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		

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Drug Name	Drug Tier	Requirements/Limits
Antianxiety Agents - Misc.		
<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>bupirone hcl tabs or 5 mg, 10 mg</i>	P	QL(6 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	
HYDROXYZINE PAMOATE CAPS OR 100 MG	P	
<i>hydroxyzine pamoate caps or 25 mg, 50 mg</i>	P	
<i>meprobamate tabs</i>	P	
VISTARIL CAPS (Use <i>Hydroxyzine Pamoate</i>)	NP	
Benzodiazepines		
<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 (Use <i>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)
DIAZEPAM SOLN OR 5 MG/5ML	P	AL (6 months to 12 years old)
<i>diazepam tabs or 2 mg, 5 mg, 10 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 10 mg, 15 mg, 30 mg</i>	P	QL(4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
OXAZEPAM CAPS 30 MG	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (Use <i>Diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (Use <i>Alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	
NORPACE CAPS (Use <i>Disopyramide Phosphate</i>)	P	
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc or 324 mg</i>	P	
QUINIDINE SULFATE TABS OR 200 MG, 300 MG	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	P	
<i>propafenone hcl tabs 150 mg, 225 mg, 300 mg</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs or 200 mg</i>	P	
<i>dofetilide caps</i>	P	
TIKOSYN CAPS (Use <i>Dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu in</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
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)
Leukotriene Modulators		
<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 (Use Montelukast Sodium)	NP	QL(1 ea daily)
SINGULAIR PACK (Use Montelukast Sodium)	NP	QL(1 ea daily)
SINGULAIR TABS (Use Montelukast Sodium)	NP	QL(1 ea daily)
Steroid Inhalants		
AEROSPAN AERS	P	QL(9 gm per 30 days retail)
<i>budesonide (inhalation) susp</i>	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
FLOVENT DISKUS AEPB 100 MCG/BLIST, 250 MCG/BLIST	P	QL(2 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	P	
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail)
FLOVENT HFA AERO 44 MCG/ACT	P	QL(10.6 gm per fill retail)
PULMICORT FLEXHALER AEPB	P	QL(1 ea per fill retail)
PULMICORT SUSP (Use Budesonide (Inhalation))	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	P	QL(17.4 gm per fill retail)
QVAR REDIHALER AERB	P	2 rtl pack lmt per fill,
Sympathomimetics		
ADVAIR DISKUS AEPB	P	QL(60 ea per 30 days retail); AL(At least 4 yrs old - Up to 11 yrs old)
ALBUTEROL SULFATE ER TB12	P	
<i>albuterol sulfate nebu in 0.083 %</i>	P	QL(12.5 ml daily)
<i>albuterol sulfate nebu in 0.5 %</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	
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 days retail)
DULERA AERO	P	QL(13 gm per fill retail)
<i>ipratropium-albuterol soln</i>	P	QL(12 ml daily)
METAPROTERENOL SULFATE SYRP OR 10 MG/5ML	P	QL(30 ml daily)
METAPROTERENOL SULFATE TABS OR 10 MG, 20 MG	P	
PROAIR HFA AERS	P	QL(8.5 gm per fill retail, 17 gm per 30 days retail)
PROAIR RESPICLICK AEPB	P	AL(At least 4 yrs old - Up to 18 yrs old)
SEREVENT DISKUS AEPB	P	QL(60 ea per fill retail)
SYMBICORT AERO	P	QL(11 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	P	
VENTOLIN HFA AERS	P	QL(8 gm per fill retail, 16 gm per 30 days retail)
VENTOLIN HFA AERS	P	QL(18 gm per fill retail, 36 gm per 30 days retail)
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NP	
Xanthines		
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	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	P	
<i>warfarin sodium tabs</i>	P	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	P	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS	P	QL(4 ea daily)
ELIQUIS TABS	P	QL(4 ea daily)
XARELTO TABS 10 MG	P	QL(35 ea per 180 days retail)
XARELTO TABS 15 MG	P	QL(2 ea daily)
XARELTO TABS 20 MG	P	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		

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 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>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	P	QL(12 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 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,
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,

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Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NP	QL(12 ml per 7 days retail)3 rtl MAX fill,180 rtl day(s) supply,
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<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	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIASTAT PEDIATRIC GEL	P	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)
DIAZEPAM GEL RE 20 MG, 2.5 MG	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
DIAZEPAM RECTAL GEL GEL	P	QL(1 ea per fill retail); AL(At least 2 yrs old)
KLONOPIN TABS (Use Clonazepam)	NP	QL(3 ea daily); AL(At least 18 yrs old)
Anticonvulsants - Misc.		
<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	
<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)

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NP	QL(16 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NP	
KEPPRA TABS OR 250 MG, 750 MG (Use Levetiracetam)	NP	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use Levetiracetam)	NP	QL(6 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NP	ST; Use levetiracetam IR
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NP	
LAMICTAL TABS (Use Lamotrigine)	NP	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG, 250 MG, 300 MG (Use Lamotrigine)	NP	ST; Use lamotrigine IR
<i>lamotrigine chew or 5 mg, 25 mg</i>	P	
<i>lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg</i>	P	
<i>lamotrigine tb24 or 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 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)
<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 (Use Primidone)	NP	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	NP	QL(9 ea daily)
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NP	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TABS 600 MG (Use Gabapentin)	NP	QL(6 ea daily)
NEURONTIN TABS 800 MG (Use Gabapentin)	NP	QL(4 ea daily)
<i>oxcarbazepine susp</i>	P	
<i>oxcarbazepine tabs</i>	P	
<i>primidone tabs or 50 mg, 250 mg</i>	P	
TEGRETOL SUSP (Use Carbamazepine)	NP	
TEGRETOL TABS (Use Carbamazepine)	NP	
TEGRETOL-XR TB12 (Use Carbamazepine)	NP	
TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate)	NP	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate)	NP	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use Topiramate)	NP	QL(4 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NP	QL(3 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	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)
<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 25 mg, 50 mg, 100 mg</i>	P	
Carbamates		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp</i>	P	
<i>felbamate tabs</i>	P	
FELBATOL SUSP (Use Felbamate)	NP	
FELBATOL TABS (Use Felbamate)	NP	
GABA Modulators		
GABITRIL TABS (Use Tiagabine HCl)	NP	
<i>tiagabine hcl tabs</i>	P	
Hydantoins		
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 125 mg/5ml</i>	P	
Succinimides		
<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	
Valproic Acid		
DEPAKENE CAPS (Use Valproic Acid)	P	
DEPAKENE SOLN (Use Valproate Sodium)	P	

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Drug Name	Drug Tier	Requirements/Limits
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)
divalproex sodium csdr or 125 mg	P	QL(8 ea daily)
divalproex sodium tb24 or 250 mg	P	QL(3 ea daily)
divalproex sodium tb24 or 500 mg	P	QL(7 ea daily)
divalproex sodium tbec or 125 mg	P	QL(2 ea daily)
divalproex sodium tbec or 250 mg	P	QL(3 ea daily)
divalproex sodium tbec or 500 mg	P	QL(7 ea daily)
valproate sodium soln or 250 mg/5ml	P	
valproic acid caps	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs or 15 mg	P	QL(3 ea daily)
mirtazapine tabs or 30 mg	P	QL(1.5 ea daily)
mirtazapine tabs or 45 mg, 7.5 mg	P	QL(1 ea daily)
mirtazapine tbdp or 15 mg	P	QL(3 ea daily)
mirtazapine tbdp or 30 mg	P	QL(1.5 ea daily)
mirtazapine tbdp or 45 mg	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 15 MG (Use Mirtazapine)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use Mirtazapine)	NP	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use Mirtazapine)	NP	QL(1 ea daily)
REMERON TABS 15 MG (Use Mirtazapine)	NP	QL(3 ea daily)
REMERON TABS 30 MG (Use Mirtazapine)	NP	QL(1.5 ea daily)
REMERON TABS 45 MG (Use Mirtazapine)	NP	QL(1 ea daily)
Antidepressants - Misc.		
bupropion hcl tabs or 75 mg, 100 mg	P	QL(3 ea daily)
bupropion hcl tb12 or 100 mg	P	QL(4 ea daily)
bupropion hcl tb12 or 150 mg	P	QL(3 ea daily)
bupropion hcl tb12 or 200 mg	P	QL(2 ea daily)
bupropion hcl tb24 or 150 mg	P	QL(3 ea daily)
bupropion hcl tb24 or 300 mg	P	QL(1 ea daily)
MAPROTILINE HCL TABS	P	
WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl)	NP	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)	NP	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl)	NP	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)	NP	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL TABS (Use Phenelzine Sulfate)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
PARNATE TABS (Use Tranylcypromine Sulfate)	NP	
phenelzine sulfate tabs or	P	
tranylcypromine sulfate tabs	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NP	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NP	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NP	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	P	
citalopram hydrobromide tabs 10 mg	P	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	P	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	P	QL(1 ea daily)
escitalopram oxalate tabs 10 mg	P	QL(2 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 20 mg	P	QL(1 ea daily); AL(At least 12 yrs old)
escitalopram oxalate tabs 5 mg	P	QL(4 ea daily); AL(At least 12 yrs old)
fluoxetine hcl caps or 10 mg, 20 mg	P	QL(4 ea daily)
fluoxetine hcl caps or 40 mg	P	QL(2 ea daily); AL(At least 7 yrs old)
fluoxetine hcl soln or 20 mg/5ml	P	QL(600 ml per 30 days retail); AL(Up to 6 yrs old)
fluoxetine hcl tabs or 10 mg	P	QL(1 ea daily); AL(At least 7 yrs old)
fluoxetine hcl tabs or 20 mg	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate tabs 100 mg	P	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	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)
paroxetine hcl tabs 10 mg	P	QL(6 ea daily)
paroxetine hcl tabs 20 mg	P	QL(3 ea daily)
paroxetine hcl tabs 30 mg, 40 mg	P	QL(2 ea daily)
paroxetine hcl tb24 25 mg, 12.5 mg, 37.5 mg	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)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NP	QL(2 ea daily); AL(At least 7 yrs old)
sertraline hcl conc or 20 mg/ml	P	QL(6 ml daily)
sertraline hcl tabs or 100 mg	P	QL(2 ea daily)
sertraline hcl tabs or 25 mg, 50 mg	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)

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Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NP	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	P	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	P	
NEFAZODONE HYDROCHLORIDE TABS	P	
<i>trazodone hcl tabs or 300 mg</i>	P	QL(2 ea daily)
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg</i>	P	
TRINTELLIX TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)
VIIBRYD TABS	P	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
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)
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)
<i>venlafaxine hcl cp24 150 mg</i>	P	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl cp24 75 mg</i>	P	QL(5 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	P	
<i>venlafaxine hcl tb24 150 mg</i>	P	QL(2 ea daily)
<i>venlafaxine hcl tb24 75 mg, 225 mg, 37.5 mg</i>	P	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	P	
AMOXAPINE TABS	P	
ANAFRANIL CAPS 75 MG (Use Clomipramine HCl)	NP	
<i>clomipramine hcl caps or 75 mg</i>	P	
<i>desipramine hcl tabs or 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	P	
<i>desipramine hcl tabs or 25 mg</i>	P	QL(2 ea daily)
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	P	
<i>doxepin hcl conc or 10 mg/ml</i>	P	
ELAVIL TABS (Use Amitriptyline HCl)	NP	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	P	
NORPRAMIN TABS 10 MG (Use Desipramine HCl)	NP	
NORPRAMIN TABS 25 MG (Use Desipramine HCl)	NP	QL(2 ea daily)
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	P	
NORTRIPTYLINE HCL SOLN OR 10 MG/5ML	P	QL(20 ml daily)
<i>nortriptyline hcl soln or 10 mg/5ml</i>	P	QL(20 ml daily)
PAMELOR CAPS (Use Nortriptyline HCl)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	PA; QL(11 ml per 30 days retail)
SYMLINPEN 60 SOPN	P	PA; QL(6 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl tabs</i>	P	QL(2 ea daily)
<i>alogliptin-pioglitazone tabs</i>	P	
<i>glipizide-metformin hcl tabs</i>	P	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NP	
<i>glyburide-metformin tabs</i>	P	
JENTADUETO TABS	P	PA; QL(2 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	P	QL(2 ea daily)
SEGLUROMET TABS	P	ST; try Metformin 90 days QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NP	QL(4 ea daily)
GLUCOPHAGE TABS 850 MG, 1000 MG (<i>Use Metformin HCl</i>)	NP	
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tabs or 500 mg</i>	P	QL(4 ea daily)
<i>metformin hcl tabs or 850 mg, 1000 mg</i>	P	
<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)
Diabetic Other		
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)
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)
GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GNP GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC;QL(50 ea per 30 days retail)
SM GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
WALGREENS GLUCOSE CHEW 4 GM	P	OTC;QL(50 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	P	
TRADJENTA TABS	P	PA; QL(1 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
Incretin Mimetic Agents (GLP-1 Receptor)		
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)
VICTOZA SOPN	P	PA; QL(1.8 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NP	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	P	QL(1 ea daily)
Insulin		
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)

Drug Name	Drug Tier	Requirements/Limits
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)
NOVOLIN 70/30 FLEXPEN RELION SUPN	P	OTC;QL(1 ml daily)
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 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)
Meglitinide Analogues		
<i>nateglinide tabs</i>	P	QL(3 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NP	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		

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Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS	P	PA; QL(1 ea daily)
STEGLATRO TABS	P	ST; try Metformin 90 days QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use Glimepiride)	NP	QL(4 ea daily)
AMARYL TABS 4 MG (Use Glimepiride)	NP	QL(2 ea daily)
glimepiride tabs 1 mg, 2 mg	P	QL(4 ea daily)
glimepiride tabs 4 mg	P	QL(2 ea daily)
glipizide tabs or 5 mg, 10 mg	P	
glipizide tb24 or 5 mg, 10 mg, 2.5 mg	P	
GLUCOTROL TABS (Use Glipizide)	NP	
GLUCOTROL XL TB24 (Use Glipizide)	NP	
glyburide micronized tabs	P	
glyburide tabs or 5 mg, 2.5 mg, 1.25 mg	P	
GLYNASE TABS (Use Glyburide Micronized)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew or 262 mg	P	OTC
bismuth subsalicylate susp or 525 mg/15ml	P	OTC
PEPTO-BISMOL CHEW 262 MG (Use Bismuth Subsalicylate)	NP	OTC
PEPTO-BISMOL INSTACOOOL CHEW (Use Bismuth Subsalicylate)	NP	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use Bismuth Subsalicylate)	NP	OTC

Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL TO-GO CHEW (Use Bismuth Subsalicylate)	NP	OTC
Antiperistaltic Agents		
diphenoxylate w/ atropine tabs	P	
DIPHENOXYLATE/ATROPINE LIQD	P	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	NP	OTC;QL(8 ea daily); RX/OTC
IMODIUM A-D TABS 2 MG (Use Loperamide HCl)	NP	OTC;QL(8 ea daily)
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NP	
loperamide hcl caps or 2 mg	P	OTC;QL(8 ea daily); RX/OTC
loperamide hcl liqd or 1 mg/5ml	P	OTC;QL(40 ml daily)
loperamide hcl tabs or 2 mg	P	OTC;QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	P	
JADENU TABS	P	PA; SP
Antidotes and Specific Antagonists		
SM IPECAC SYRUP SYRP	P	
VISTOGARD PACK	P	
Opioid Antagonists		
NALOXONE HCL SOCT IJ 0.4 MG/ML	P	QL(2 ml per 90 days retail)
naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	P	QL(2 ml per 90 days retail)
NALOXONE HCL SOSY IJ 2 MG/2ML	P	QL(4 ml per 90 days retail)
naltrexone hcl tabs or	P	
NARCAN LIQD	P	QL(4 ea per 90 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

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Drug Name	Drug Tier	Requirements/Limits
5-HT3 Receptor Antagonists		
<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 ODT TBDP (Use Ondansetron)	NP	QL(2 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NP	QL(50 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	NP	QL(2 ea daily)
Antiemetics - Anticholinergic		
<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 (Use Dimenhydrinate)	NP	OTC;QL(24 ea per fill retail)
<i>meclizine hcl chew or 25 mg</i>	P	OTC
<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
GRIS-PEG TABS (Use Griseofulvin Ultramicrosized)	NP	
<i>griseofulvin microsize susp</i>	P	
<i>griseofulvin microsize tabs</i>	P	
<i>griseofulvin ultramicrosized tabs</i>	P	
LAMISIL TABS (Use Terbinafine HCl)	NP	QL(90 ea per 120 days retail)
<i>nystatin tabs or</i>	P	QL(6 ea daily)
<i>terbinafine hcl tabs or</i>	P	QL(90 ea per 120 days retail)
Imidazole-Related Antifungals		

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN SUSR 10 MG/ML, 40 MG/ML (Use Fluconazole)	NP	QL(70 ml per fill retail)
DIFLUCAN TABS 100 MG, 200 MG (Use Fluconazole)	NP	
DIFLUCAN TABS 150 MG (Use Fluconazole)	NP	QL(2 ea per fill retail)
DIFLUCAN TABS 50 MG (Use Fluconazole)	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)
SPORANOX CAPS 100 MG (Use Itraconazole)	NP	PA; QL(1 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NP	PA; QL(1 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
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)
<i>chlorpheniramine maleate syrp or 2 mg/5ml</i>	P	OTC
<i>chlorpheniramine maleate tabs or 4 mg</i>	P	OTC;QL(120 ea per fill retail)
Antihistamines - Ethanolamines		
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)

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Drug Name	Drug Tier	Requirements/Limits
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 25 mg	P	QL(4 ea daily)
diphenhydramine hcl caps or 50 mg	P	QL(4 ea daily); RX/OTC
diphenhydramine hcl elix or 12.5 mg/5ml	P	QL(240 ml per fill retail); RX/OTC
diphenhydramine hcl liqd or 25 mg/10ml, 50 mg/20ml, 12.5 mg/5ml	P	OTC;QL(240 ml per fill retail)
diphenhydramine hcl tabs or 25 mg	P	OTC;QL(4 ea daily)
SILPHEN COUGH SYRP	P	QL(240 ml per fill retail)
TAVIST ALLERGY TABS (Use Clemastine Fumarate)	NP	OTC;QL(2 ea daily)
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)	NP	QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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
XYZAL TABS 5 MG (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
Antihistamines - Phenothiazines		
promethazine hcl soln or 6.25 mg/5ml	P	AL(At least 2 yrs old)
promethazine hcl supp re 25 mg, 50 mg, 12.5 mg	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
promethazine hcl syrp or 6.25 mg/5ml	P	AL(At least 2 yrs old)
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl syrp or 2 mg/5ml	P	
cyproheptadine hcl tabs or 4 mg	P	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

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Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	P	PA; QL(1 ea daily)
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	NP	PA; QL(1 ea daily)
Bile Acid Sequestrants		
<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	
COLESTID FLAVORED GRAN 5 GM (<i>Use Colestipol HCl</i>)	NP	
COLESTID GRAN 5 GM (<i>Use Colestipol HCl</i>)	NP	
COLESTID TABS 1 GM (<i>Use Colestipol HCl</i>)	NP	
<i>colestipol hcl gran 5 gm</i>	P	
<i>colestipol hcl tabs 1 gm</i>	P	
QUESTRAN LIGHT POWD (<i>Use Cholestyramine Light</i>)	NP	
QUESTRAN PACK (<i>Use Cholestyramine</i>)	NP	
QUESTRAN POWD (<i>Use Cholestyramine</i>)	NP	
Fibric Acid Derivatives		
<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)
FENOFIBRATE TABS OR 160 MG	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)
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOPID TABS (<i>Use Gemfibrozil</i>)	NP	QL(2 ea daily)
TRIGLIDE TABS	P	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	P	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	NP	ST; Use atorvastatin, simvastatin, pravastatin, lovastatin; QL(1 ea daily)
LIPITOR TABS (<i>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)
MEVACOR TABS (<i>Use Lovastatin</i>)	NP	QL(2 ea daily)
PRAVACHOL TABS (<i>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; Use atorvastatin, simvastatin, pravastatin, lovastatin; QL(1 ea daily)
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	P	QL(1 ea daily)
ZOCOR TABS 5 MG, 10 MG, 20 MG, 40 MG (<i>Use Simvastatin</i>)	NP	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	P	
NIACOR TABS	P	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NP	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

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Drug Name	Drug Tier	Requirements/Limits
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	NP	
ALTACE CAPS (Use Ramipril)	NP	QL(2 ea daily)
benazepril hcl tabs or 40 mg	P	QL(2 ea daily)
benazepril hcl tabs or 5 mg, 10 mg, 20 mg	P	QL(1 ea daily)
captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg	P	QL(3 ea daily)
enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg	P	QL(2 ea daily)
EPANED SOLR	P	
fosinopril sodium tabs	P	QL(1 ea daily)
lisinopril tabs or 2.5 mg	P	QL(1 ea daily)
lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	P	QL(2 ea daily)
LOTENSIN TABS 10 MG, 20 MG (Use Benazepril HCl)	NP	QL(1 ea daily)
LOTENSIN TABS 40 MG (Use Benazepril HCl)	NP	QL(2 ea daily)
MAVIK TABS (Use Trandolapril)	NP	QL(1 ea daily)
PRINIVIL TABS (Use Lisinopril)	NP	QL(2 ea daily)
quinapril hcl tabs	P	
ramipril caps	P	QL(2 ea daily)
trandolapril tabs 1 mg, 2 mg	P	QL(1 ea daily)
trandolapril tabs 4 mg	P	QL(2 ea daily)
VASOTEC TABS (Use Enalapril Maleate)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (Use Lisinopril)	NP	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use Lisinopril)	NP	QL(2 ea daily)
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ATACAND TABS (Use Candesartan Cilexetil)	NP	
AVAPRO TABS (Use Irbesartan)	NP	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
candesartan cilexetil tabs	P	
COZAAR TABS (Use Losartan Potassium)	NP	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	NP	QL(1 ea daily)
irbesartan tabs	P	QL(1 ea daily)
losartan potassium tabs	P	QL(1 ea daily)
MICARDIS TABS (Use Telmisartan)	NP	QL(1 ea daily)
olmesartan medoxomil tabs or 5 mg, 20 mg, 40 mg	P	ST; Use losartan or irbesartan;QL(1 ea daily)
telmisartan tabs	P	QL(1 ea daily)
valsartan tabs	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NP	
CATAPRES TABS (Use Clonidine HCl)	NP	
clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg	P	
doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg	P	
guanfacine hcl tabs	P	
methyldopa tabs	P	
MINIPRESS CAPS (Use Prazosin HCl)	NP	
prazosin hcl caps	P	
TENEX TABS (Use Guanfacine HCl)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>terazosin hcl caps</i>	P	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NP	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use 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 20mg-5mg</i>	P	ST
<i>amlodipine besylate-olmesartan medoxomil tabs 40mg-5mg, 20mg-10mg, 40mg-10mg</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 (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone tabs</i>	P	QL(2 ea daily)
AVALIDE TABS (<i>Use Irbesartan-Hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR TABS 20MG-5MG (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	NP	ST
AZOR TABS 40MG-5MG, 20MG-10MG, 40MG-10MG (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	NP	ST; Use losartan or irbesartan
<i>benazepril & hydrochlorothiazide tabs</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT TABS (<i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NP	ST; Use losartan or irbesartan;QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	P	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 25MG-15MG, 25MG-25MG, 50MG-15MG	P	QL(2 ea daily)
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS 50MG-25MG	P	QL(3 ea daily)
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	NP	QL(1 ea daily)
DUTOPROL TB24	P	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	P	QL(2 ea daily)
EXFORGE HCT TABS (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NP	ST; Use losartan or irbesartan
EXFORGE TABS (<i>Use Amlodipine Besylate-Valsartan</i>)	NP	ST; Use losartan or irbesartan
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
HYZAAR TABS (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg</i>	P	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide tabs 20mg-25mg</i>	P	QL(1 ea daily)
LOPRESSOR HCT TABS (<i>Use Metoprolol & Hydrochlorothiazide</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NP	QL(1 ea daily)
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NP	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs 100mg-50mg	P	QL(1 ea daily)
metoprolol & hydrochlorothiazide tabs 50mg-25mg, 100mg-25mg	P	QL(2 ea daily)
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	P	QL(1 ea daily)
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	P	QL(1 ea daily)
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NP	QL(1 ea daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	P	ST; Use losartan or irbesartan
olmesartan medoxomil-hydrochlorothiazide tabs	P	ST; Use losartan or irbesartan;QL(1 ea daily)
PROPRANOLOL/HYDROCHLOROTHIAZIDE TABS	P	QL(2 ea daily)
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	P	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	P	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	P	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NP	
telmisartan-amlodipine tabs	P	
telmisartan-hydrochlorothiazide tabs	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)
trandolapril-verapamil hcl tbc	P	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	P	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NP	ST; Use losartan or irbesartan
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NP	
valsartan-hydrochlorothiazide tabs	P	QL(1 ea daily)
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (Use Lisinopril & Hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC TABS 20MG-25MG (Use Lisinopril & Hydrochlorothiazide)	NP	QL(1 ea daily)
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NP	QL(1 ea daily)
Vasodilators		
hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg	P	
minoxidil tabs or 10 mg	P	QL(10 ea daily)
minoxidil tabs or 2.5 mg	P	QL(3 ea daily)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM TABS	P	QL(24 ea per fill retail)
Antimalarials		

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Drug Name	Drug Tier	Requirements/Limits
CHLOROQUINE PHOSPHATE TABS OR 250 MG	P	
<i>chloroquine phosphate tabs or 500 mg</i>	P	QL(1 ea daily)
<i>hydroxychloroquine sulfate tabs or</i>	P	
MEFLOQUINE HCL TABS	P	
<i>mefloquine hcl tabs</i>	P	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NP	
PRIMAQUINE PHOSPHATE TABS	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NP	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NP	
<i>pyridostigmine bromide tabs or 60 mg</i>	P	
<i>pyridostigmine bromide tbcrcr or 180 mg</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	P	
ISONIAZID SYRP OR 50 MG/5ML	P	
<i>isoniazid tabs or 100 mg, 300 mg</i>	P	
MYAMBUTOL TABS (Use Ethambutol HCl)	NP	
<i>pyrazinamide tabs or</i>	P	
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps or 150 mg, 300 mg</i>	P	
TRECTOR TABS	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (Use Melphalan)	NP	
LEUKERAN TABS	P	
<i>melphalan tabs</i>	P	
MYLERAN TABS	P	
Antimetabolites		
<i>mercaptopurine tabs or</i>	P	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	P	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	P	
<i>methotrexate sodium tabs or 2.5 mg</i>	P	
PURIXAN SUSP	P	
TREXALL TABS	P	
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</i>	P	
ARIMIDEX TABS (Use Anastrozole)	NP	
AROMASIN TABS (Use Exemestane)	NP	SP
<i>bicalutamide tabs</i>	P	QL(1 ea daily)
CASODEX TABS (Use Bicalutamide)	NP	QL(1 ea daily)
<i>exemestane tabs</i>	P	SP
FARESTON TABS	P	PA
FEMARA TABS (Use Letrozole)	NP	

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Drug Name	Drug Tier	Requirements/Limits
<i>flutamide caps</i>	P	
HYDROXYPROGESTERONE CAPROATE SOLN IM 1.25 GM/5ML	P	PA; SP
<i>letrozole tabs or</i>	P	
MEGACE ORAL SUSP (Use Megestrol Acetate)	NP	
<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	
Antineoplastic Enzyme Inhibitors		
COTELLIC TABS	P	PA; SP
NINLARO CAPS	P	PA; SP
Antineoplastics Misc.		
HYDREA CAPS (Use Hydroxyurea)	NP	
<i>hydroxyurea caps or</i>	P	
Chemotherapy Rescue/Antidote Agents		
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	P	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	P	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	P	
LODOSYN TABS (Use Carbidopa)	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl elix 0.4 mg/ml</i>	P	QL(500 ml per 30 days retail)
<i>trihexyphenidyl hcl tabs 2 mg, 5 mg</i>	P	
Antiparkinson Dopaminergics		

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	P	
<i>carbidopa-levodopa tbcr 25mg-100mg, 50mg-200mg</i>	P	
MIRAPEX TABS (Use Pramipexole Dihydrochloride)	NP	QL(3 ea daily); AL(At least 18 yrs old)
PARLODEL CAPS (Use Bromocriptine Mesylate)	NP	
PARLODEL TABS (Use Bromocriptine Mesylate)	NP	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
REQUIP TABS 0.25 MG, 3 MG, 4 MG (Use Ropinirole Hydrochloride)	NP	QL(6 ea daily)
REQUIP TABS 0.5 MG, 1 MG, 2 MG, 5 MG (Use Ropinirole Hydrochloride)	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 (Use Carbidopa-Levodopa)	NP	
SINEMET TABS (Use Carbidopa-Levodopa)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
ELDEPRYL CAPS (Use Selegiline HCl)	NP	
<i>selegiline hcl caps or</i>	P	
<i>selegiline hcl tabs or</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	P	
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (Use Lithium Carbonate)	P	
<i>lithium carbonate tabs or 300 mg</i>	P	
<i>lithium carbonate tbcr or 300 mg, 450 mg</i>	P	
LITHIUM SOLN	P	
LITHOBID TBCR (Use Lithium Carbonate)	P	
Antipsychotics - Misc.		
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)	NP	QL(2 ea daily); AL(At least 18 yrs old)
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)
Benzisoxazoles		
RISPERDAL M-TAB TBDP (Use Risperidone)	NP	QL(2 ea daily); AL(At least 5 yrs old)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	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 (Use Risperidone)	NP	QL(4 ea daily); AL(At least 5 yrs old)
RISPERIDONE ODT TBDP	P	QL(2 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL(2 ea daily); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NP	
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NP	
<i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i>	P	
<i>haloperidol lactate conc or 2 mg/ml</i>	P	
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg</i>	P	QL(3 ea daily)
<i>haloperidol tabs or 20 mg</i>	P	
Dibenzapines		
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
CLOZARIL TABS (Use Clozapine)	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 5 mg, 2.5 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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
ZYPREXA TABS OR 5 MG, 2.5 MG (<i>Use Olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	P	QL(4 ea daily)
Phenothiazines		
<i>chlorpromazine hcl tabs or 10 mg</i>	P	QL(10 ea daily)
<i>chlorpromazine hcl tabs or 25 mg, 50 mg, 100 mg, 200 mg</i>	P	QL(3 ea daily)
<i>fluphenazine decanoate soln ij</i>	P	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	P	
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	P	QL(4 ea daily)
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	P	
<i>prochlorperazine supp</i>	P	
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl tabs</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY TABS (<i>Use Aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole soln 1 mg/ml</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
Thioxanthenes		
<i>thiothixene caps</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln 10%, 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate liqd ex 4 %</i>	P	OTC;QL(946 ml per fill retail)
HIBICLENS LIQD (<i>Use Chlorhexidine Gluconate</i>)	NP	OTC;QL(946 ml per fill retail)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	P	QL(30 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	P	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	P	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	P	QL(2 ea daily)
APTIVUS CAPS 250 MG	P	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	P	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	P	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	P	
ATRIPLA TABS	P	ST; try Symfi QL(1 ea daily)
BIKTARVY TABS	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CIMDUO TABS	P	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	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)
DESCOVY TABS	P	QL(1 ea daily)
<i>didanosine cpdr</i>	P	QL(1 ea daily)
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)
EMTRIVA CAPS 200 MG	P	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	P	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	NP	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	NP	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	NP	QL(1 ea daily)
EPZICOM TABS (<i>Use 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 200 MG	P	QL(2 ea daily)
INTELENCE TABS 25 MG, 100 MG	P	QL(4 ea daily)
INVIRASE CAPS 200 MG	P	QL(10 ea daily)
INVIRASE TABS 500 MG	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	NP	QL(480 ml per 30 days retail)
KALETRA TABS 100MG-25MG	P	QL(4 ea daily)
KALETRA TABS 200MG-50MG	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 (<i>Use 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 CAPS 100 MG	P	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	P	QL(15 ml daily)
NORVIR TABS 100 MG (<i>Use Ritonavir</i>)	NP	QL(12 ea daily)

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PREZCOBIX TABS	P	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	P	QL(12 ml daily)
PREZISTA TABS 150 MG	P	QL(3 ea daily)
PREZISTA TABS 75 MG, 600 MG	P	QL(2 ea daily)
PREZISTA TABS 800 MG	P	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	P	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	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 25 MG, 75 MG, 150 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	P	QL(1 ea daily)
SYMFI TABS	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 300MG-200MG	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 100 MG (Use Nevirapine)	NP	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (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)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NP	QL(1 ea daily)
VITEKTA TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NP	QL(2 ea daily)

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ZERIT SOLR 1 MG/ML	P	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NP	QL(30 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NP	QL(2 ea daily)
zidovudine caps 100 mg	P	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	P	QL(60 ml daily)
zidovudine tabs 300 mg	P	QL(2 ea daily)
CMV Agents		
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NP	QL(2 ea daily)
valganciclovir hcl tabs 450 mg	P	QL(2 ea daily)
Hepatitis Agents		
MAVYRET TABS	P	PA; QL(3 ea daily); SP
Herpes Agents		
acyclovir caps or 200 mg	P	QL(50 ea per 30 days retail)
acyclovir susp or 200 mg/5ml	P	QL(400 ml per 30 days retail)
acyclovir tabs or 400 mg	P	QL(3 ea daily)
acyclovir tabs or 800 mg	P	QL(50 ea per 30 days retail)
famciclovir tabs or 125 mg, 250 mg, 500 mg	P	
FAMVIR TABS (Use Famciclovir)	NP	
valacyclovir hcl tabs or 1 gm, 1000 mg	P	QL(42 ea per 21 days retail)
valacyclovir hcl tabs or 500 mg	P	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NP	QL(42 ea per 21 days retail)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NP	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NP	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NP	QL(400 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NP	QL(3 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NP	QL(50 ea per 30 days retail)
Influenza Agents		
oseltamivir phosphate caps or 30 mg	P	QL(20 ea per 30 days retail)
oseltamivir phosphate caps or 45 mg, 75 mg	P	QL(10 ea per 30 days retail)
oseltamivir phosphate susr or 6 mg/ml	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 Oseltamivir Phosphate)	NP	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Oseltamivir Phosphate)	NP	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NP	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol phosphate cp24	P	QL(1 ea daily)
carvedilol tabs 12.5 mg, 6.25 mg, 3.125 mg	P	QL(3 ea daily)
carvedilol tabs 25 mg	P	QL(4 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	NP	QL(1 ea daily)
COREG TABS 12.5 MG, 6.25 MG, 3.125 MG (Use Carvedilol)	NP	QL(3 ea daily)
COREG TABS 25 MG (Use Carvedilol)	NP	QL(4 ea daily)
labetalol hcl tabs or 100 mg	P	QL(3 ea daily)
labetalol hcl tabs or 200 mg	P	QL(6 ea daily)
labetalol hcl tabs or 300 mg	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	P	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate tabs</i>	P	QL(1 ea daily)
LOPRESSOR TABS 100 MG (Use Metoprolol Tartrate)	NP	QL(4.5 ea daily)
LOPRESSOR TABS 50 MG (Use Metoprolol Tartrate)	NP	QL(4 ea daily)
<i>metoprolol succinate tb24 200 mg</i>	P	QL(2 ea daily)
<i>metoprolol succinate tb24 25 mg, 50 mg, 100 mg</i>	P	QL(4 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)
SECTRAL CAPS (Use Acebutolol HCl)	NP	
TENORMIN TABS (Use Atenolol)	NP	QL(2 ea daily)
TOPROL XL TB24 200 MG (Use Metoprolol Succinate)	NP	QL(2 ea daily)
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use Metoprolol Succinate)	NP	QL(4 ea daily)
ZEBETA TABS (Use Bisoprolol Fumarate)	NP	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NP	QL(2 ea daily)
BETAPACE TABS (Use Sotalol HCl)	NP	
CORGARD TABS (Use Nadolol)	NP	QL(2 ea daily)
HEMANGEOL SOLN	P	PA
INDERAL LA CP24 (Use Propranolol HCl)	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	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	P	QL(2 ea daily)
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	P	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>sotalol hcl (afib/afl) tabs</i>	P	QL(2 ea daily)
<i>sotalol hcl tabs</i>	P	
TIMOLOL MALEATE TABS OR 5 MG, 10 MG, 20 MG	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 90 MG (Use Nifedipine)	NP	QL(1 ea daily)
ADALAT CC TB24 60 MG (Use Nifedipine)	NP	QL(2 ea daily)
<i>amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg</i>	P	QL(1 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	NP	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	NP	QL(3 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use Diltiazem HCl Coated Beads)	NP	QL(1 ea daily)
CARDIZEM CD CP24 240 MG (Use Diltiazem HCl Coated Beads)	NP	QL(2 ea daily)
CARDIZEM TABS (Use Diltiazem HCl)	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 60 mg, 90 mg, 120 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl cp24 or 120 mg, 180 mg</i>	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp24 or 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads cp24 240 mg</i>	P	QL(2 ea daily)
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 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 Amlodipine Besylate)	NP	QL(1 ea daily)
PROCARDIA CAPS (Use Nifedipine)	NP	QL(4 ea daily)
PROCARDIA XL TB24 30 MG, 90 MG (Use Nifedipine)	NP	QL(1 ea daily)
PROCARDIA XL TB24 60 MG (Use Nifedipine)	NP	QL(2 ea daily)
TIAZAC CP24 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Extended Release Beads)	NP	QL(1 ea daily)
TIAZAC CP24 240 MG (Use Diltiazem HCl Extended Release Beads)	NP	QL(2 ea daily)
<i>verapamil hcl cp24 or 100 mg, 200 mg</i>	P	QL(2 ea daily)
<i>verapamil hcl cp24 or 120 mg, 180 mg, 240 mg, 300 mg</i>	P	QL(1 ea daily)
VERAPAMIL HCL SR CP24	P	QL(1 ea daily)
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	P	QL(2 ea daily)
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NP	QL(1 ea daily)
VERELAN CP24 360 MG	P	QL(1 ea daily)
VERELAN PM CP24 100 MG, 200 MG (Use Verapamil HCl)	NP	QL(2 ea daily)
VERELAN PM CP24 300 MG (Use Verapamil HCl)	NP	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln ij 0.25 mg/ml</i>	P	
DIGOXIN SOLN OR 0.05 MG/ML	P	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	P	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	P	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	P	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<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 Cephalexin)	NP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	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)
CEFTIN SUSR	P	QL(100 ml per fill retail); AL(Up to 12 yrs old)
<i>cefuroxime axetil tabs</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<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
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD XX	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BREVICON-28 TABS (<i>Use Norethindrone & Eth Estradiol</i>)	NP	
CYCLESSA TABS (<i>Use Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	NP	
DESOGEN TABS (<i>Use Desogestrel & Ethinyl Estradiol</i>)	NP	
<i>desogestrel & ethinyl estradiol tabs</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	P	
<i>drospirenone-ethinyl estradiol tabs</i>	P	QL(1 ea daily)
ESTROSTEP FE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	NP	
<i>ethynodiol diacet & eth estrad tabs</i>	P	QL(1 ea daily)
FEMCON FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NP	
GENERESS FE CHEW (<i>Use Norethindrone & Ethinyl Estradiol-Fe</i>)	NP	
<i>levonorgestrel & 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)
LOESTRIN 1.5/30-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NP	
LOESTRIN 1/20-21 TABS (<i>Use Norethindrone Acet & Eth Estra</i>)	NP	
LOESTRIN FE 1.5/30 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NP	
LOESTRIN FE 1/20 TABS (<i>Use Norethin Acet & Estrad-Fe</i>)	NP	
MIRCETTE TABS (<i>Use Desogestrel-Ethinyl Estradiol (Biphasic)</i>)	NP	
NECON 1/50-28 TABS	P	
NECON 10/11-28 TABS	P	
<i>norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg</i>	P	

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norethindrone & eth estradiol tabs	P	
norethindrone & ethinyl estradiol-fe chew	P	
norethindrone acet & eth estra tabs	P	
norethindrone acetate-ethinyl estradiol-fe tabs	P	
norethindrone-eth estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol (triphasic) tabs	P	
norgestimate-ethinyl estradiol tabs	P	
norgestrel & ethinyl estradiol tabs	P	QL(2 ea daily)
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NP	
OGESTREL TABS	P	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NP	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NP	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NP	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NP	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NP	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NP	QL(91 ea per fill retail)
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NP	

Drug Name	Drug Tier	Requirements/ Limits
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NP	QL(1 ea daily)
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
XULANE PTWK	P	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
NUVARING RING	P	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA TABS	P	QL(4 ea per 365 days retail)
levonorgestrel (emergency oc) tabs	P	QL(1 ea per 21 days retail)
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	NP	QL(1 ea per 21 days retail)
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	NP	QL(1 ml per fill retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NP	QL(1 ml per fill retail)
DEPO-SUBQ PROVERA 104 SUSY	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susp	P	QL(1 ml per fill retail)
medroxyprogesterone acetate (contraceptive) susy	P	QL(1 ml per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	P	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		

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Drug Name	Drug Tier	Requirements/ Limits
Glucocorticosteroids		
CORTEF TABS (<i>Use Hydrocortisone</i>)	NP	
CORTISONE ACETATE TABS OR <i>dexamethasone elix or 0.5 mg/5ml</i>	P	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	P	QL(150 ml per 30 days retail)
DEXAMETHASONE SOLN OR 0.5 MG/5ML	P	
<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	P	
DEXAMETHASONE TABS OR 1 MG, 2 MG	P	
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	P	
MEDROL DOSEPAK TBPK (<i>Use Methylprednisolone</i>)	NP	
MEDROL TABS 4 MG, 8 MG (<i>Use Methylprednisolone</i>)	NP	
<i>methylprednisolone tabs or 4 mg, 8 mg</i>	P	
<i>methylprednisolone tbpk or 4 mg</i>	P	
MILLIPRED TABS 5 MG	P	
PEDIAPRED SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NP	
<i>prednisolone sodium phosphate soln or 20 mg/5ml</i>	P	QL(150 ml per fill retail)
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	P	
<i>prednisolone soln or</i>	P	
PREDNISOLONE SOLN OR	P	
<i>prednisolone syrp or</i>	P	
PREDNISON INTENSOL CONC	P	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISON SOLN OR 5 MG/5ML	P	
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	P	
PREDNISON TABS OR 50 MG	P	
PREDNISON TBPK OR 5 MG, 10 MG	P	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NP	QL(150 ml per fill retail)
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<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 5mg/5ml-1.5mg/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)

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Drug Name	Drug Tier	Requirements/ Limits
TRIAMINIC LONG ACTING COUGH LIQD 7.5 MG/5ML (Use Dextromethorphan HBr)	NP	OTC;QL(240 ml per 7 days retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations		
acetaminophen w/ dm liqd 5mg/5ml-160mg/5ml, 5mg/5ml-5mg/5ml-160mg/5ml-160mg/5ml	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
ADVIL COLD & SINUS TABS (Use Pseudoephedrine-Ibuprofen)	NP	OTC;AL(Up to 21 yrs old)
BIOSPEC DMX LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
brompheniramine & phenyleph elix 1mg/5ml-2.5mg/5ml, 1mg/5ml-1mg/5ml-2.5mg/5ml-2.5mg/5ml	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph elix	P	OTC;QL(120 ml per 30 days retail); AL(Up to 21 yrs old)
brompheniramine & pseudoeph liqd	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)
cetirizine-pseudoephedrine tb12	P	AL(Up to 21 yrs old)
CHERACOL PLUS LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old)
CHERACOL-D COUGH LIQD (Use Dextromethorphan-Guaifenesin)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NP	OTC;QL(1 ea daily); AL(Up to 21 yrs old)
CLEAR COUGH PM MULTI-SYMPTOM LIQD (Use Dextromethorphan-Doxylamine-Acetaminophen)	NP	OTC;AL(Up to 21 yrs old)
COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC;AL(Up to 21 yrs old)
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS (Use Dextromethorphan-Phenylephrine-Acetaminophen)	NP	OTC;AL(Up to 21 yrs old)
DECON-A ELIX 2MG/5ML-5MG/5ML	P	AL(Up to 21 yrs old)
DECON-A LIQD 2MG/ML-5MG/ML	P	OTC;AL(Up to 21 yrs old)
dextromethorphan-doxylamine-acetaminophen liqd 6.25mg/15ml-15mg/15ml-500mg/15ml, 12.5mg/30ml-30mg/30ml-1000mg/30ml, 6.25mg/15ml-6.25mg/15ml-15mg/15ml-15mg/15ml-500mg/15ml-500mg/15ml-10%	P	OTC;AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-100mg/5ml-100mg/5ml	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 10mg/5ml-200mg/5ml, 20mg/10ml-400mg/10ml	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
dextromethorphan-guaifenesin liqd 5mg/5ml-100mg/5ml, 30mg/5ml-200mg/5ml, 20mg/20ml-400mg/20ml, 30mg/5ml-30mg/5ml-200mg/5ml-200mg/5ml	P	OTC;AL(Up to 21 yrs old)

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<i>dextromethorphan-guaifenesin soln 10mg/5ml-100mg/5ml, 20mg/10ml-200mg/10ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin syrup 10mg/5ml-100mg/5ml, 10mg/5ml-10mg/5ml-100mg/5ml-100mg/5ml</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin tb12 30mg-600mg</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen caps 10mg-325mg-5mg, 10mg-10mg-325mg-325mg-5mg-5mg</i>	P	OTC;AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC;AL(Up to 21 yrs old)
DIMETAPP COLD & ALLERGY ELIX 1MG/5ML-2.5MG/5ML (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)
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine syrup 100mg/5ml-10mg/5ml</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	P	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	P	OTC;QL(1 ea daily); 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)
NORTUSS-EX LIQD	P	AL(Up to 21 yrs old)
<i>phenylephrine-chlorphen-dm liqd 15mg/5ml-4mg/5ml-10mg/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 & phenylephrine soln</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 syrup</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)

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<i>promethazine-dm syrup</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>promethazine-phenylephrine-codeine syrup</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)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>pseudoephed-bromphen-dm syrup</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<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 10mg/5ml-30mg/5ml-100mg/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-guaifenesin syrup 30mg/5ml-100mg/5ml</i>	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin tb12 60mg-600mg</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)

Drug Name	Drug Tier	Requirements/ Limits
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC;QL(240 ea per fill retail); AL(Up to 21 yrs old)
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	NP	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 LIQD 13.3MG/5ML-25MG/5ML-83.3MG/5ML-4.2MG/5ML-83.3MG/5ML (<i>Use Pheniramine-PE w/ Sod Salicylate & Caffeine Citrate</i>)	NP	OTC;AL(Up to 21 yrs old)
SCOT-TUSSIN SENIOR LIQD	P	OTC;AL(Up to 21 yrs old)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SOLN	P	OTC;QL(240 ml per fill retail); AL(Up to 21 yrs old)
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 (<i>Use Cetirizine-Pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)
Expectorants		
<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)

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<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 (<i>Use Guaifenesin</i>)	NP	OTC;QL(2 ea daily); AL(Up to 21 yrs old)
MUCINEX TB12 (<i>Use Guaifenesin</i>)	NP	QL(40 ea per 30 days retail); AL(Up to 21 yrs old)
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) aers 0.9 %</i>	P	OTC;QL(240 ml per fill retail)
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</i>	P	
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 40 MG	9	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 (<i>Use Benzoyl Peroxide</i>)	NP	RX/OTC
<i>benzoyl peroxide bar ex 10 %</i>	P	
BENZOYL PEROXIDE CLEANSER LOTN 6 %	P	
<i>benzoyl peroxide gel ex 10 %</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BENZOYL PEROXIDE GEL EX 2.5 %	P	
<i>benzoyl peroxide gel ex 5 %</i>	P	
<i>benzoyl peroxide liqd ex 4 %</i>	P	
<i>benzoyl peroxide liqd ex 5 %, 10 %</i>	P	RX/OTC
<i>benzoyl peroxide lotn ex 6 %</i>	P	
CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	P	OTC
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NP	QL(60 ml per fill retail)
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NP	
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NP	
CLINDAGEL GEL	9	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	
CLINDAMYCIN PHOSPHATE GEL EX 1 %	9	QL(60 ml per fill retail)
DESQUAM-X WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NP	RX/OTC
ERYGEL GEL (<i>Use 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	
<i>isotretinoin caps or 10 mg, 20 mg, 40 mg</i>	P	PA; QL(2 ea daily); AL(At least 12 yrs old)

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KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NP	
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NP	
RETIN-A CREA 0.025 %, 0.05 %, 0.1 % (<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 LOTN	P	QL(60 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR SUSP	P	
<i>sulfacetamide sodium (acne) lotn</i>	P	
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</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)
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	P	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	NP	QL(6.68 gm daily)2 rtl MAX fill,30 rtl day(s) supply,
Antibiotics - Topical		
BACIGUENT OINT (<i>Use Bacitracin (Topical)</i>)	NP	OTC;QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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)
Antifungals - Topical		
<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</i>	P	QL(60 gm per fill retail)
<i>ketoconazole (topical) sham</i>	P	

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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 1 % (<i>Use Clotrimazole (Topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC
LOTRIMIN AF FOR HER 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 A-D SHAM	P	OTC
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)
TINACTIN JOCK ITCH 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)
Antihistamines-Topical		

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl (topical) crea</i>	P	OTC
ITCH RELIEF CREA	P	OTC
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	P	
EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>)	NP	QL(40 gm per 30 days retail)
<i>fluorouracil (topical) crea</i>	P	QL(40 gm per 30 days retail)
FLUOROURACIL CREA EX 0.5 %	P	
FLUOROURACIL SOLN EX 2 %, 5 %	P	QL(10 ml per 30 days retail)
Antipruritics - Topical		
<i>camphor & menthol lotn 0.5%-0.5%</i>	P	OTC;QL(222 ml per fill retail)
SARNA LOTN (<i>Use Camphor & Menthol</i>)	NP	OTC;QL(222 ml per fill retail)
Antipsoriatics		
<i>calcipotriene crea ex</i>	P	
<i>calcipotriene soln ex</i>	P	QL(60 ml per fill retail)
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)
Antiseborrheic Products		
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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide lotn ex 1 %</i>	P	OTC;QL(420 ml per fill retail)
<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 (Use Selenium Sulfide)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE LOTN (Use Selenium Sulfide)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MEDICATED LOTN (Use Selenium Sulfide)	NP	OTC;QL(420 ml per fill retail)
SELSUN BLUE MOISTURIZING LOTN (Use Selenium Sulfide)	NP	OTC;QL(420 ml per fill retail)
<i>sulfacetamide sodium liqd ex</i>	P	QL(120 ml per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	P	QL(30 gm per 30 days retail)
ZOVIRAX CREA EX 5 %	P	QL(5 gm per fill retail)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NP	QL(30 gm per 30 days retail)
Burn Products		
SILVADENE CREA (Use Silver Sulfadiazine)	NP	
<i>silver sulfadiazine crea ex</i>	P	
Corticosteroids - Topical		
<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 (Use Fluocinolone Acetonide)	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 (Use Desonide)	NP	
<i>desoximetasone crea ex 0.05 %</i>	P	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NP	QL(50 gm per fill retail)
ELOCON CREA (Use Mometasone Furoate)	NP	QL(50 gm per fill retail)
ELOCON OINT (Use Mometasone Furoate)	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)
<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)
<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

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<i>hydrocortisone (topical) crea 1%, 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 1%</i>	P	OTC;QL(224 gm per fill retail)
LOCOID SOLN (Use Hydrocortisone Butyrate)	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 (Use Hydrocortisone (Topical))	NP	QL(454 gm per fill retail); RX/OTC
TEMOVATE CREA (Use Clobetasol Propionate)	NP	QL(60 gm per fill retail)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NP	QL(60 gm per fill retail)
TEMOVATE OINT (Use Clobetasol Propionate)	NP	QL(60 gm per fill retail)
TOPICORT CREA 0.05 % (Use Desoximetasone)	NP	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</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)

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) oint 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA (Use Desonide)	NP	
Emollient/Keratolytic Agents		
<i>urea crea ex 40 %</i>	P	RX/OTC
<i>urea lotn ex 40 %</i>	P	
Emollients		
EMOLLIENT LOTION-MISC	P	RX/OTC
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NP	QL(385 gm per fill retail); RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NP	QL(1368 ml per fill retail); RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	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
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NP	QL(48 ea per 180 days retail)
<i>imiquimod crea ex</i>	P	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use Pimecrolimus)	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 % (Use Tacrolimus (Topical))	NP	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)

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PROTOPIC OINT 0.1 % (Use Tacrolimus (Topical))	NP	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
tacrolimus (topical) oint 0.03 %	P	PA; QL(30 gm per 30 days retail); AL(At least 2 yrs old)
tacrolimus (topical) oint 0.1 %	P	PA; QL(30 gm per 30 days retail); AL(At least 16 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (Use Podofilox)	NP	
DERMAREST PSORIASIS GEL 3 %	P	OTC
KERALYT GEL 3 %	P	OTC
KERALYT GEL 6 % (Use Salicylic Acid)	NP	
podofilox soln ex	P	
salicylic acid gel ex 6 %	P	
Local Anesthetics - Topical		
ARTHRITIS PAIN RELIEVING CREA	P	OTC;QL(60 gm per fill retail)
CAPSAGEL EXTRA STRENGTH GEL	P	OTC;QL(60 gm per fill retail)
CAPSAGEL GEL	P	OTC;QL(60 gm per fill retail)
CAPSAGEL MAXIMUM STRENGTH GEL	P	OTC
capsaicin crea ex 0.025 %	P	OTC;QL(60 ml per fill retail)
capsaicin crea ex 0.1 %	P	OTC;QL(43 gm per fill retail)
CAPZASIN-HP CREA (Use Capsaicin)	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)

Drug Name	Drug Tier	Requirements/ Limits
dibucaine oint ex	P	OTC;QL(56.7 gm per fill retail)
lidocaine crea ex 4 %	P	OTC;QL(1 gm daily)
lidocaine hcl crea ex 3 %	P	QL(453.6 gm per fill retail); RX/OTC
lidocaine hcl crea ex 4 %	P	OTC;QL(2 ml daily)
lidocaine hcl gel ex 2 %	P	AL(At least 21 yrs old); RX/OTC
lidocaine oint ex 5 %	P	QL(100 gm per 30 days retail)
lidocaine-prilocaine crea	P	QL(30 gm per fill retail)
LMX 4 CREA (Use Lidocaine)	NP	OTC;QL(1 gm daily)
PREDATOR CREA (Use Lidocaine HCl)	NP	OTC;QL(2 ml daily)
Misc. Topical		
AMEDA TRIPLE ZERO LANOLIN CREA	P	OTC
DRYSOL SOLN	P	
lanolin (topical) crea	P	OTC
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)
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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>zinc oxide (topical) oint 20 %</i>	P	OTC;QL(500 gm per fill retail)
Rosacea Agents		
METROCREAM CREA (Use Metronidazole (Topical))	NP	
METROLOTION LOTN (Use Metronidazole (Topical))	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	
Scabicides & Pediculicides		
<i>crotamiton lotn ex</i>	P	QL(454 gm per fill retail)
ELIMITE CREA (Use Permethrin)	NP	QL(360 gm per fill retail)
EURAX CREA	P	QL(60 gm per fill retail)
EURAX LOTN (Use Crotamiton)	NP	QL(454 gm per fill retail)
KLOUT SHAM	P	OTC;QL(1 ml per 14 days retail)
LICEMD GEL	P	OTC
LICIDE TREATMENT KIT KIT	P	OTC
<i>malathion lotn</i>	P	QL(59 ml per fill retail)
NATROBA SUSP	P	QL(120 ml per fill retail,240 ml per 30 days retail)
NIX CREME RINSE LIQD (Use Permethrin)	NP	OTC
OVIDE LOTN (Use Malathion)	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

Drug Name	Drug Tier	Requirements/ Limits
<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 Pyrethrins-Piperonyl Butoxide-Permethrin-Nit Remover)	NP	OTC
RID ESSENTIAL LICE ELIMINATION KIT KIT	P	OTC
RID LIQD EX 0.33%-4% (Use Pyrethrins-Piperonyl Butoxide)	NP	OTC
SCHOOLTIME SHAMPOO SHAM	P	OTC;QL(1 ml per 14 days retail)
SPINOSAD SUSP	P	QL(120 ml per fill retail,240 ml per 30 days retail)
Tar Products		
<i>coal tar extract sham 0.5 %</i>	P	OTC
DHS TAR GEL SHAM (Use Coal Tar Extract)	NP	OTC
DHS TAR SHAM (Use Coal Tar Extract)	NP	OTC
NEUTROGENA T/GEL SHAM (Use Coal Tar Extract)	NP	OTC
NEUTROGENA T/GEL STUBBORN ITCH CONTROL SHAM (Use Coal Tar Extract)	NP	OTC
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	P	QL(5 ea daily); RX/OTC
KETOCARE STRP	P	OTC;QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS STRP	P	OTC;QL(1 ea daily)
PRECISION XTRA STRP VI	P	OTC;QL(1 ea daily)
PTS PANELS KETONE TEST STRP	P	OTC;QL(1 ea daily)
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUETEST STRIPS STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	P	Clinical Edit: Test Strips;RX/OTC
TRUETRACK TEST STRP	P	Clinical Edit: Test Strips;RX/OTC

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes

CREON CPEP	P	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	P	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Drug Name	Drug Tier	Requirements/Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	P	
<i>acetazolamide tabs or 125 mg, 250 mg</i>	P	
DIAMOX CP12 (Use Acetazolamide)	NP	
<i>methazolamide tabs or 25 mg, 50 mg</i>	P	
NEPTAZANE TABS (Use Methazolamide)	NP	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NP	
<i>amiloride & hydrochlorothiazide tabs</i>	P	QL(1 ea daily)
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NP	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NP	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NP	
<i>spironolactone & hydrochlorothiazide tabs</i>	P	
<i>triamterene & hydrochlorothiazide caps</i>	P	
<i>triamterene & hydrochlorothiazide tabs</i>	P	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	P	
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
BUMEX TABS (Use Bumetanide)	NP	
DEMADEX TABS (Use Torsemide)	NP	QL(1 ea daily)
<i>furosemide soln or 10 mg/ml</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
FUROSEMIDE SOLN OR 8 MG/ML	P	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	P	
LASIX TABS (Use Furosemide)	NP	
<i>torseamide tabs</i>	P	QL(1 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NP	
<i>amiloride hcl tabs or</i>	P	QL(4 ea daily)
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	P	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	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 Hydrochlorothiazide)	NP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NP	PA; QL(4 ea per fill retail)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NP	PA; QL(1 ea daily)
ALENDRONATE SODIUM SOLN 70 MG/75ML	P	QL(10.8 ml daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	P	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ALENDRONATE SODIUM TABS 40 MG	P	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
ATELVIA TBEC (Use Risedronate Sodium)	NP	PA; QL(4 ea per 28 days retail)
<i>calcitonin (salmon) soln</i>	P	QL(2 ml per fill retail)
ETIDRONATE DISODIUM TABS	P	PA
FOSAMAX TABS (Use Alendronate Sodium)	NP	QL(0.15 ea daily)
MIACALCIN SOLN IJ 200 UNIT/ML	P	QL(2 ml per fill retail)
MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	NP	QL(2 ml per fill retail)
<i>risedronate sodium tabs 35 mg</i>	P	PA; QL(4 ea per fill retail)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	P	PA; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	P	PA; QL(4 ea per 28 days retail)
Growth Hormones		
NORDITROPIN FLEXPRO SOLN	P	PA; SP
OMNITROPE SOLN	P	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (Use Raloxifene HCl)	NP	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	P	QL(1 ea daily)
Metabolic Modifiers		
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	P	
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	NP	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	NP	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
CARNITOR TABS OR 330 MG (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NP	QL(3 ea daily); RX/OTC
CRYSVITA SOLN	P	PA; SP
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	P	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	P	QL(3 ea daily); RX/OTC
ROCALTROL CAPS 0.25 MCG, 0.5 MCG (<i>Use Calcitriol</i>)	NP	
Posterior Pituitary Hormones		
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)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 days retail)
<i>estradiol & 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	

Drug Name	Drug Tier	Requirements/Limits
Estrogens		
ALORA PTTW	P	QL(8 ea per fill retail)
CLIMARA PTWK (<i>Use Estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	NP	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	P	QL(8 ea per fill retail)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 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	
ESTROPIPATE TABS 0.75 MG, 1.5 MG	P	QL(1 ea daily)
ESTROPIPATE TABS 3 MG	P	QL(2 ea daily)
MINIVELLE PTTW (<i>Use Estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 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)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	NP	
CIPROFLOXACIN HCL TABS OR 100 MG	P	QL(6 ea per fill retail)
<i>ciprofloxacin hcl tabs or 250 mg, 500 mg, 750 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tabs 400 mg</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>GAS-X CHEW (Use Simethicone)</i>	NP	OTC
<i>MYLICON INFANTS GAS RELIEF SUSP (Use Simethicone)</i>	NP	OTC;QL(31 ml per 30 days retail)
<i>MYLICON SUSP (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)
Bile Acid Synthesis Disorder Agents		
<i>CHOLBAM CAPS</i>	P	PA; SP
Gallstone Solubilizing Agents		
<i>ACTIGALL CAPS (Use Ursodiol)</i>	NP	
<i>URSO 250 TABS (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)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	P	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	P	
<i>REGLAN TABS (Use Metoclopramide HCl)</i>	NP	
Inflammatory Bowel Agents		
<i>AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)</i>	NP	
<i>AZULFIDINE TABS (Use Sulfasalazine)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium caps</i>	P	QL(9 ea daily)
<i>COLAZAL CAPS (Use Balsalazide Disodium)</i>	NP	QL(9 ea daily)
<i>LIALDA TBEC (Use Mesalamine)</i>	NP	
<i>mesalamine enem re 4 gm</i>	P	QL(60 ml daily)
<i>mesalamine tbec or 1.2 gm, 800 mg</i>	P	
<i>SFROWASA ENEM</i>	P	
<i>sulfasalazine tabs or</i>	P	
<i>sulfasalazine tbec or</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 540 mg, 1080 mg</i>	P	
<i>sodium citrate & citric acid soln</i>	P	QL(500 ml per 30 days retail); RX/OTC
<i>UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))</i>	NP	
<i>UROCIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))</i>	NP	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) soln</i>	P	
Interstitial Cystitis Agents		
<i>ELMIRON CAPS</i>	P	QL(3 ea daily)
Prostatic Hypertrophy Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tabs or 75 mg</i>	P	
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	P	
EFFIENT TABS (Use Prasugrel HCl)	NP	QL(1 ea daily)
PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)	NP	
<i>prasugrel hcl tabs</i>	P	QL(1 ea daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Anemia		
DROXIA CAPS	P	
Cobalamins		
<i>cyanocobalamin soln</i>	P	QL(10 ml per 270 days retail)
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	P	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	P	OTC;QL(1 ea daily)
Hematopoietic Growth Factors		
ZARXIO SOSY	P	PA; SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tabs</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (Use Ferrous Sulfate)	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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<i>ferrous sulfate tabs 28 mg</i>	P	OTC
<i>ferrous sulfate tabs 65 mg, 325 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)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	P	QL(60 ml per fill retail); SP
AMICAR TABS 500 MG (Use <i>Aminocaproic Acid</i>)	NP	QL(24 ea per fill retail); SP
<i>aminocaproic acid tabs or</i>	P	QL(24 ea per fill retail); SP
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)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<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
NYTOL MAXIMUM STRENGTH TABS (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	OTC

Drug Name	Drug Tier	Requirements/Limits
UNISOM SLEEPGELS CAPS (Use <i>Diphenhydramine HCl (Sleep)</i>)	NP	OTC
UNISOM SLEEPTABS TABS (Use <i>Doxylamine Succinate (Sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital elix or 20 mg/5ml</i>	P	
<i>phenobarbital soln or 20 mg/5ml</i>	P	
<i>phenobarbital tabs or 15 mg, 30 mg, 60 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use <i>Zolpidem Tartrate</i>)	NP	QL(14 ea per 31 days retail); AL(At least 21 yrs old)
FLURAZEPAM HCL CAPS	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 5 mg/ml, 2 mg/2ml, 5 mg/5ml, 10 mg/2ml, 25 mg/5ml, 10 mg/10ml, 50 mg/10ml</i>	P	
RESTORIL CAPS 15 MG, 30 MG (Use <i>Temazepam</i>)	NP	AL(At least 18 yrs old)
SONATA CAPS 10 MG (Use <i>Zaleplon</i>)	NP	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG (Use <i>Zaleplon</i>)	NP	QL(1 ea daily); 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)

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<i>zaleplon caps 10 mg</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	P	QL(14 ea per 31 days retail); AL(At least 21 yrs old)

LAXATIVES - Bowel Treatment Drugs

Bulk Laxatives

<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
KONSYL ORIGINAL FORMULADAILY FIBER POWD (<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 30 %, 33 %, 68 %, 100 %, 28.3 %, 30.9 %, 58.6 %, 48.57 %</i>	P	OTC

Laxative Combinations

<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)

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</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)
SEKOT S TABS (<i>Use Sennosides-Docusate Sodium</i>)	NP	OTC;QL(4 ea daily)

Laxatives - Miscellaneous

<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 (<i>Use Polyethylene Glycol 3350</i>)	NP	QL(34 gm daily); RX/OTC
<i>polyethylene glycol 3350 powd or</i>	P	QL(34 gm daily); RX/OTC
SORBITOL SOLN OR 70 %	P	OTC

Saline Laxatives

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 1.745gm/30ml, 1.745 gm/30ml,</i>	P	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium hydroxide susp or 7.75 %, 400 mg/5ml, 1200 mg/15ml, 2400 mg/30ml</i>	P	OTC;QL(992 ml per 30 days retail)
<i>sodium phosphates enem re 16gm/133ml-6gm/133ml, 19gm/118ml-7gm/118ml, 9.5gm/59ml-3.5gm/59ml, 19gm/118ml-19gm/118ml-7gm/118ml-7gm/118ml</i>	P	OTC
Stimulant Laxatives		
<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 (Use Bisacodyl)	NP	OTC;QL(12 ea per fill retail)
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NP	OTC;QL(1 ea daily)
<i>sennosides tabs 8.6 mg</i>	P	OTC;QL(12 ea per fill retail)
SENOKOT TABS (Use Sennosides)	NP	OTC;QL(12 ea per fill retail)
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	NP	OTC;QL(3 ea daily)
COLACE CLEAR CAPS (Use Docusate Sodium)	NP	OTC
<i>docusate sodium caps or 100 mg, 250 mg</i>	P	OTC;QL(3 ea daily)
<i>docusate sodium caps or 50 mg</i>	P	OTC
<i>docusate sodium liqd or 50 mg/5ml, 150 mg/15ml</i>	P	OTC
<i>docusate sodium syrp or 60 mg/15ml</i>	P	OTC
<i>docusate sodium tabs or 100 mg</i>	P	OTC
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	P	QL(2 ea per fill retail)
<i>azithromycin susr or 100 mg/5ml</i>	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	P	QL(2 ea per fill retail)
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NP	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NP	QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NP	QL(4 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NP	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NP	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN TABS (Use Clarithromycin)	NP	QL(28 ea per fill retail)
<i>clarithromycin susr or 125 mg/5ml</i>	P	QL(100 ml per fill retail)
CLARITHROMYCIN SUSR OR 125 MG/5ML	P	QL(100 ml per fill retail)
CLARITHROMYCIN SUSR OR 250 MG/5ML	P	QL(200 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)
Erythromycins		
E.E.S. 400 TABS	P	

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Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NP	
ERY-TAB TBEC	P	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NP	
ERYPED 400 SUSR	P	
ERYTHROCIN STEARATE TABS	P	
<i>erythromycin base cpep</i>	P	
<i>erythromycin base tabs</i>	P	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml</i>	P	
ERYTHROMYCIN ETHYLSUCCINATE TABS OR 400 MG	P	
PCE TBEC	P	

MEDICAL DEVICES AND SUPPLIES

Bandages-Dressings-Tape

GAUZE SPONGES	P	RX/OTC
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Contraceptives

CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
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Diabetic Supplies

LANCETS-MISC	P	QL (6.67 ea daily); OTC
LANCING DEVICE-MISC	P	OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	P	1/ 90 days;QL(0.02 ea daily,90 day(s) limit)
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	P	1/ 90 days;QL(0.02 ea daily,90 day(s) limit)
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	P	1/ 90 days;QL(0.02 ea daily,90 day(s) limit)

Misc. Devices

ALCOHOL PREP PADS- MISC	P	OTC
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Parenteral Therapy Supplies

BD INSULIN SYRINGE MICROFINE IV/U- 100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U- 100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
INSULIN SYRINGES	P	QL (5 ea daily); OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	P	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PEN NEEDLES-MISC	P	QL (5 ea daily); OTC
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	P	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NP	AL(At least 18 yrs old)
<i>ergotamine w/ caffeine tabs</i>	P	AL(At least 18 yrs old)
Migraine Products		
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	P	AL(At least 18 yrs old)
Serotonin Agonists		
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 5 MG/ACT, 20 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)
IMITREX TABS OR 25 MG, 50 MG, 100 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	P	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	P	QL(0.4 ea daily)
<i>sumatriptan soln na 5 mg/act, 20 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)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	P	QL(2 ml per 30 days retail); AL(At least 12 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	P	QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 5 mg, 2.5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tbdp or 5 mg, 2.5 mg</i>	P	QL(6 ea per 30 days retail); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 5 MG	P	QL(6 ea per 30 days retail); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NP	QL(6 ea per 30 days retail); AL(At least 18 yrs old)

MINERALS & ELECTROLYTES

Calcium

calcium carbonate-cholecalciferol tabs 500mg-200unit	P	OTC
calcium carbonate-vitamin d tabs 125unit-250mg, 125unit-500mg, 200unit-500mg, 250mg-125unit, 500mg-125unit, 500mg-200unit, 500mg-500mg-200unit-200unit	P	OTC
calcium carbonate-vitamin d tabs 200unit-600mg, 400unit-600mg, 600mg-200unit, 600mg-400unit	P	OTC;QL(2 ea daily)
oyster shell tabs	P	OTC
PARVA-CAL TABS	P	OTC
RA CALCIUM HI-CAL/VITAMIND TABS 500MG-125UNIT	P	OTC
RA CALCIUM HI-CAL/VITAMIND TABS 500MG-200UNIT	P	OTC
RA OYSTER SHELL CALCIUM/VITAMIN D TABS 500MG-200UNIT	P	OTC

Electrolyte Mixtures

CERASPORT EX1 SOLN	P	OTC;QL(100 ml per fill retail)
CERASPORT SOLN 4MEQ/L-18MEQ/L-20MEQ/L-6MEQ/L	P	OTC;QL(100 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ENFAMIL ENFALYTE SOLN	P	OTC;QL(100 ml per fill retail)
EQUALYTE SOLN (Use Oral Electrolytes)	NP	OTC;QL(100 ml per fill retail)
HYDRALYTE FREEZER POPS SOLN	P	OTC;QL(100 ml per fill retail)
HYDRALYTE SOLN 270MG/250ML-210MG/250ML, 45MEQ/L-45MEQ/L-20MEQ/L-90MEQ/L-16GM/L	P	OTC;QL(100 ml per fill retail)
oral electrolytes soln	P	OTC;QL(100 ml per fill retail)
PEDIALYTE ADVANCED CARE SOLN (Use Oral Electrolytes)	NP	OTC;QL(100 ml per fill retail)
PEDIALYTE FREEZER POPS SOLN (Use Oral Electrolytes)	NP	OTC;QL(100 ml per fill retail)
PEDIALYTE SINGLES SOLN (Use Oral Electrolytes)	NP	OTC;QL(100 ml per fill retail)
PEDIALYTE SOLN 20MEQ/L-45MEQ/L-35MEQ/L-5GM/L-20GM/L, 20MEQ/L-45MEQ/L-35MEQ/L-30MEQ/L-25GM/L, 35MEQ/L-45MEQ/L-7.8MG/L-20MEQ/L-25GM/L, 4.7MEQ/237ML-10.6MEQ/237ML-8.3MEQ/237ML, 2.1MEQ/59ML-2.7MEQ/59ML-0.5MG/59ML-1.2MEQ/59ML-1.5GM/59ML (Use Oral Electrolytes)	NP	OTC;QL(100 ml per fill retail)

Fluoride

LURIDE SOLN (Use Sodium Fluoride)	NP	AL(Up to 15 yrs old)
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 0.125 mg/drop, 0.5 mg/ml	P	AL(Up to 15 yrs old)

Magnesium

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Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM CAPS 400 MG	P	OTC
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	OTC
MAGNESIUM OXIDE CAPS 400 MG	P	OTC
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NP	QL(8 ea daily)
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	P	QL(8 ea daily)
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NP	
K-TAB TBCR 8 MEQ	P	
KLOR-CON M15 TBCR	P	
KLOR-CON/25 PACK	P	
<i>potassium bicarbonate tbcf or 25 meq, 2.5gm-2gm</i>	P	
<i>potassium chloride cpcr or 10 meq</i>	P	
<i>potassium chloride cpcr or 8 meq</i>	P	QL(1 ea daily)
POTASSIUM CHLORIDE ER TBCR 8 MEQ	P	
<i>potassium chloride microencapsulated crystals er tbcf</i>	P	
<i>potassium chloride pack or 20 meq</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	P	
Zinc		
<i>zinc sulfate caps or 220 mg</i>	P	QL(100 ea per fill retail)
ZINC SULFATE CAPS OR 50 MG	P	QL(100 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS	P	
Immunosuppressive Agents		
AZASAN TABS	P	PA
<i>azathioprine tabs or 50 mg</i>	P	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	NP	
CELLCEPT SUSR (Use Mycophenolate Mofetil)	NP	
CELLCEPT TABS (Use Mycophenolate Mofetil)	NP	
<i>cyclosporine caps or 25 mg, 100 mg</i>	P	
<i>cyclosporine modified (for microemulsion) caps</i>	P	
<i>cyclosporine modified (for microemulsion) soln</i>	P	
CYCLOSPORINE MODIFIED CAPS	P	
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	NP	
<i>cyclosporine soln iv 50 mg/ml</i>	P	
IMURAN TABS (Use Azathioprine)	NP	
<i>mycophenolate mofetil caps</i>	P	
<i>mycophenolate mofetil susr</i>	P	
<i>mycophenolate mofetil tabs</i>	P	
<i>mycophenolate sodium tbcf</i>	P	
MYFORTIC TBEC (Use Mycophenolate Sodium)	NP	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NP	

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Drug Name	Drug Tier	Requirements/Limits
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NP	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	NP	
RAPAMUNE SOLN 1 MG/ML	P	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	NP	
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	NP	
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>)	NP	
SANDIMMUNE SOLN OR 100 MG/ML	P	
<i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i>	P	
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	P	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	NP	
<i>sodium polystyrene sulfonate powd or</i>	P	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
<i>nystatin (mouth-throat) susp</i>	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	P	
PERIDEX SOLN (<i>Use Chlorhexidine Gluconate (Mouth-Throat)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE (<i>Use Sodium Fluoride (Dental)</i>)	NP	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use Sodium Fluoride (Dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use Sodium Fluoride (Dental)</i>)	NP	PA
PREVIDENT FLUORIDE GEL (<i>Use 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	
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	P	QL(5 gm per fill retail)
Throat Products - Misc.		
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
MOUTHKOTE SOLN	P	QL(900 ml per fill retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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 Pilocarpine HCl (Oral))	NP	QL(6 ea daily)
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC

MULTIVITAMINS

B-Complex Vitamins

<i>b-complex vitamins caps 70mg-100mg-1mg-10mg-2mg-1.5mg-100mcg, 60mg-60mg-3mg-5mg-20mg-3mg-1mcg-0.5mg, 60mg-60mg-5mg-20mg-3mg-1mcg-3mg-0.5mg</i>	P	OTC;QL(1 ea daily)
<i>b-complex vitamins tabs 0.1mg-20mg-2mg-5mcg-3mg-1mg, 10mg-10mg-2mg-1.5mg-0.2mg, 10mg-14mg-25mcg-7mg-4.5mg, 15mg-2mg-5mg-2mcg-2mg-2mg, 3mg-10mg-20mg-3mg-6mcg-2mg, 3mg-20mg-3mg-10mg-6mcg-2mg, 83mg-3mg-20mg-2mg-5mcg-1mg, 100mg-50mg-40mg-10mg-20mg-5mg-4.6mg-1mcg-5mg-1mg, 3mg-3mg-20mg-20mg-3mg-3mg-10mg-10mg-6mcg-6mcg-2mg-2mg, 30mg-50mg-50mg-50mg-50mg-50mg-50mg-50mcg-50mg-100mcg-50mcg-50mg</i>	P	QL(1 ea daily)

B-Complex w/ C

Drug Name	Drug Tier	Requirements/Limits
<i>b complex w/ c caps</i>	P	OTC;QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps</i>	P	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid tabs</i>	P	QL(1 ea daily); RX/OTC
NEPHRO-VITE RX TABS (Use B-Complex w/ C & Folic Acid)	NP	QL(1 ea daily); RX/OTC
NEPHROCAPS CAPS (Use B-Complex w/ C & Folic Acid)	NP	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron tabs</i>	P	OTC;QL(1 ea daily)
Multiple Vitamins w/ Minerals		
<i>multiple vitamins w/ minerals tabs</i>	P	RX/OTC
<i>multiple vitamins w/ minerals-various</i>	P	RX/OTC
Multivitamins		
CARDENZ TABS (Use Multiple Vitamin)	NP	OTC;QL(1 ea daily)
ESTROFACTORS TABS	P	OTC;QL(1 ea daily)
MULTI VITAMIN TABS	P	OTC;QL(1 ea daily)
MULTI VITAMIN/D-3 TABS	P	OTC;QL(1 ea daily)
<i>multiple vitamin tabs</i>	P	OTC;QL(1 ea daily)
NEOMULTIVITE TABS	P	OTC;QL(1 ea daily)
OMNICAP TABS	P	OTC;QL(1 ea daily)
ONE-A-DAY ESSENTIAL TABS (Use Multiple Vitamin)	NP	OTC;QL(1 ea daily)
ONE-A-DAY MENS TABS (Use Multiple Vitamin)	NP	OTC;QL(1 ea daily)
QUINTABS TABS	P	OTC;QL(1 ea daily)
THERA TABS	P	OTC;QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
Ped MV w/ Fluoride		
<i>pediatric vitamins acd w/ fluoride soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old)
Ped MV w/ Iron		
<i>pediatric multiple vitamins w/ iron soln</i>	P	OTC;QL(60 ml per fill retail)
POLY-VI-SOL/IRON SOLN (Use Pediatric Multiple Vitamins w/ Iron)	NP	OTC;QL(60 ml per fill retail)
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron soln</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old)
TRI-VIT/FLUORIDE/IRON SOLN	P	
Ped Multiple Vitamins w/ Minerals		
<i>pediatric multiple vitamins w/ minerals-various</i>	P	RX/OTC
Pediatric Multiple Vitamins		
ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA CHEW (Use Pediatric Multiple Vitamin w/ C & FA)	NP	OTC;QL(1 ea daily)
<i>pediatric multiple vitamin w/ c & fa chew</i>	P	OTC;QL(1 ea daily)
<i>pediatric multiple vitamin w/ c soln</i>	P	OTC;QL(50 ml per fill retail)
POLY-VI-SOL SOLN (Use Pediatric Multiple Vitamin w/ C)	NP	OTC;QL(50 ml per fill retail)
Pediatric Vitamins		
<i>pediatric vitamins adc soln</i>	P	OTC;QL(50 ml per fill retail)
Prenatal Vitamins		
CALNA TABS	P	OTC
CLASSIC PRENATAL TABS	P	OTC;
CO-NATAL FA TABS	P	
COMPLETENATE CHEW	P	

Drug Name	Drug Tier	Requirements/ Limits
CVS PRENATAL TABS	P	OTC;
EQL PRENATAL FORMULA TABS	P	OTC;
GNP PRENATAL TABS	P	OTC;
GOODSENSE PRENATAL VITAMINS TABS	P	OTC;
HM PRENATAL TABS	P	OTC;
INATAL GT TABS	P	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	P	OTC;
KPN PRENATAL TABS	P	OTC;
M-NATAL PLUS TABS	P	RX/OTC
M-VIT TABS	P	RX/OTC
MULTI PRENATAL TABS	P	OTC;
MYNATAL ADVANCE TABS	P	QL(1 ea daily)
MYNATAL CAPS	P	
MYNATAL PLUS TABS	P	
MYNATAL ULTRACAPLET TABS	P	QL(1 ea daily)
MYNATAL-Z TABS	P	
MYNATE 90 PLUS TBCR	P	
NAT-RUL PRENATAL VITAMINS TABS	P	OTC;
NATALVIT TABS	P	
NEONATAL PLUS TABS	P	RX/OTC
NEONATAL VITAMIN TABS	P	OTC;
NIVA-PLUS TABS	P	RX/OTC
NUTRICION PORVIDA TABS	P	OTC;
O-CAL FA TABS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
O-CAL PRENATAL TABS	P	
OB COMPLETE ADVANCED CAPS	P	
PERRY PRENATAL CAPS	P	OTC
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	P	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	P	RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	P	RX/OTC
PNV TABS 29-1 TABS	P	
PNV-VP-U CAPS	P	
PRE-NATAL FORMULA TABS	P	OTC;
PRENATABS FA TABS	P	
PRENATABS RX TABS	P	
PRENATAL 19 CHEW	P	
PRENATAL 19 TABS	P	
PRENATAL AND IRON TABS	P	OTC;
PRENATAL FORTE TABS	P	OTC;
PRENATAL LOW IRON TABS	P	OTC;
PRENATAL MULTIVITAMIN TABS	P	OTC;
PRENATAL ONE DAILY TABS	P	OTC;
PRENATAL PLUS IRON TABS	P	
PRENATAL PLUS TABS	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-0.8MG-2.6MG-120MG, 30UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-4000UNIT-8MCG-400UNIT-800MCG-2.6MG-120MG, 30UNIT-4000UNIT-25MG-1.8MG-200MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 4000UNIT-30UNIT-200MG-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-400UNIT-800MCG-2.6MG-120MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	P	OTC;
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	P	RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	P	OTC;
PRENATAL VITAMIN & MINERAL TABS	P	OTC;
PRENATAL VITAMIN TABS	P	OTC;
PRENATAL VITAMIN/IRON TABS	P	OTC;

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	P	RX/OTC
PRENATAL VITAMINS TABS	P	OTC;
<i>prenatal vitamins-misc</i>	P	RX/OTC
PRENATAL-U CAPS	P	
PREPLUS TABS	P	RX/OTC
PRETAB TABS	P	
PX PRENATAL MULTIVITAMINS TABS	P	OTC;
QC PRENATAL TABS	P	OTC;
RA PRENATAL FORMULA/FOLICACID TABS	P	OTC;
RA PRENATAL TABS	P	OTC;
RIGHT STEP PRENATAL TABS	P	OTC;
SE-NATAL 19 CHEW	P	
SE-NATAL 19 TABS	P	
SM PRENATAL VITAMINS TABS	P	OTC;
THERANATAL CORE NUTRITION TABS	P	RX/OTC
THRIVITE 19 TABS	P	
THRIVITE RX TABS	P	
TRIADVANCE TABS	P	QL(1 ea daily)
TRICARE PRENATAL DHA ONE/FOLATE CAPS	P	
TRICARE TABS	P	RX/OTC
TRINATAL GT TABS	P	QL(1 ea daily)
TRINATAL RX 1 TABS	P	QL(1 ea daily)
VIL-RX TABS	P	

Drug Name	Drug Tier	Requirements/ Limits
VINATE M TABS	P	
VINATE ONE TABS	P	QL(1 ea daily)
VIRT-ADVANCE TABS	P	QL(1 ea daily)
VIRT-VITE GT TABS	P	QL(1 ea daily)
VITAFOL-OB TABS	P	
VOL-PLUS TABS	P	RX/OTC
VOL-TAB RX TABS	P	
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics caps</i>	P	OTC;QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	P	
CHLORZOXAZONE TABS 500 MG	P	
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg</i>	P	QL(3 ea daily)
<i>cyclobenzaprine hcl tabs or 7.5 mg</i>	P	QL(4 ea daily)
FEXMID TABS (<i>Use Cyclobenzaprine HCl</i>)	NP	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	P	
<i>orphenadrine citrate tb12 or 100 mg</i>	P	
PARAFON FORTE DSC TABS (<i>Use Chlorzoxazone</i>)	NP	
ROBAXIN TABS OR 500 MG (<i>Use Methocarbamol</i>)	NP	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	NP	
<i>tizanidine hcl tabs or 2 mg, 4 mg</i>	P	
ZANAFLEX TABS 4 MG (<i>Use Tizanidine HCl</i>)	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		

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Drug Name	Drug Tier	Requirements/ Limits
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN (Use Saline)	NP	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
saline soln na 0.65%-0.002%, 0.65 %, 0.65%	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NP	QL(30 ml per fill retail)
azelastine hcl soln na 0.1 %, 137 mcg/spray	P	
azelastine hcl soln na 0.15 %	P	QL(30 ml per fill retail)
cromolyn sodium (nasal) aers	P	OTC;QL(26 ml per 30 days retail)
NASALCROM AERS (Use Cromolyn Sodium (Nasal))	NP	OTC;QL(26 ml per 30 days retail)
Nasal Anticholinergics		
ipratropium bromide (nasal) soln 0.03 %	P	QL(31 ml per 30 days retail)
ipratropium bromide (nasal) soln 0.06 %	P	QL(15 ml per 30 days retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NP	QL(16 ml per fill retail); RX/OTC
FLUNISOLIDE SOLN	P	QL(25 ml per 30 days retail)
fluticasone propionate (nasal) susp	P	QL(16 ml per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO	P	AL(At least 2 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NP	AL(At least 2 yrs old); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NP	AL(At least 2 yrs old); RX/OTC
triamcinolone acetonide (nasal) aero	P	AL(At least 2 yrs old); RX/OTC
Sympathomimetic Decongestants		
ADRENALIN SOLN NA 0.1 %	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)
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)
phenylephrine hcl (oral) tabs	P	OTC;QL(24 ea per fill retail)
pseudoephedrine hcl liqd or 15 mg/5ml	P	OTC;AL(Up to 21 yrs old)
pseudoephedrine hcl tabs or 30 mg, 60 mg	P	OTC;AL(Up to 21 yrs old)
pseudoephedrine hcl tb12 or 120 mg	P	OTC;QL(62 ea per 30 days retail); AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD (Use Pseudoephedrine HCl)	NP	OTC;AL(Up to 21 yrs old)
SUDAFED CONGESTION TABS (Use Pseudoephedrine HCl)	NP	OTC;AL(Up to 21 yrs old)
SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH TABS (Use Pseudoephedrine HCl)	NP	OTC;AL(Up to 21 yrs old)
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC;QL(120 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE CONGESTION TABS (<i>Use Phenylephrine HCl (Oral)</i>)	NP	OTC;QL(24 ea per fill retail)
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC;QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC;QL(350 gm per fill retail)
Misc. Nutritional Substances		
<i>omega-3 fatty acids caps</i>	P	OTC;QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear ointment oint</i>	P	OTC;QL(4 gm per fill retail)
HYPOTEARs 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)
Beta-blockers - Ophthalmic		
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	
CARTEOLOL HCL SOLN	P	
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NP	QL(10 ml per 30 days retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	P	QL(10 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	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)
TIMOPTIC OCUDOSE SOLN	P	QL(15 ea per 30 days retail)
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NP	QL(15 ml per 30 days retail)
Cycloplegic Mydriatics		
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)
CYCLOGYL SOLN 1 %, 2 % (<i>Use Cyclopentolate HCl</i>)	NP	
<i>cyclopentolate hcl soln op 0.5 %</i>	P	QL(15 ml per 30 days retail)
<i>cyclopentolate hcl soln op 1 %, 2 %</i>	P	
<i>homatropine hbr soln</i>	P	QL(15 ml per fill retail)
ISOPTO ATROPINE SOLN	P	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NP	
<i>tropicamide soln op 0.5 %, 1 %</i>	P	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NP	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	P	
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl soln</i>	P	
<i>brimonidine tartrate soln op 0.2 %</i>	P	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NP	

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Drug Name	Drug Tier	Requirements/ Limits
IOPIDINE SOLN 1 %	P	
Ophthalmic Anti-infectives		
BACITRACIN OINT OP 500 UNIT/GM	P	QL(4 gm per 30 days retail)
<i>bacitracin-polymyxin b (ophth) oint</i>	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	
<i>ciprofloxacin hcl (ophth) soln</i>	P	
<i>erythromycin (ophth) oint</i>	P	
GENTAK OINT	P	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) oint</i>	P	QL(4 gm per 30 days retail)
<i>gentamicin sulfate (ophth) soln</i>	P	
<i>moxifloxacin hcl (ophth) soln</i>	P	QL(3 ml per fill retail)
<i>neomycin-bacitracin zn-polymyxin oint</i>	P	QL(4 gm per 30 days retail)
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	P	QL(10 ml per 30 days retail)
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NP	QL(10 ml per 30 days retail)
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NP	QL(10 ml per 30 days retail)
<i>ofloxacin (ophth) soln</i>	P	QL(10 ml per 30 days retail)
<i>polymyxin b-trimethoprim soln</i>	P	QL(10 ml per fill retail)
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NP	QL(10 ml per fill retail)
<i>sulfacetamide sodium (ophth) soln</i>	P	QL(15 ml per 30 days retail)
SULFACETAMIDE SODIUM OINT OP	P	QL(4 gm per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin (ophth) soln</i>	P	QL(5 ml per 30 days retail)
TOBREX OINT	P	
TOBREX SOLN (Use Tobramycin (Ophth))	NP	QL(5 ml per 30 days retail)
<i>trifluridine soln op</i>	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)
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine soln 0.027%-0.315%</i>	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)
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	P	QL(5 ml per 30 days retail)
<i>tetrahydrozoline hcl (ophth) soln</i>	P	OTC
VISINE SOLN (Use Tetrahydrozoline HCl (Ophth))	NP	OTC
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth) soln</i>	P	
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	
BLEPHAMIDE SUSP	P	QL(10 ml per fill retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	P	
<i>fluorometholone (ophth) susp</i>	P	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NP	
FML OINT	P	QL(4 gm per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT 10000UNIT/GM- 3.5MG/GM-0.1% (Use Neomycin-Polymy- Dexameth)	NP	QL(4 gm per 30 days retail)
MAXITROL SUSP 10000UNIT/ML-3.5MG/ML- 0.1% (Use Neomycin- Polymy-Dexameth)	NP	QL(10 ml per 30 days retail)
neomycin-polymy- dexameth oint 10000unit/gm-3.5mg/gm- 0.1%	P	QL(4 gm per 30 days retail)
neomycin-polymy- dexameth susp 10000unit/ml-3.5mg/ml- 0.1%	P	QL(10 ml per 30 days retail)
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	P	QL(15 ml per 30 days retail)
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NP	
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	NP	
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)
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE 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)

Drug Name	Drug Tier	Requirements/ Limits
tobramycin- dexamethasone susp	P	QL(10 ml per fill retail)
Ophthalmics - Misc.		
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)
ALOCRIAL 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)
flurbiprofen sodium soln	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) soln 0.4 %	P	QL(5 ml per 30 days retail)
ketorolac tromethamine (ophth) soln 0.5 %	P	QL(10 ml per fill retail)
ketotifen fumarate (ophth) soln	P	
OCUFEN SOLN (Use Flurbiprofen Sodium)	NP	QL(5 ml per 30 days retail)
TRUSOPT SOLN (Use Dorzolamide HCl)	NP	QL(10 ml per 30 days retail)
ZADITOR SOLN (Use Ketotifen Fumarate (Ophth))	NP	
Prostaglandins - Ophthalmic		
latanoprost soln op	P	QL(5 ml per 30 days retail)

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LATANOPROST SOLN OP	P	QL(5 ml per 30 days retail)
XALATAN SOLN (Use Latanoprost)	NP	QL(5 ml per 30 days retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<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 Carbamide Peroxide (Otic))	NP	OTC;QL(15 ml per 30 days retail)
Otic Anti-infectives		
FLOXIN OTIC SOLN (Use Ofloxacin (Otic))	NP	QL(10 ml per fill retail)
<i>ofloxacin (otic) soln</i>	P	QL(10 ml per fill retail)
Otic Combinations		
CIPRODEX SUSP	P	QL(7.5 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
CORTANE-B-OTIC SOLN (Use Pramoxine-HC-Chloroxylenol)	NP	QL(15 ml per fill retail)
<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 Pramoxine-HC-Chloroxylenol)	NP	QL(15 ml per fill retail)
<i>pramoxine-hc-chloroxylenol soln</i>	P	QL(15 ml per fill retail)
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	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)

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate tabs or 0.2 mg</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
HYPERRHO S/D SOSY	P	SP
RHOGAM ULTRA-FILTERED PLUS SOSY	P	SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	P	
AMOXICILLIN CHEW 125 MG, 250 MG	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 250 mg, 500 mg</i>	P	
AMPICILLIN CAPS 500 MG	P	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	P	
Natural Penicillins		
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	P	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	P	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr 200mg/5ml-28.5mg/5ml</i>	P	QL(100 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate susr 250mg/5ml-62.5mg/5ml</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate susr 400mg/5ml-57mg/5ml, 600mg/5ml-42.9mg/5ml</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate tabs 250mg-125mg, 500mg-125mg</i>	P	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate tabs 875mg-125mg</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate tb12 1000mg-62.5mg</i>	P	QL(40 ea per 30 days retail)
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	P	QL(20 ea per fill retail)
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NP	QL(150 ml per fill retail)
AUGMENTIN TABS 500MG-125MG (Use Amoxicillin & Pot Clavulanate)	NP	QL(30 ea per fill retail)
AUGMENTIN TABS 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NP	QL(20 ea per fill retail)
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NP	QL(40 ea per 30 days retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK EASY MIX 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)
Semi Solid Vehicles		
<i>lanolin oint ex</i>	P	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NP	
<i>hydroxyprogesterone caproate oil im 250 mg/ml</i>	P	PA; SP
MAKENA OIL (Use Hydroxyprogesterone Caproate)	NP	PA; SP
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	P	
<i>norethindrone acetate tabs or</i>	P	
<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 (Use Progesterone Micronized)	NP	QL(30 ea per 30 days retail)
PROMETRIUM CAPS 200 MG (Use Progesterone Micronized)	NP	QL(20 ea per 30 days retail)
PROVERA TABS (Use Medroxyprogesterone Acetate)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

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Drug Name	Drug Tier	Requirements/Limits
ANTABUSE TABS 250 MG (Use Disulfiram)	NP	
<i>disulfiram tabs or 250 mg</i>	P	
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (Use Donepezil Hydrochloride)	NP	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	P	QL(1 ea daily)
EXELON PT24 4.6 MG/24HR, 9.5 MG/24HR (Use Rivastigmine)	NP	PA; QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	P	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	P	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	P	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</i>	P	PA; QL(2 ml daily)
<i>memantine hcl tabs</i>	P	PA;
<i>memantine hcl tabs 5 mg, 10 mg</i>	P	PA; QL(2 ea daily)
NAMENDA SOLN 10 MG/5ML (Use Memantine HCl)	NP	PA; QL(2 ml daily)
NAMENDA TABS 5 MG, 10 MG (Use Memantine HCl)	NP	PA; QL(2 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NP	PA;
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NP	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	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		

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIP TYLINE TABS	P	QL(4 ea daily)
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 KIT	P	PA; SP
AVONEX PEN AJKT	P	PA; SP
AVONEX PSKT	P	PA; SP
COPAXONE SOSY (Use Glatiramer Acetate)	NP	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	P	PA; SP
TECFIDERA STARTER PACK MISC	P	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	P	QL(4 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	P	2 smoking cessation treatments covered per year; QL(2 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
CHANTIX CONTINUING MONTHPAK TABS	P	2 smoking cessation treatments covered per year; QL(2 ea daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TABS	P	2 smoking cessation treatments covered per year; QL(53 ea per fill retail); AL(At least 18 yrs old)
CHANTIX TABS	P	2 smoking cessation treatments covered per year; QL(2 ea daily); AL(At least 18 yrs old)
NICODERM CQ PT24 (<i>Use Nicotine</i>)	NP	2 smoking cessation treatments covered per year; QL(1 ea daily)
NICORETTE GUM 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	NP	2 smoking cessation treatments covered per year; OTC; QL(24 ea daily)
NICORETTE LOZG 2 MG, 4 MG (<i>Use Nicotine Polacrilex</i>)	NP	2 smoking cessation treatments covered per year; OTC; QL(20 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	NP	2 smoking cessation treatments covered per year; OTC; QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	NP	2 smoking cessation treatments covered per year; OTC; QL(24 ea daily)
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	P	2 smoking cessation treatments covered per year; OTC; QL(24 ea daily)
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	P	2 smoking cessation treatments covered per year; OTC; QL(20 ea daily)
<i>nicotine pt24</i>	P	2 smoking cessation treatments covered per year; QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	P	2 smoking cessation treatments covered per year; OTC
NICOTROL INHALER INHA	P	2 smoking cessation treatments covered per year; QL(16.8 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	P	2 smoking cessation treatments covered per year; QL(4 ml daily)
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	NP	2 smoking cessation treatments covered per year; QL(2 ea daily); AL(At least 18 yrs old)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	P	PA; SP
KALYDECO TABS	P	PA; SP
ORKAMBI TABS	P	PA; SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (Use Doxycycline (Monohydrate))	NP	
ADOXA PAK 2/100 TABS (Use Doxycycline (Monohydrate))	NP	
ADOXA TABS 50 MG, 100 MG (Use Doxycycline (Monohydrate))	NP	
doxycycline (monohydrate) caps 50 mg, 100 mg	P	
doxycycline (monohydrate) tabs 50 mg, 100 mg	P	
doxycycline hyclate caps or 50 mg, 100 mg	P	
doxycycline hyclate tabs or 100 mg	P	
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)	NP	

Drug Name	Drug Tier	Requirements/ Limits
minocycline hcl caps or 50 mg, 75 mg, 100 mg	P	
MONODOX CAPS 100 MG (Use Doxycycline (Monohydrate))	NP	
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs or 5 mg, 10 mg	P	
propylthiouracil tabs or	P	
TAPAZOLE TABS (Use Methimazole)	NP	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid)	P	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	P	
CYTOMEL TABS (Use Liothyronine Sodium)	NP	
levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	P	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	P	
SYNTHROID TABS (Use Levothyroxine Sodium)	P	
thyroid tabs or 15 mg, 30 mg, 60 mg, 90 mg, 120 mg	P	
THYROLAR-1 TABS	P	
THYROLAR-1/2 TABS	P	
THYROLAR-1/4 TABS	P	
THYROLAR-2 TABS	P	
THYROLAR-3 TABS	P	

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Drug Name	Drug Tier	Requirements/Limits
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	AL(At least 19 yrs old)
BOOSTRIX SUSP	P	AL(At least 19 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	AL(At least 19 yrs old)
INFANRIX SUSP	P	AL(At least 19 yrs old)
TENIVAC INJ	P	Limit 1 per 10 years; AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED SUSP	P	Limit 1 per 10 years; AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Proton Pump Inhibitors		
omeprazole 20mg tablet	P	QL (1 ea daily); OTC
Antispasmodics		
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NP	
dicyclomine hcl caps or 10 mg	P	
dicyclomine hcl soln or 10 mg/5ml	P	QL(496 ml per 30 days retail)
dicyclomine hcl tabs or 20 mg	P	
glycopyrrolate tabs or 1 mg, 2 mg	P	QL(4 ea daily)
hyoscyamine sulfate elix or 0.125 mg/5ml	P	
HYOSCYAMINE SULFATE POWD XX	P	
hyoscyamine sulfate soln or 0.125 mg/ml	P	
hyoscyamine sulfate sublingual 0.125 mg	P	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate tabs or 0.125 mg	P	
hyoscyamine sulfate tb12 or 0.375 mg	P	QL(4 ea daily)
hyoscyamine sulfate tbdp or 0.125 mg	P	
LEVbid TB12 (Use Hyoscyamine Sulfate)	NP	QL(4 ea daily)
LEVSIN SOLN	P	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NP	QL(4 ea daily)
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NP	QL(4 ea daily)
SYMAX DUOTAB TBCR	P	
H-2 Antagonists		
CIMETIDINE HCL SOLN	P	
cimetidine tabs or 200 mg	P	RX/OTC
cimetidine tabs or 300 mg, 400 mg, 800 mg	P	
famotidine susr or 40 mg/5ml	P	
famotidine tabs or 10 mg	P	OTC
famotidine tabs or 20 mg	P	RX/OTC
famotidine tabs or 40 mg	P	
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NP	RX/OTC
PEPCID AC TABS (Use Famotidine)	NP	OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NP	
PEPCID TABS 20 MG (Use Famotidine)	NP	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NP	
ranitidine hcl caps or 150 mg	P	QL(2 ea daily)
ranitidine hcl caps or 300 mg	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	P	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	P	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	P	
<i>ranitidine hcl tabs or 75 mg</i>	P	OTC;QL(2 ea daily)
TAGAMET HB TABS (Use <i>Cimetidine</i>)	NP	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>Ranitidine HCl</i>)	NP	RX/OTC
ZANTAC 75 TABS (Use <i>Ranitidine HCl</i>)	NP	OTC;QL(2 ea daily)
ZANTAC TABS OR 150 MG (Use <i>Ranitidine HCl</i>)	NP	RX/OTC
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i>)	NP	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	P	QL(420 ml per fill retail)
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	NP	
<i>sucralfate tabs or</i>	P	
Proton Pump Inhibitors		
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)
<i>omeprazole cpdr or 20 mg</i>	P	QL(2 ea daily); RX/OTC
<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 (Use <i>Lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	NP	
PRILOSEC OTC TBEC	P	OTC;QL(1 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i>)	NP	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>Pantoprazole Sodium</i>)	NP	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>Misoprostol</i>)	NP	
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	P	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
<i>methenamine-hyosc-methylene blue-sod phospheryl sal tabs 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg, 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg</i>	P	
Urinary Anti-infectives		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i>)	NP	QL(40 ml daily)
MACROBID CAPS (Use <i>Nitrofurantoin Monohyd Macro</i>)	NP	
MACRODANTIN CAPS 50 MG, 100 MG (Use <i>Nitrofurantoin Macrocrystal</i>)	NP	
<i>methenamine mandelate tabs or 0.5 gm, 1 gm</i>	P	
METHENAMINE MANDELATE TABS OR 500 MG	P	
<i>nitrofurantoin macrocrystal caps or 50 mg, 100 mg</i>	P	
<i>nitrofurantoin monohyd macro caps</i>	P	
<i>nitrofurantoin susp or</i>	P	QL(40 ml daily)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

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Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics		
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 syrps or 5 mg/5ml</i>	P	QL(496 ml per 30 days retail)
<i>oxybutynin chloride tabs or 5 mg</i>	P	QL(3 ea daily)
<i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 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)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	P	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NP	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	P	
VACCINES		
Bacterial Vaccines		
BEXSERO SUSY	P	AL(At least 19 yrs old)
MENACTRA INJ	P	AL(At least 19 yrs old)
MENOMUNE-A/C/Y/W-135 INJ	P	AL(At least 19 yrs old)
MENVEO SOLR	P	AL(At least 19 yrs old)
PNEUMOVAX 23 INJ	P	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE INJ	P	AL(At least 19 yrs old)
PREVNAR 13 SUSP	P	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA SUSY	P	AL(At least 19 yrs old)
Viral Vaccines		
ENGERIX-B INJ	P	AL(At least 19 yrs old)
ENGERIX-B SUSP	P	AL(At least 19 yrs old)
FLUBLOK QUADRIVALENT 2017-2018 SOSY	P	limit 0.5 per 180 days;QL(0.5 ml per 180 days retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 13 yrs old)
FLUBLOK QUADRIVALENT 2018-2019 SOSY	P	limit 0.5 per 180 days;QL(0.5 ml per 180 days retail)1 rtl MAX fill,180 rtl day(s) supply,; AL(At least 13 yrs old)
GARDASIL 9 SUSP	P	AL(At least 19 yrs old)
GARDASIL 9 SUSY	P	AL(At least 19 yrs old)
GARDASIL SUSP	P	AL(At least 19 yrs old)
HAVRIX SUSP	P	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 INJ	P	AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	P	AL(At least 19 yrs old)
VAQTA SUSP	P	AL(At least 19 yrs old)
VARIVAX INJ	P	AL(At least 19 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
ZOSTAVAX SUSR	P	QL(1 ea per 999 days retail); AL(At least 50 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
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)
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)
metronidazole vaginal gel	P	QL(70 gm per fill retail)
MICONAZOLE 3 SUPP	P	QL(3 ea per 30 days retail)
miconazole nitrate vaginal crea 2 %, 4 %	P	OTC;QL(45 gm per 30 days retail)
miconazole nitrate vaginal kit	P	
miconazole nitrate vaginal supp 100 mg	P	OTC;QL(7 ea per 30 days retail)
MONISTAT 3 COMBINATION PACK KIT (Use Miconazole Nitrate Vaginal)	NP	

Drug Name	Drug Tier	Requirements/ Limits
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)
TERAZOL 7 CREA (Use Terconazole Vaginal)	NP	
TERCONAZOLE CREA	P	
terconazole vaginal crea	P	
terconazole vaginal supp	P	
tioconazole vaginal oint	P	OTC
VAGISTAT-1 OINT (Use Tioconazole Vaginal)	NP	OTC
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use Estradiol Vaginal)	NP	QL(43 gm per 30 days retail)
estradiol vaginal crea 0.1 mg/gm	P	QL(43 gm per 30 days retail)
estradiol vaginal tabs 10 mcg	P	
PREMARIN CREA VA 0.625 MG/GM	P	QL(43 gm per fill retail)
VAGIFEM TABS (Use Estradiol Vaginal)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml	P	QL(2 ea per fill retail,4 ea per 365 days retail)
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml	P	QL(2 ea per fill retail)4 rtl MAX fill,365 rtl day(s) supply,
EPINEPHRINE SOAJ IJ 0.15 MG/0.15ML	P	
EPIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	
Vasopressors		

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Drug Name	Drug Tier	Requirements/ Limits
<i>midodrine hcl tabs</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps or 1000 unit, 2000 unit</i>	P	OTC;QL(100 ea per fill retail)
<i>cholecalciferol caps or 5000 unit</i>	P	OTC;QL(2 ea daily)
<i>cholecalciferol caps or 50000 unit</i>	P	OTC;QL(8 ea per 30 days retail)
DRISDOL CAPS (Use Ergocalciferol)	NP	
<i>ergocalciferol caps</i>	P	
KEY-E CHEW OR	P	OTC;QL(2 ea daily)
MEPHYTON TABS (Use Phytonadione)	NP	
<i>phytonadione tabs or</i>	P	
<i>vitamin e caps or 100 unit, 200 unit, 400 unit</i>	P	OTC;QL(2 ea daily)
VITAMIN E CHEW OR 400 UNIT	P	OTC;QL(2 ea daily)
Water Soluble Vitamins		
<i>ascorbic acid tabs or 500mg, 1000mg, 250 mg, 500 mg, 1000 mg, 10mg-500mg, 37mg-500mg, 37mg-1000mg, 14mg-25mg-500mg</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 tbc</i>	P	OTC
NIACIN TR TBCR	P	OTC
<i>pyridoxine hcl tabs</i>	P	OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>riboflavin tabs or 25 mg, 50 mg, 100 mg</i>	P	OTC;QL(100 ea per 30 days retail)
SLO-NIACIN TBCR (Use Niacin)	NP	OTC
<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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diphenhydramine hcl (topical)	43	ECOTRIN MAXIMUM STRENGTH	4	ergotamine w/ caffeine	58
diphenoxylate w/ atropine	19	ECOTRIN REGULAR STRENGTH	4	ERY-TAB	56
DIPHENOXYLATE/ATROPINE	19	ED BRON GP	39	ERYGEL	41
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	75	EDURANT	30	ERYPED 200	56
DIPROLENE AF	44	efavirenz	30	ERYPED 400	56
dipyridamole	52	EFFEXOR XR	16	ERYTHROCIN STEARATE	56
DISALCID	4	EFFIENT	52	erythromycin (acne aid)	41
disopyramide phosphate	9	EFUDEX	43	erythromycin (ophth)	68
disulfiram	72	ELAVIL	16	erythromycin base	56
DITROPAN XL	77	ELDEPRYL	27	erythromycin ethylsuccinate	56
divalproex sodium	14	eletriptan hydrobromide	58	ERYTHROMYCIN ETHYLSUCCINATE	56
docusate sodium	55	ELIDEL	45	escitalopram oxalate	15
dofetilide	9	ELIMITE	47	ESGIC	4
DOLOPHINE	5	ELIQUIS	11	ESTRACE	50,78
donepezil hydrochloride	72	ELIQUIS STARTER PACK	11	estradiol	50
dorzolamide hcl	69	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	56	estradiol & norethindrone acetate	50
DORZOLAMIDE HCL	69	ELIXOPHYLLIN	11	estradiol vaginal	78
dorzolamide hcl-timolol maleate	67	ELLA	36	ESTROFACTORS	62
DORZOLAMIDE HCL/TIMOLOL MALEATE	67	ELMIRON	51	ESTROPIPATE	50
DOVONEX	43	ELOCON	44	ESTROSTEP FE	35
doxazosin mesylate	23	EMOLLIENT LOTION-MISC	45	ethambutol hcl	26
doxepin hcl	16	EMTRIVA	30	ethosuximide	13
doxycycline (monohydrate)	74	EMVERM	7	ethynodiol diacet & eth estrad	35
doxycycline hyclate	74	enalapril maleate	23	ETIDRONATE DISODIUM	49
doxylamine succinate (sleep)	53	enalapril maleate & hydrochlorothiazide	24	etodolac	3
DRAMAMINE	20	ENBREL	3	EURAX	47
DRISDOL	79	ENBREL SURECLICK	3	EVAC	54
drosiprenone-ethinyl estradiol	35	ENFAMIL ENFALYTE	59	EVISTA	49
DROXIA	52	ENGERIX-B	77	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	56
DRYSOL	46	enoxaparin sodium	11	EXELON	72
DULCOLAX	55	EPANED	23	exemestane	26
DULERA	10	EPIFOAM	44	EXFORGE	24
		EPINEPHRINE	78	EXFORGE HCT	24
				ezetimibe-simvastatin	22

famciclovir	32	FLOXIN OTIC	70	GARDASIL	77
famotidine	75	FLUBLOK QUADRIVALENT		GARDASIL 9	77
FAMVIR	32	2017-2018	77	GAS-X	51
FARESTON	26	FLUBLOK QUADRIVALENT		GAUZE SPONGES	56
felbamate	13	2018-2019	77	gemfibrozil	22
FELBATOL	13	fluconazole	20	GENERESS FE	35
FELDENE	3	fludrocortisone acetate	37	GENTAK	68
felodipine	34	FLUNISOLIDE	66	gentamicin sulfate (ophth)	68
FEMARA	26	fluocinolone acetonide	44	gentamicin sulfate (topical)	42
FEMCON FE	35	fluocinolone acetonide		GENVOYA	30
FEMHRT LOW DOSE	50	(otic)	70	GEODON	28
fenofibrate	22	fluocinonide	44	GILENYA	72
FENOFIBRATE	22	fluocinonide emulsified		ginger (zingiber officinalis)	2
fenofibrate	22	base	44	glatiramer acetate	72
fenofibrate micronized	22	fluorometholone (ophth)	68	glimepiride	19
FENOPROFEN CALCIUM	3	FLUOROURACIL	43	glipizide	19
FENORTHO	3	fluorouracil (topical)	43	glipizide-metformin hcl	17
fentanyl	5	FLUOXETINE	72	GLOBAL INJECT EASE INSULIN	
FER-IN-SOL	52	fluoxetine hcl	15	SYRINGE/U-100/1ML/28G X	
FERRETTS	52	fluphenazine decanoate	29	1/2"	56
ferrous fumarate	52	fluphenazine hcl	29	GLUCAGEN HYPOKIT	17
ferrous fumarate-fa-b complex-c-		FLURAZEPAM HCL	53	GLUCAGON EMERGENCY	
zn-mg-mn-cu	52	flurbiprofen	3	KIT	17
FERROUS GLUCONATE	52	flurbiprofen sodium	69	GLUCOPHAGE	17
ferrous sulfate	52,53	flutamide	27	GLUCOPHAGE XR	17
FERROUS SULFATE	53	fluticasone propionate	44	GLUCOSE	17
ferrous sulfate	53	fluticasone propionate		GLUCOTROL	19
FEXMID	65	(nasal)	66	GLUCOTROL XL	19
fexofenadine hcl	21	fluvoxamine maleate	15	GLUCOVANCE	17
FIBERCON	54	FML	68	glyburide	19
finasteride	52	FML LIQUIFILM	68	glyburide micronized	19
FIORINAL	4	FOCALIN	2	glyburide-metformin	17
FIORINAL/CODEINE #3	6	folic acid	52	glycerin (laxative)	54
FIRVANQ	8	formaldehyde	29	GLYCERIN ADULT	54
FLAGYL	8	FOSAMAX	49	glycopyrrolate	75
flavoxate hcl	77	fosamprenavir calcium	30	GLYNASE	19
flecainide acetate	9	fosinopril sodium	23	GNP GLUCOSE	17
FLEET ENEMA	54	fosinopril sodium &		GNP INSULIN	
FLEET ENEMA SIX PACK	54	hydrochlorothiazide	24	SYRINGE/1ML/28G X 1/2"	57
FLEET PEDIATRIC	54	FURADANTIN	76	GNP PRENATAL	63
FLOMAX	52	furosemide	48	GNP QUICK DISSOLVE	
FLONASE ALLERGY		FUROSEMIDE	49	GLUCOSE	17
RELIEF	66	furosemide	49	GNP ULTRA COMFORT	
FLONASE ALLERGY RELIEF		gabapentin	12	INSULIN SYRINGE/1ML/28G X	
CHILDRENS	66	GABITRIL	13	1/2"	57
FLOVENT DISKUS	10	galantamine hydrobromide	72	GOLYTELY	54
FLOVENT HFA	10	GALANTAMINE		GOODSENSE PRENATAL	
		HYDROBROMIDE	72	VITAMINS	63
		galantamine hydrobromide	72	GRIS-PEG	20

griseofulvin microsize	20	hydrocodone-		INSULIN SYRINGE/1ML/28G X	
griseofulvin ultramicrosize	20	acetaminophen	6	1/2"	57
guaifenesin	40,41	hydrocortisone	37	INSULIN SYRINGE/U-	
guaifenesin-codeine	39	hydrocortisone (intrarectal)	7	100/1ML/28G X 1/2"	57
guanfacine hcl	23	hydrocortisone (rectal)	7	INSULIN SYRINGES	57
guanfacine hcl (adhd)	1	hydrocortisone (topical)	44,45	INSULIN SYRINGES-MISC	57
GYNAZOLE-1	78	hydrocortisone butyrate	45	INSULIN	
GYNE-LOTRIMIN	78	hydrocortisone w/acetic		SYRINGES/1ML/28GX1/2"	57
GYNE-LOTRIMIN 3	78	acid	70	INTELENCE	30
HALCION	53	hydrocortisone-aloe vera	45	INTUNIV	1
HALDOL DECANOATE 100	28	HYDROMORPHONE HCL	5	INVIRASE	30
HALDOL DECANOATE 50	28	hydromorphone hcl	5	IOPIDINE	67,68
haloperidol	28	hydroxychloroquine sulfate	26	ipratropium bromide	10
haloperidol decanoate	28	HYDROXYPROGESTERONE		ipratropium bromide (nasal)	66
haloperidol lactate	28	CAPROATE	27	ipratropium-albuterol	10
HAVRIX	77	hydroxyprogesterone		irbesartan	23
HEMANGEOL	33	caproate	71	irbesartan-hydrochlorothiazide	
HEMOCYTE	53	hydroxyurea	27		24
heparin sodium (porcine)	11	hydroxyzine hcl	9	IRON CHEWS PEDIATRIC	53
HIBICLENS	29	HYDROXYZINE PAMOATE	9	ISENTRESS	30
HM PRENATAL	63	hydroxyzine pamoate	9	ISENTRESS HD	30
homatropine hbr	67	hyoscyamine sulfate	75	ISONIAZID	26
HUMALOG MIX 50/50	18	HYOSCYAMINE		isoniazid	26
HUMALOG MIX 50/50		SULFATE	75	ISOPTO ATROPINE	67
KWIKPEN	18	hyoscyamine sulfate	75	ISOPTO CARPINE	67
HUMALOG MIX 75/25	18	HYPERRHO S/D	70	ISORDIL TITRADOSE	8
HUMALOG MIX 75/25		HYPOTEARs	67	isosorbide dinitrate	8
KWIKPEN	18	HYZAAR	24	ISOSORBIDE DINITRATE ER8	
HUMIRA	2	ibuprofen	3	isosorbide mononitrate	8
HUMIRA PEDIATRIC CROHNS		ibuprofen lysine	3	isotretinoin	41
DISEASE STARTER PACK	2	imipramine hcl	16	ITCH RELIEF	43
HUMIRA PEN	2	imiquimod	45	itraconazole	20
HUMIRA PEN-CD/UC/HS		IMITREX	58	JADENU	19
STARTER	2	IMITREX STATDOSE		JARDIANCE	19
HUMIRA PEN-PS/UV		REFILL	58	JENTADUETO	17
STARTER	2	IMITREX STATDOSE		JULUCA	30
HUMULIN 70/30	18	SYSTEM	58	K-PHOS NEUTRAL	60
HUMULIN 70/30 KWIKPEN	18	IMODIUM A-D	19	K-TAB	60
HUMULIN N	18	IMURAN	60	KALBITOR	52
HUMULIN N KWIKPEN	18	INATAL GT	63	KALETRA	30
HUMULIN R	18	INCRUSE ELLIPTA	10	KALYDECO	74
hydralazine hcl	25	indapamide	49	KAPVAY	1
HYDRALYTE	59	INDERAL LA	33	KAYEXALATE	61
HYDRALYTE FREEZER		INDOCIN	3	KEFLEX	34
POPS	59	indomethacin	3	KEPPRA	12
HYDREA	27	indomethacin sodium	3	KEPPRA XR	12
hydrochlorothiazide	49	INFANRIX	75	KERALYT	46
hydrocodone w/		INFANTS ADVIL	3	KETOCARE	48
homatropine	37	INFLUENZA VACCINE	77		

ketoconazole (topical).....	42	LEUCOVORIN CALCIUM.....	27	LOESTRIN 1.5/30-21.....	35
ketorolac tromethamine.....	3	leucovorin calcium.....	27	LOESTRIN 1/20-21.....	35
ketorolac tromethamine (ophth).....	69	LEUKERAN.....	26	LOESTRIN FE 1.5/30.....	35
ketotifen fumarate (ophth)...	69	LEVAQUIN.....	50	LOESTRIN FE 1/20.....	35
KEY-E.....	79	LEVBID.....	75	LOFIBRA.....	22
KLARON.....	42	levetiracetam.....	12	LOHIST-D.....	39
KLONOPIN.....	12	levobunolol hcl.....	67	LOMOTIL.....	19
KLOR-CON M15.....	60	levocarnitine (metabolic modifiers).....	50	loperamide hcl.....	19
KLOR-CON/25.....	60	levocetirizine dihydrochloride.....	21	LOPID.....	22
KLOUT.....	47	levofloxacin.....	50	lopinavir-ritonavir.....	30
KONSYL DAILY FIBER.....	54	levonorgestrel & eth estradiol.....	35	LOPRESSOR.....	33
KONSYL ORIGINAL FORMULADAILY FIBER.....	54	levonorgestrel (emergency oc).....	36	LOPRESSOR HCT.....	24
KP PRENATAL MULTIVITAMINS.....	63	levonorgestrel-eth estradiol (triphasic).....	35	loratadine.....	21
KPN PRENATAL.....	63	levonorgestrel-ethinyl estradiol (91-day).....	35	loratadine & pseudoephedrine.....	39
labetalol hcl.....	32	levothyroxine sodium.....	74	lorazepam.....	9
LAC-HYDRIN.....	45	LEVSIN.....	75	losartan potassium.....	23
LAC-HYDRIN TWELVE.....	45	LEXAPRO.....	15	losartan potassium & hydrochlorothiazide.....	24
lactic acid (ammonium lactate).....	45	LEXIVA.....	30	LOTENSIN.....	23
lactulose.....	54	LIALDA.....	51	LOTENSIN HCT.....	25
lactulose (encephalopathy)...	51	LICEMD.....	47	LOTREL.....	25
LAMICTAL.....	12	LICIDE TREATMENT KIT.....	47	LOTRIMIN AF.....	43
LAMICTAL CHEWABLE DISPERSIBLE.....	12	lidocaine.....	46	LOTRIMIN AF FOR HER.....	43
LAMICTAL XR.....	12	lidocaine hcl.....	46	LOTRIMIN AF JOCK ITCH.....	43
LAMISIL.....	20	lidocaine hcl (mouth- throat).....	61	LOTRISONE.....	43
LAMISIL AT.....	43	lidocaine-prilocaine.....	46	lovastatin.....	22
LAMISIL AT JOCK ITCH.....	43	liothyronine sodium.....	74	LOVENOX.....	11,12
lamivudine.....	30	LIPITOR.....	22	loxapine succinate.....	28
lamivudine-zidovudine.....	30	lisinopril.....	23	LURIDE.....	59
lamotrigine.....	12	lisinopril & hydrochlorothiazide.....	24	LYSTEDA.....	53
LANCETS-MISC.....	56	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	57	M-M-R II.....	77
LANCING DEVICE-MISC.....	56	LITHIUM.....	28	M-NATAL PLUS.....	63
lanolin.....	71	lithium carbonate.....	28	M-VIT.....	63
lanolin (topical).....	46	LITHIUM CARBONATE.....	28	MACROBID.....	76
LANOXIN.....	34	lithium carbonate.....	28	MACRODANTIN.....	76
lansoprazole.....	76	LITHOBID.....	28	MAGNESIUM.....	60
LASIX.....	49	LITTLE REMEDIES FOR COLDSMULTI SYMPTOM.....	39	magnesium citrate.....	54
latanoprost.....	69	LMX 4.....	46	magnesium hydroxide.....	55
LATANOPROST.....	70	LOCOID.....	45	magnesium oxide.....	7
LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	57	LODINE.....	3	MAGNESIUM OXIDE.....	60
LEADER QUICK DISSOLVE GLUCOSE.....	17	LODOSYN.....	27	magnesium oxide (mg supplement).....	60
leflunomide.....	3			MAKENA.....	71
letrozole.....	27			malathion.....	47
				MAPROTILINE HCL.....	14
				MAVIK.....	23

MAVYRET.....	32	methimazole.....	74	minoxidil.....	25
MAXALT.....	58	METHITEST.....	7	MIRALAX.....	54
MAXALT-MLT.....	58	methocarbamol.....	65	MIRAPEX.....	27
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	57	methotrexate sodium.....	26	MIRCETTE.....	35
MAXITROL.....	69	METHOTREXATE SODIUM.....	26	mirtazapine.....	14
MAXZIDE.....	48	methotrexate sodium.....	26	misoprostol.....	76
MAXZIDE-25.....	48	methyldopa.....	23	MOBIC.....	3
meclizine hcl.....	20	methylergonovine maleate.....	70	MOI-STIR.....	61
MEDROL.....	37	methylphenidate hcl.....	2	MOLINDONE HYDROCHLORIDE.....	29
MEDROL DOSEPAK.....	37	METHYLPHENIDATE HYDROCHLORIDE ER.....	2	mometasone furoate.....	45
medroxyprogesterone acetate.....	71	methylprednisolone.....	37	MONISTAT 3.....	78
medroxyprogesterone acetate (contraceptive).....	36	metoclopramide hcl.....	51	MONISTAT 3 COMBINATION PACK.....	78
MEFLOQUINE HCL.....	26	metolazone.....	49	MONISTAT 7 SIMPLY CURE.....	78
mefloquine hcl.....	26	metoprolol & hydrochlorothiazide.....	25	MONISTAT SOOTHING CARE ITCH RELIEF.....	45
MEGACE ORAL.....	27	metoprolol succinate.....	33	MONODOX.....	74
megestrol acetate.....	27	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	25	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	57
melatonin.....	2	metoprolol tartrate.....	33	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	57
meloxicam.....	3	METOPROLOL/HYDROCHLO ROTHIAZIDE.....	25	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	57
melphalan.....	26	METROCREAM.....	47	montelukast sodium.....	10
memantine hcl.....	72	METROGEL-VAGINAL.....	78	MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	57
MENACTRA.....	77	METROLOTION.....	47	morphine sulfate.....	5
MENOMUNE-A/C/Y/W-135.....	77	metronidazole.....	8	MORPHINE SULFATE.....	5
MENVEO.....	77	metronidazole (topical).....	47	morphine sulfate.....	5
MEPERIDINE HCL.....	5	metronidazole vaginal.....	78	MOTRIN INFANTS DROPS.....	3
meperidine hcl.....	5	MEVACOR.....	22	MOUTHKOTE.....	61
MEPHYTON.....	79	mexiletine hcl.....	9	moxifloxacin hcl (ophth).....	68
meprobamate.....	9	MIACALCIN.....	49	MS CONTIN.....	5
mercaptapurine.....	26	MICARDIS.....	23	MUCINEX.....	41
mesalamine.....	51	MICARDIS HCT.....	25	MUCINEX D.....	39
MESTINON.....	26	MICATIN.....	43	MUCINEX DM.....	39
MESTINON TIMESPAN.....	26	MICONAZOLE 3.....	78	MUCINEX MAXIMUM STRENGTH.....	41
METADATE CD.....	2	miconazole nitrate (topical).....	43	MULTI PRENATAL.....	63
METAMUCIL.....	54	miconazole nitrate vaginal.....	78	MULTI VITAMIN.....	62
METAMUCIL ORIGINAL TEXTURE.....	54	MICROZIDE.....	49	MULTI VITAMIN/D-3.....	62
METAPROTERENOL SULFATE.....	10	midazolam hcl.....	53	multiple vitamin.....	62
metformin hcl.....	17	midodrine hcl.....	79	multiple vitamins w/ iron.....	62
methadone hcl.....	5	MIGRANAL.....	58	multiple vitamins w/ minerals tabs.....	62
methazolamide.....	48	MILLIPRED.....	37		
methenamine mandelate.....	76	MINIPRESS.....	23		
METHENAMINE MANDELATE.....	76	MINIVELLE.....	50		
methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	76	MINOCIN.....	74		
		minocycline hcl.....	74		

multiple vitamins w/ minerals- various.....	62	NECON 10/11-28.....	35	nicotine polacrilex.....	73
mupirocin.....	42	NEFAZODONE HCL.....	16	NICOTINE TRANSDERMAL SYSTEM.....	73
mupirocin calcium (topical).....	42	nefazodone hcl.....	16	NICOTROL INHALER.....	73
MYAMBUTOL.....	26	NEFAZODONE HYDROCHLORIDE.....	16	NICOTROL NS.....	74
mycophenolate mofetil.....	60	NEOMULTIVITE.....	62	nifedipine.....	34
mycophenolate sodium.....	60	neomycin sulfate.....	2	NINLARO.....	27
MYDRIACYL.....	67	neomycin-bacitracin zn- polymyxin.....	68	NITRO-BID.....	8
MYFORTIC.....	60	neomycin-bacitracin-polymyxin	42	NITRO-DUR.....	8
MYLERAN.....	26	neomycin-polymy- dexameth.....	69	nitrofurantoin.....	76
MYLICON.....	51	neomycin-polymyxin w/ pramoxine.....	42	nitrofurantoin macrocrystal.....	76
MYLICON INFANTS GAS RELIEF.....	51	neomycin-polymyxin-hc (otic).....	70	nitrofurantoin monohyd macro.....	76
MYNATAL.....	63	NEOMYCIN/POLYMYXIN/GRA MICIDIN.....	68	nitroglycerin.....	8
MYNATAL ADVANCE.....	63	NEOMYCIN/POLYMYXIN/HYD ROCORTISONE.....	69	NITROSTAT.....	8
MYNATAL PLUS.....	63	NEONATAL PLUS.....	63	NIVA-PLUS.....	63
MYNATAL ULTRACAPLET.....	63	NEONATAL VITAMIN.....	63	NIX CREME RINSE.....	47
MYNATAL-Z.....	63	NEOPROFEN.....	3	NIZORAL.....	43
MYNATE 90 PLUS.....	63	NEORAL.....	60	NIZORAL A-D.....	43
MYSOLINE.....	12	NEOSPORIN.....	68	NORCO.....	6
nabumetone.....	3	NEOSPORIN ORIGINAL.....	42	NORDITROPIN FLEXPRO.....	49
nadolol.....	33	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH.....	42	norethin acet & estrad-fe.....	35
NALFON.....	3	NEPHRO-VITE RX.....	62	norethindrone & eth estradiol 36	36
NALOXONE HCL.....	19	NEPHROCAPS.....	62	norethindrone (contraceptive).....	36
naloxone hcl.....	19	NEPTAZANE.....	48	norethindrone acet & eth estra.....	36
NALOXONE HCL.....	19	NEURONTIN.....	12,13	norethindrone acetate.....	71
naltrexone hcl.....	19	NEUTROGENA T/GEL.....	47	norethindrone acetate-ethinyl estradiol.....	50
NAMENDA.....	72	NEUTROGENA T/GEL STUBBORN ITCH CONTROL.....	47	norethindrone acetate-ethinyl estradiol-fe.....	36
NAMENDA TITRATION PAK.....	72	nevirapine.....	30	norethindrone-eth estradiol (triphasic).....	36
naphazoline w/ pheniramine.....	68	niacin.....	79	norgestimate-ethinyl estradiol.....	36
NAPROSYN.....	3	niacin (antihyperlipidemic).....	22	norgestimate-ethinyl estradiol (triphasic).....	36
naproxen.....	3	NIACIN TR.....	79	norgestrel & ethinyl estradiol.....	36
naproxen sodium.....	3	NIACOR.....	22	NORINYL 1+35.....	36
naratriptan hcl.....	58	NIASPAN.....	22	NORPACE.....	9
NARCAN.....	19	nicardipine hcl.....	34	NORPACE CR.....	9
NARDIL.....	14	NICODERM CQ.....	73	NORPRAMIN.....	16
NASACORT ALLERGY 24HR.....	66	NICORETTE.....	73	NORTEMP INFANTS.....	4
NASACORT ALLERGY 24HR CHILDRENS.....	66	NICORETTE MINI.....	73	nortriptyline hcl.....	16
NASAL DECONGESTANT.....	66	NICORETTE STARTER KIT.....	73	NORTRIPTYLINE HCL.....	16
NASALCROM.....	66	nicotine.....	73	nortriptyline hcl.....	16
NAT-RUL PRENATAL VITAMINS.....	63			NORTUSS-EX.....	39
NATALVIT.....	63				
nateglinide.....	18				
NATROBA.....	47				
NECON 1/50-28.....	35				

NORVASC.....	34	omeprazole.....	76	PARAFON FORTE DSC.....	65
NORVIR.....	30	omeprazole 20mg tablet... 75		PARLODEL.....	27
NOVA MAX PLUS KETONE TESTSTRIPS.....	48	OMNICAP.....	62	PARNATE.....	15
NOVOLIN 70/30.....	18	OMNIPRED.....	69	paroxetine hcl.....	15
NOVOLIN 70/30 FLEXPEN.....	18	OMNITROPE.....	49	PARVA-CAL.....	59
NOVOLIN 70/30 FLEXPEN RELION.....	18	ondansetron.....	20	PAXIL.....	15
NOVOLIN 70/30 RELION.....	18	ondansetron hcl.....	20	PAXIL CR.....	15
NOVOLIN N.....	18	ONE-A-DAY ESSENTIAL.....	62	PCE.....	56
NOVOLIN N RELION.....	18	ONE-A-DAY MENS.....	62	ped multivitamins w/fl & iron.....	63
NOVOLIN R.....	18	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA.....	63	PEDIALYTE.....	59
NOVOLIN R RELION.....	18	OPCON-A.....	68	PEDIALYTE ADVANCED CARE.....	59
NOVOLOG MIX 70/30.....	18	oral electrolytes.....	59	PEDIALYTE FREEZER.....	59
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	18	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT.....	62	POPS.....	59
NULYTELY/FLAVOR PACKS.....	54	ORKAMBI.....	74	PEDIALYTE SINGLES.....	59
NUMOISYN.....	62	orphenadrine citrate.....	65	PEDIAPRED.....	37
NUPLAZID.....	28	ORTHO MICRONOR.....	36	pediatric multiple vitamin w/ c.....	63
NUTRICION PORVIDA.....	63	ORTHO TRI-CYCLEN.....	36	pediatric multiple vitamin w/ c & fa.....	63
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