

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

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is [1-800-704-1484](tel:1-800-704-1484) (TTY/TTD [1-800-255-0056](tel: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 logging into the [Member Portal](#).

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 Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Chief Medical Officer, the Chief Medical Director of Pharmacy Services, and several Peach State Health Plan primary care physicians, pharmacists, and specialists.

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with Express Scripts to pay for pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

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

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

Dispensing Limits

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

Appropriate Use and Safety Edits

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

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

Prior Authorizations (PA)

Some drugs on the PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services 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 Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

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

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

Step Therapy

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

Medical Necessity Requests

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

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

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

72 Hour Emergency Supply Policy

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

Exclusions

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

- Drugs that are considered experimental

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

Newly Approved Products

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

Over-the-Counter Medications

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

Tobacco Cessation Medications

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

Generic Drugs

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

Drug Efficacy Study and Implementation Drugs

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

Filling a Prescription

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

Ordering, Prescribing and Referring (OPR) Provider Requirements

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

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/or 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:	<u>1-800-704-1484</u>
	Fax: 1-800-659-7518
Peach State Health Plan Member Services TTY/TDD:	<u>1-800-255-0056</u>
Pharmacy Services Prior Authorizations:	<u>1-866-399-0928</u>
	Fax: 1-833-582-2342
Express Scripts Pharmacy Help Desk:	<u>1-833-750-4403</u>

Language Assistance

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

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TTY 1-800-255-0056. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

Preferred Drug List Abbreviations

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
<i>NP</i>	Non-Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	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.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.

Peach State Health Plan: Preferred Drug List (PDL)



CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	<p>Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days</p> <p>EXCEPTIONS: The below members may get up to 200 strips per 30 days</p> <ul style="list-style-type: none"> • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description	Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated	<i>IMPL</i>	Implant
<i>AERB</i>	Aerosol, breath activated	<i>INHA</i>	Inhaler
<i>AERO</i>	Aerosol	<i>INJ</i>	Injectable
<i>AJKT</i>	Auto-injector Kit	<i>IUD</i>	Intrauterine Device
<i>AUIJ</i>	Auto-injector	<i>IV</i>	Intravenous
<i>CAPS</i>	Capsule	<i>LIQD</i>	Liquid
<i>CHEW</i>	Tablet Chewable	<i>LOTN</i>	Lotion
<i>CONC</i>	Concentrate	<i>LOZG</i>	Lozenge
<i>CP12</i>	Capsule ER 12 HR	<i>LPOP</i>	Lollipop
<i>CP24</i>	Capsule ER 24 HR	<i>MISC</i>	Miscellaneous
<i>CPCR</i>	Capsule ER	<i>NA</i>	Nasal
<i>CPDR</i>	Capsule Delayed Release	<i>NEBU</i>	Nebulization solution
<i>CPEP</i>	Capsule Enteric Coated Particles	<i>OINT</i>	Ointment
<i>CPSP</i>	Capsule Sprinkle	<i>OP</i>	Ophthalmic
<i>CREA</i>	Cream	<i>OPHT</i>	Ophthalmic
<i>CSDR</i>	Capsule Delayed Release Sprinkle	<i>OR</i>	Oral
<i>DEVI</i>	Device	<i>PACK</i>	Packet
<i>ELIX</i>	Elixir	<i>PEN</i>	Pen-injector
<i>EMUL</i>	Emulsion	<i>PNKT</i>	Pen-injector Kit
<i>ENEM</i>	Enema	<i>POT</i>	Potassium
<i>EX</i>	External	<i>POWD</i>	Powder
<i>GRAN</i>	Granules	<i>PRSY</i>	Prefilled Syringe
<i>IJ</i>	Injection	<i>PSKT</i>	Prefilled Syringe Kit

Peach State Health Plan: Preferred Drug List (PDL)



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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 PO <i>(Use amphetamine-dextroamphetamine)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS PO <i>(Use amphetamine-dextroamphetamine)</i>	NP	QL(2 EA daily); AL(At least 3 yrs old)
<i>amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine TABS PO</i>	P	QL(2 EA daily); AL(At least 3 yrs old)
DEXEDRINE CP24 PO 10 MG, 15 MG <i>(Use dextroamphetamine sulfate)</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate CP24 PO</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>dextroamphetamine sulfate TABS PO 5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 3 yrs old)
<i>lisdexamfetamine dimesylate CAPS PO</i>	P	QL(1 EA daily); PA
VYVANSE CAPS PO	P	QL(1 EA daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML <i>(Use caffeine citrate)</i>	NF	
CAFFEINE CITRATED POWD	P	QL(45 GM per fill retail)
<i>caffeine citrate SOLN PO</i>	P	QL(45 ML per fill retail)
Anorexiant Non-Amphetamine		
PLENITY	NP	
PLENITY WELCOME KIT	NP	

Drug Name	Drug Tier	Requirements/Limits
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old); ST
<i>clonidine hcl (adhd) TB12 PO</i>	P	
<i>guanfacine hcl (adhd) PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
INTUNIV PO <i>(Use guanfacine hcl (adhd))</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
KAPVAY TB12 PO <i>(Use clonidine hcl (adhd))</i>	NP	
STRATTERA PO <i>(Use atomoxetine hcl)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR PO 18 MG, 27 MG, 54 MG <i>(Use methylphenidate hcl)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
CONCERTA TBCR PO 36 MG <i>(Use methylphenidate hcl)</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)
<i>dexamethylphenidate hcl TABS PO</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN TABS PO <i>(Use dexamethylphenidate hcl)</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)
METADATE CD CPR PO <i>(Use methylphenidate hcl)</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
METHYLIN SOLN PO 10 MG/5ML <i>(Use methylphenidate hcl)</i>	NP	QL(900 ML per 30 day(s) retail); AL(At least 3 yrs old)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN PO 5 MG/5ML (<i>Use methylphenidate hcl</i>)	NP	QL(1800 ML per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl CPCR PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl SOLN PO 10 MG/5ML</i>	P	QL(900 ML per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl SOLN PO 5 MG/5ML</i>	P	QL(1800 ML per 30 day(s) retail); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS PO 5 MG</i>	P	QL(6 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TABS PO 10 MG, 20 MG</i>	P	QL(3 EA daily); AL(At least 3 yrs old)
<i>methylphenidate hcl TB24 PO 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR PO 18 MG, 27 MG, 54 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR PO 10 MG, 20 MG, 36 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR PO 36 MG	P	QL(2 EA daily); AL(At least 6 yrs old)
RELEXXII TBCR PO 18 MG, 27 MG, 54 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
RITALIN TABS PO 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NP	QL(3 EA daily); AL(At least 3 yrs old)
RITALIN TABS PO 5 MG (<i>Use methylphenidate hcl</i>)	NP	QL(6 EA daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		

Drug Name	Drug Tier	Requirements/Limits
ROUGH PIGWEED	NP	
SHEEP SORREL-YELLOW DOCK IJ	NP	
SORREL/DOCK MIX IJ	NP	
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS PO 250 MG</i>	P	OTC; QL(4 EA daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 EA daily)
<i>melatonin TABS PO 3 MG, 5 MG</i>	P	OTC; QL(1 EA daily)
<i>melatonin TBDP PO 3 MG</i>	P	QL(1 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	SP; PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NP	SP; PA
<i>neomycin sulfate TABS PO</i>	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	PA
<i>tobramycin sulfate SOLR</i>	P	PA
<i>tobramycin NEBU</i>	P	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 PO 30 MG, 45 MG	P	SP; PA
XELJANZ XR TB24 PO	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	P	SP; PA	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	P	SP; PA
XELJANZ TABS	P	SP; PA	ADALIMUMAB-FKJP (2 PEN) AJKT	P	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	P	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP
REDITREX SOSY	P	SP; PA	CYLTEZO (2 PEN) AJKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			CYLTEZO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-AATY (1 PEN) AJKT	P	SP; PA	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ADALIMUMAB-AATY (2 PEN) AJKT	P	SP; PA	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ADALIMUMAB-AATY (2 SYRINGE) PSKT	P	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	SP; PA	HADLIMA SOSY	P	SP; PA
ADALIMUMAB-ADAZ SOSY	P	SP; PA	HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	P	SP; PA	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	P	SP; PA	HYRIMOZ SOSY 40 MG/0.4ML	NP	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.8ML	NP	SP	SIMLANDI (1 PEN) AJKT	P	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	P	SP; PA	SIMLANDI (2 PEN) AJKT	P	SP; PA
			YUFLYMA (1 PEN) AJKT	NP	SP
			YUFLYMA (2 PEN) AJKT	NP	SP
			YUFLYMA (2 SYRINGE) PSKT	NP	SP
			YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP
			YUSIMRY	P	SP; PA
			Interleukin-1 Blockers		
			ARCALYST	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>ibuprofen TABS PO 200 MG</i>	P	OTC
KINERET SOSY	P	SP; PA	<i>ibuprofen TABS PO 400 MG, 600 MG, 800 MG</i>	P	
Interleukin-1beta Blockers			INDOCIN SUSP PO (<i>Use indomethacin</i>)	NP	
ILARIS SOLN	P	SP; PA	<i>indomethacin sodium</i>	P	
Interleukin-6 Receptor Inhibitors			INDOMETHACIN SODIUM	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	<i>indomethacin CAPS PO 25 MG, 50 MG</i>	P	
ACTEMRA SOLN	P	SP; PA	<i>indomethacin SUPP PR</i>	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin SUSP PO</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INFANTS ADVIL SUSP PO (<i>Use ibuprofen</i>)	NP	OTC
ADVIL TABS PO (<i>Use ibuprofen</i>)	NP	OTC	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE TABS PO (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 EA daily)	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
ANAPROX DS TABS PO (<i>Use naproxen sodium</i>)	NP		<i>ketorolac tromethamine TABS PO</i>	P	QL(20 EA per 30 day(s) retail); AL(At least 17 yrs old)
CHILDRENS ADVIL SUSP PO 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	LODINE TABS PO (<i>Use etodolac</i>)	NP	
CHILDRENS MOTRIN SUSP PO 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC	<i>meloxicam TABS PO</i>	P	
<i>diclofenac potassium TABS PO 50 MG</i>	P		MOTRIN CHILDRENS CHEW PO (<i>Use ibuprofen</i>)	NP	OTC
<i>diclofenac sodium TBEC PO</i>	P		MOTRIN INFANTS DROPS SUSP PO (<i>Use ibuprofen</i>)	NP	OTC
<i>etodolac CAPS PO</i>	P		<i>nabumetone PO</i>	P	
<i>etodolac TABS PO</i>	P		NALFON CAPS PO (<i>Use fenoprofen calcium</i>)	NP	
FELDENE CAPS PO (<i>Use piroxicam</i>)	NP		NAPROSYN SUSP PO (<i>Use naproxen</i>)	NP	
<i>fenoprofen calcium CAPS PO 400 MG</i>	P		NAPROSYN TABS PO 500 MG (<i>Use naproxen</i>)	NP	
<i>flurbiprofen TABS PO</i>	P				
<i>ibuprofen lysine</i>	P				
<i>ibuprofen CHEW PO</i>	P	OTC			
<i>ibuprofen SUSP PO 100 MG/5ML</i>	P	RX/OTC			
<i>ibuprofen SUSP PO 40 MG/ML, 50 MG/1.25ML</i>	P	OTC			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TABS PO 275 MG, 550 MG</i>	P		ESGIC TABS PO (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 EA daily); AL(At least 12 yrs old)
<i>naproxen sodium TABS PO 220 MG</i>	P	OTC; QL(2 EA daily)	Analgesics Other		
<i>naproxen SUSP PO</i>	P		<i>acetaminophen CHEW PO</i>	P	OTC
<i>naproxen TABS PO</i>	P		<i>acetaminophen ELIX PO</i>	P	OTC
NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP		<i>acetaminophen LIQD PO 160 MG/5ML</i>	P	OTC
<i>piroxicam CAPS PO</i>	P		<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
<i>sulindac TABS PO</i>	P		<i>acetaminophen SUPP PR 120 MG, 650 MG</i>	P	OTC; QL(12 EA per 30 day(s) retail)
Phosphodiesterase 4 (PDE4) Inhibitors			ACETAMINOPHEN SUPP PR	P	OTC; QL(12 EA per 30 day(s) retail)
OTEZLA TABS PO	P	SP; PA	<i>acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC
OTEZLA TBPK PO	P	SP; PA	<i>acetaminophen TABS PO 325 MG, 500 MG</i>	P	OTC
Pyrimidine Synthesis Inhibitors			FEVERALL JUNIOR STRENGTH SUPP PR	P	OTC; QL(12 EA per 30 day(s) retail)
ARAVA PO (<i>Use leflunomide</i>)	NP	QL(1 EA daily)	TYLENOL CHILDRENS CHEWABLES CHEW PO (<i>Use acetaminophen</i>)	NP	OTC
<i>leflunomide PO</i>	P	QL(1 EA daily)	TYLENOL CHILDRENS PAIN + FEVER SUSP PO (<i>Use acetaminophen</i>)	NP	OTC
Selective Costimulation Modulators			TYLENOL CHILDRENS SUSP PO (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA CLICKJECT SOAJ	P	SP; PA	TYLENOL EXTRA STRENGTH TABS PO (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA SOLR	P	SP; PA	TYLENOL FOR CHILDREN + ADULTS SUSP PO (<i>Use acetaminophen</i>)	NP	OTC
ORENCIA SOSY	P	SP; PA	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations			<i>butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	<i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)	<i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine CAPS PO</i>	P	QL(4 EA daily); AL(At least 18 yrs old)	<i>butalbital-aspirin-caffeine CAPS PO</i>	P	QL(4 EA daily); AL(At least 18 yrs old)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYLENOL INFANTS PAIN+FEVER SUSP PO (Use acetaminophen)	NP	OTC	DILAUDID TABS PO 8 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(4 EA daily)
TYLENOL TABS PO (Use acetaminophen)	NP	OTC	DILAUDID TABS PO 2 MG, 4 MG (Use hydromorphone hcl)	NP	Clinical Edit: Opioids; QL(6 EA daily)
Analgesics-Peptide Channel Blockers			<i>fentanyl</i> PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	P	QL(0.34 EA daily)
PRIALT	P	SP; PA	HYDROMORPHONE HCL SUPP PR	P	Clinical Edit: Opioids; QL(2 EA daily)
Salicylates			<i>hydromorphone hcl</i> TABS PO 8 MG	P	Clinical Edit: Opioids; QL(4 EA daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide) PO</i>	P	OTC	<i>hydromorphone hcl</i> TABS PO 2 MG, 4 MG	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>aspirin CHEW PO</i>	P	OTC	<i>meperidine hcl</i> SOLN PO 50 MG/5ML	P	Clinical Edit: Opioids; QL(30 ML daily)
ASPIRIN SUPP PR 300 MG	P	OTC; QL(12 EA per 30 day(s) retail)	<i>meperidine hcl</i> TABS PO 50 MG	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>aspirin</i> TABS PO 325 MG	P	OTC	<i>methadone hcl</i> TABS PO 10 MG	P	QL(10 EA daily); PA
<i>aspirin TBEC</i> PO 81 MG, 325 MG	P	OTC	<i>methadone hcl</i> TABS PO 5 MG	P	QL(6 EA daily); PA
BUFFERIN PO (Use <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC	<i>morphine sulfate</i> SOLN PO 10 MG/5ML, 20 MG/5ML	P	Clinical Edit: Opioids; QL(21.4 ML daily)
<i>diflunisal</i> TABS PO	P		<i>morphine sulfate</i> SOLN PO 20 MG/ML, 100 MG/5ML	P	Clinical Edit: Opioids; QL(240 ML per fill retail)
ECOTRIN ARTHRTIS PAIN TBEC PO (Use <i>aspirin</i>)	NP	OTC	<i>morphine sulfate</i> SUPP PR	P	Clinical Edit: Opioids; QL(18 EA per fill retail)
ECOTRIN TBEC PO (Use <i>aspirin</i>)	NP	OTC	<i>morphine sulfate</i> TABS PO	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>salsalate</i> PO	P		<i>morphine sulfate</i> TBCR PO	P	QL(3 EA daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
<i>codeine sulfate</i> TABS PO 30 MG	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)			
CODEINE SULFATE TABS PO	P	Clinical Edit: Opioids; QL(2 EA daily); AL(At least 12 yrs old)			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TBCR PO (Use morphine sulfate)	NP	QL(3 EA daily)	<i>acetaminophen w/ codeine TABS PO 15 MG- 300 MG, 30 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily); AL(At least 12 yrs old)
OXAYDO TABS PO 5 MG	P	Clinical Edit: Opioids; QL(6 EA daily)	<i>butalbital-acetaminophen- caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl CAPS PO</i>	P	Clinical Edit: Opioids; QL(6 EA daily)	<i>butalbital-aspirin-caffeine w/cod PO</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl CONC PO 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ML per fill retail)	<i>hydrocodone- acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML- 7.5 MG/15ML</i>	P	Clinical Edit: Opioids; QL(180 ML daily)
<i>oxycodone hcl SOLN PO</i>	P	Clinical Edit: Opioids; QL(30 ML daily)	<i>hydrocodone- acetaminophen SOLN PO 325 MG/15ML-10 MG/15ML</i>	P	Clinical Edit: Opioids
<i>oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); PA	<i>hydrocodone- acetaminophen TABS PO 325 MG-10 MG, 325 MG- 5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
<i>oxycodone hcl TABS PO 30 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily)	<i>oxycodone w/ acetaminophen SOLN PO</i>	P	Clinical Edit: Opioids; QL(30 ML daily)
<i>oxycodone hcl TABS PO 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG- 5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 EA daily)
OXYCONTIN T12A PO	P	QL(2 EA daily); PA	PERCOCET TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)
ROXICODONE TABS PO 15 MG (Use <i>oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 EA daily)	<i>tramadol-acetaminophen PO</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)
ROXICODONE TABS PO 30 MG (Use <i>oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 EA daily)	Opioid Partial Agonists		
<i>tramadol hcl TABS PO 50 MG</i>	P	Clinical Edit: Opioids; QL(4 EA daily); AL(At least 18 yrs old)			
Opioid Combinations					
<i>acetaminophen w/ codeine SOLN PO</i>	P	Clinical Edit: Opioids; QL(30 ML daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS PO 60 MG- 300 MG</i>	P	QL(6 EA daily); AL(At least 12 yrs old)			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
BELBUCA FILM	P	PA
BUPRENEX SOLN (Use buprenorphine hcl)	NP	PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	P	QL(2 EA daily); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	P	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	P	QL(3 EA daily)
buprenorphine hcl SOLN	P	PA
buprenorphine hcl SUBL	P	PA
SUBLOCADE SOSY	P	2 max fill(s) per 30 day(s) retail; SP; PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NP	QL(2 EA daily); PA
ZUBSOLV SUBL	P	PA

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

Androgens

AVEED SOLN	P	SP; PA
methyltestosterone TABS	P	
TESTOPEL PLLT	P	SP; PA
testosterone cypionate SOLN IM 100 MG/ML	P	QL(0.2858 ML daily)
testosterone cypionate SOLN IM 200 MG/ML	P	QL(4 ML per 30 day(s) retail)
testosterone enanthate SOLN IM	P	QL(4 ML per 30 day(s) retail)

ANORECTAL AND RELATED PRODUCTS -

Rectal Drugs to Treat Pain, Swelling and Itching

Drug Name	Drug Tier	Requirements/Limits
Intrarectal Steroids		
CORTENEMA PR (Use hydrocortisone (intrarectal))	NP	
hydrocortisone (intrarectal) PR	P	
Rectal Combinations		
ANALPRAM-HC LOTN EX	P	QL(62 ML per 30 day(s) retail)
phenylephrine-shark liver oil-cocoa butter PR	P	OTC; QL(12 EA per 30 day(s) retail)
phenylephrine-shark liver oil-mineral oil-petrolatum PR	P	OTC; QL(31 GM per 30 day(s) retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NP	
hydrocortisone (rectal) EX 1 %	NP	RX/OTC
hydrocortisone (rectal) EX 1 %	P	QL(454 GM per fill retail); RX/OTC
hydrocortisone (rectal) EX 2.5 %	P	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD PO	P	QL(744 ML per 30 day(s) retail)
alum & mag hydrox-simethicone SUSP PO 1200 MG/30ML-1200 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	P	QL(744 ML per 30 day(s) retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP PO	P	OTC
Antacids - Bicarbonate		

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW PO 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW PO (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
TUMS ULTRA 1000 CHEW PO (Use <i>calcium carbonate (antacid)</i>)	NF	
TUMS CHEW PO (Use <i>calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS PO 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW PO	P	QL(1 EA per 14 day(s) retail)
<i>pyrantel pamoate SUSP PO</i>	P	OTC; QL(60 ML per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS PO 5 MG (Use <i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS PO</i>	P	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate TB24 PO</i>	P	QL(1 EA daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (Use <i>nitroglycerin</i>)	NP	
<i>nitroglycerin CPCR PO</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	NP	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl PO 7.5 MG, 30 MG</i>	P	QL(3 EA daily)
<i>bupirone hcl PO 5 MG, 10 MG</i>	P	QL(6 EA daily)
<i>bupirone hcl PO 15 MG</i>	P	QL(4 EA daily)
<i>hydroxyzine hcl SYRP PO</i>	P	
<i>hydroxyzine hcl TABS PO</i>	P	
<i>hydroxyzine pamoate CAPS PO</i>	P	
<i>meprobamate PO</i>	P	
VISTARIL CAPS PO (Use <i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam TABS PO</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
ATIVAN TABS PO (Use <i>lorazepam</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl CAPS PO</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium TABS PO</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>diazepam SOLN PO 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam TABS PO</i>	P	QL(4 EA daily); AL(At least 18 yrs old)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam TABS PO</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
<i>oxazepam CAPS PO</i>	P	QL(4 EA daily); AL(At least 18 yrs old)
TRANXENE-T TABS PO (Use <i>clorazepate dipotassium</i>)	NP	QL(3 EA daily); AL(At least 18 yrs old)
VALIUM TABS PO (Use <i>diazepam</i>)	NP	QL(4 EA daily); AL(At least 18 yrs old)
XANAX TABS PO (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 PO</i>	P	
NORPACE CR CP12 PO 150 MG	P	
NORPACE CAPS PO (Use <i>disopyramide phosphate</i>)	P	
<i>quinidine gluconate TBCR PO</i>	P	
<i>quinidine sulfate TABS PO</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl PO</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate PO</i>	P	
<i>propafenone hcl TABS PO</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS PO 200 MG</i>	P	
<i>dofetilide PO</i>	P	
TIKOSYN PO (Use <i>dofetilide</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOAJ	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ML daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 GM per fill retail)
INCRUSE ELLIPTA	P	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 20 day(s) retail)
SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i>)	NP	
<i>tiotropium bromide monohydrate CAPS</i>	P	
TUDORZA PRESSAIR	P	QL(1 EA per 30 day(s) retail)
Leukotriene Modulators		
<i>montelukast sodium CHEW PO</i>	P	QL(1 EA daily)
<i>montelukast sodium PACK PO</i>	P	QL(1 EA daily)
<i>montelukast sodium TABS PO</i>	P	QL(1 EA daily)
SINGULAIR CHEW PO (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR PACK PO (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily)
SINGULAIR TABS PO (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DALIRESP PO (<i>Use roflumilast</i>)	NP	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	P	QL(18 GM per fill retail; 36 GM per 30 day(s) retail)
<i>roflumilast PO</i>	P	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	NP	
Steroid Inhalants			<i>albuterol sulfate AERS</i>	P	QL(8.5 GM per fill retail; 17 GM per 30 day(s) retail)
ARNUITY ELLIPTA	P	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	NP	
ASMANEX HFA AERO	P	QL(0.44 GM daily)	<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ML daily)
<i>budesonide (inhalation) SUSP</i>	P	QL(120 ML per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ML per 30 day(s) retail)
FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	NP		<i>albuterol sulfate NEBU</i>	P	
FLOVENT HFA (<i>Use fluticasone propionate hfa</i>)	NP		ALBUTEROL SULFATE NEBU	P	
<i>fluticasone propionate (inhalation) AEPB</i>	P		<i>albuterol sulfate SYRP PO</i>	P	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(10.6 GM per fill retail); AL(Up to 12 yrs old)	<i>albuterol sulfate TABS PO</i>	P	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 GM per fill retail); AL(Up to 12 yrs old)	<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	P	QL(10.2 GM per fill retail)
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ML per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	P	QL(11 GM per fill retail)
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 GM daily)	<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 GM daily)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 GM daily)	COMBIVENT RESPIMAT AERS	P	QL(4 GM per 30 day(s) retail)
Sympathomimetics			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	P	QL(2 EA daily; 60 EA per 30 day(s) retail)
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NP	QL(2 EA daily; 60 EA per 30 day(s) retail)	<i>ipratropium-albuterol SOLN</i>	P	QL(12 ML daily)
<i>albuterol sulfate AERS</i>	P	QL(6.7 GM per fill retail; 13.4 GM per 30 day(s) retail)	<i>levalbuterol tartrate</i>	P	QL(0.5 GM daily)
			PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEPB	P	QL(1 EA per fill retail; 2 EA per 30 day(s) retail); AL(At least 4 yrs old - Up to 18 yrs old)	<i>fondaparinux sodium</i>	P	SP; PA
PROVENTIL HFA AERS (Use albuterol sulfate)	NP		FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA
SEREVENT DISKUS	P	QL(60 EA per fill retail)	FRAGMIN SOSY	P	SP; PA
SYMBICORT (Use budesonide-formoterol fumarate dihydrate)	NP		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
<i>terbutaline sulfate TABS PO</i>	P		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML</i>	NP	
VENTOLIN HFA AERS (Use albuterol sulfate)	NP		LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NP	SP
XOPENEX HFA (Use levalbuterol tartrate)	NP	QL(0.5 GM daily)	LOVENOX SOSY (Use enoxaparin sodium)	NP	SP; PA
Xanthines			Thrombin Inhibitors		
THEO-24 CP24 PO	P		<i>dabigatran etexilate mesylate CAPS PO</i>	P	
<i>theophylline ELIX PO</i>	P		PRADAXA CAPS PO (Use dabigatran etexilate mesylate)	NP	
<i>theophylline SOLN PO</i>	P	QL(475 ML per fill retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
<i>theophylline TB12 PO</i>	P		Anticonvulsants - Benzodiazepines		
<i>theophylline TB24 PO</i>	P		<i>clonazepam TABS PO</i>	P	QL(3 EA daily); AL(At least 18 yrs old)
ANTICOAGULANTS - Blood Thinners			DIASTAT ACUDIAL GEL PR 20 MG (Use diazepam (anticonvulsant))		
Coumarin Anticoagulants			DIASTAT ACUDIAL GEL PR 10 MG (Use diazepam (anticonvulsant))		
<i>warfarin sodium TABS PO</i>	P		DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant))		
Direct Factor Xa Inhibitors			<i>diazepam (anticonvulsant) GEL PR 10 MG</i>		
ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(2.47 EA daily)	<i>diazepam (anticonvulsant) GEL PR</i>		
ELIQUIS TABS	P	QL(2 EA daily)	QL(1 EA per fill retail); AL(At least 2 yrs old)		
Heparins And Heparinoid-Like Agents					
ARIXTRA (Use fondaparinux sodium)	NP	SP; PA			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP			
<i>enoxaparin sodium SOSY</i>	P	SP; PA			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABS PO (Use clonazepam)	NP	QL(3 EA daily); AL(At least 18 yrs old)	<i>gabapentin TABS PO 800 MG</i>	P	QL(4 EA daily)
NAYZILAM	P	QL(10 EA per 30 day(s) retail); PA	KEPPRA XR TB24 PO (Use levetiracetam)	NP	Use levetiracetam IR; ST
VALTOCO 10 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail); PA	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	NP	QL(16 ML daily)
VALTOCO 15 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail); PA	KEPPRA TABS PO 1000 MG (Use levetiracetam)	NP	
VALTOCO 20 MG DOSE LQPK	P	QL(10 EA per 30 day(s) retail); PA	KEPPRA TABS PO 250 MG, 750 MG (Use levetiracetam)	NP	QL(4 EA daily)
VALTOCO 5 MG DOSE LIQD	P	QL(10 EA per 30 day(s) retail); PA	KEPPRA TABS PO 500 MG (Use levetiracetam)	NP	QL(6 EA daily)
Anticonvulsants - Misc.			LAMICTAL XR TB24 PO (Use lamotrigine)	NP	Use lamotrigine IR; ST
BANZEL SUSP (Use rufinamide)	NP	SP; PA	LAMICTAL CHEW PO (Use lamotrigine)	NP	
BANZEL TABS PO (Use rufinamide)	NP	SP; PA	LAMICTAL TABS PO (Use lamotrigine)	NP	
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA	<i>lamotrigine CHEW PO</i>	P	
<i>carbamazepine CHEW PO 100 MG</i>	P		<i>lamotrigine TABS PO</i>	P	
<i>carbamazepine SUSP PO</i>	P		<i>lamotrigine TB24 PO</i>	P	Use lamotrigine IR; ST
<i>carbamazepine TABS PO</i>	P		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ML daily)
<i>carbamazepine TB12 PO</i>	P		<i>levetiracetam TABS PO 500 MG</i>	P	QL(6 EA daily)
DIACOMIT CAPS 250 MG	P	QL(12 EA daily); SP; PA	<i>levetiracetam TABS PO 1000 MG</i>	P	
DIACOMIT CAPS 500 MG	P	QL(6 EA daily); SP; PA	<i>levetiracetam TABS PO 250 MG, 750 MG</i>	P	QL(4 EA daily)
DIACOMIT PACK 250 MG	P	QL(12 EA daily); SP; PA	<i>levetiracetam TB24 PO</i>	P	Use levetiracetam IR; ST
DIACOMIT PACK 500 MG	P	QL(6 EA daily); SP; PA	MYSOLINE PO (Use primidone)	NP	
EPIDIOLEX	P	SP; PA	NEURONTIN CAPS PO (Use gabapentin)	NP	QL(9 EA daily)
FINTEPLA	P	SP; PA	NEURONTIN SOLN PO (Use gabapentin)	NP	
<i>gabapentin CAPS PO</i>	P	QL(9 EA daily)	NEURONTIN TABS PO 800 MG (Use gabapentin)	NP	QL(4 EA daily)
<i>gabapentin SOLN PO</i>	P				
<i>gabapentin TABS PO 600 MG</i>	P	QL(6 EA daily)			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TABS PO 600 MG (Use gabapentin)	NP	QL(6 EA daily)	ZONEGRAN CAPS PO 25 MG, 100 MG (Use zonisamide)	NP	
oxcarbazepine SUSP PO	P		zonisamide CAPS PO	P	
oxcarbazepine TABS PO	P		Carbamates		
primidone PO	P		felbamate SUSP	P	
rufinamide SUSP	P	SP; PA	felbamate TABS PO	P	
rufinamide TABS PO	P	SP; PA	FELBATOL SUSP (Use felbamate)	NP	
TEGRETOL SUSP PO (Use carbamazepine)	NP		FELBATOL TABS PO (Use felbamate)	NP	
TEGRETOL TABS PO (Use carbamazepine)	NP		GABA Modulators		
TEGRETOL-XR TB12 PO (Use carbamazepine)	NP		GABITRIL PO (Use tiagabine hcl)	NP	
TOPAMAX SPRINKLE CPSP PO 25 MG (Use topiramate)	NP	QL(8 EA daily)	SABRIL PACK (Use vigabatrin)	NP	SP; PA
TOPAMAX SPRINKLE CPSP PO 15 MG (Use topiramate)	NP	QL(6 EA daily)	SABRIL TABS (Use vigabatrin)	NP	SP; PA
TOPAMAX TABS PO 100 MG (Use topiramate)	NP	QL(4 EA daily)	tiagabine hcl PO	P	
TOPAMAX TABS PO 200 MG (Use topiramate)	NP	QL(3 EA daily)	vigabatrin PACK	P	SP; PA
TOPAMAX TABS PO 25 MG, 50 MG (Use topiramate)	NP	QL(6 EA daily)	vigabatrin TABS	P	SP; PA
topiramate CPSP PO 25 MG	P	QL(8 EA daily)	Hydantoins		
topiramate CPSP PO 15 MG	P	QL(6 EA daily)	DILANTIN PO	P	
topiramate TABS PO 100 MG	P	QL(4 EA daily)	DILANTIN PO (Use phenytoin sodium extended)	P	
topiramate TABS PO 200 MG	P	QL(3 EA daily)	DILANTIN INFATABS CHEW PO (Use phenytoin)	P	
topiramate TABS PO 25 MG, 50 MG	P	QL(6 EA daily)	DILANTIN-125 SUSP PO (Use phenytoin)	P	
TRILEPTAL SUSP PO (Use oxcarbazepine)	NP		DILANTIN SUSP PO (Use phenytoin)	P	
TRILEPTAL TABS PO (Use oxcarbazepine)	NP		phenytoin sodium extended PO 100 MG	P	
			phenytoin sodium SOLN	P	
			phenytoin CHEW PO	P	
			phenytoin SUSP PO	P	
			Succinimides		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide CAPS PO</i>	P		Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide SOLN PO</i>	P		<i>mirtazapine TABS PO 7.5 MG, 45 MG</i>	P	QL(1 EA daily)
ZARONTIN CAPS PO (Use <i>ethosuximide</i>)	NP		<i>mirtazapine TABS PO 15 MG</i>	P	QL(3 EA daily)
ZARONTIN SOLN PO (Use <i>ethosuximide</i>)	NP		<i>mirtazapine TABS PO 30 MG</i>	P	QL(1.5 EA daily)
Valproic Acid			<i>mirtazapine TBDP PO 15 MG</i>	P	QL(3 EA daily)
DEPAKOTE ER TB24 PO 250 MG (Use <i>divalproex sodium</i>)	NP	QL(3 EA daily)	<i>mirtazapine TBDP PO 45 MG</i>	P	QL(1 EA daily)
DEPAKOTE ER TB24 PO 500 MG (Use <i>divalproex sodium</i>)	NP	QL(7 EA daily)	<i>mirtazapine TBDP PO 30 MG</i>	P	QL(1.5 EA daily)
DEPAKOTE SPRINKLES CSDR PO (Use <i>divalproex sodium</i>)	NP	QL(8 EA daily)	REMERON SOLTAB TBDP PO 45 MG (Use <i>mirtazapine</i>)	NP	QL(1 EA daily)
DEPAKOTE TBEC PO 500 MG (Use <i>divalproex sodium</i>)	NP	QL(7 EA daily)	REMERON SOLTAB TBDP PO 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 EA daily)
DEPAKOTE TBEC PO 250 MG (Use <i>divalproex sodium</i>)	NP	QL(3 EA daily)	REMERON SOLTAB TBDP PO 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 EA daily)
DEPAKOTE TBEC PO 125 MG (Use <i>divalproex sodium</i>)	NP	QL(2 EA daily)	REMERON TABS PO 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 EA daily)
<i>divalproex sodium CSDR PO</i>	P	QL(8 EA daily)	REMERON TABS PO 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 EA daily)
<i>divalproex sodium TB24 PO 500 MG</i>	P	QL(7 EA daily)	Antidepressants - Misc.		
<i>divalproex sodium TB24 PO 250 MG</i>	P	QL(3 EA daily)	<i>bupropion hcl TABS PO</i>	P	QL(3 EA daily)
<i>divalproex sodium TBEC PO 250 MG</i>	P	QL(3 EA daily)	<i>bupropion hcl TB12 PO 200 MG</i>	P	QL(2 EA daily)
<i>divalproex sodium TBEC PO 500 MG</i>	P	QL(7 EA daily)	<i>bupropion hcl TB12 PO 100 MG</i>	P	QL(4 EA daily)
<i>divalproex sodium TBEC PO 125 MG</i>	P	QL(2 EA daily)	<i>bupropion hcl TB12 PO 150 MG</i>	P	QL(3 EA daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	P		<i>bupropion hcl TB24 PO 300 MG</i>	P	QL(1 EA daily)
<i>valproic acid CAPS PO</i>	P		<i>bupropion hcl TB24 PO 150 MG</i>	P	QL(3 EA daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			WELLBUTRIN SR TB12 PO 100 MG (Use <i>bupropion hcl</i>)	NP	QL(4 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 PO 200 MG (Use <i>bupropion hcl</i>)	NP	QL(2 EA daily)	<i>citalopram hydrobromide</i> TABS PO 40 MG	P	QL(1 EA daily)
WELLBUTRIN SR TB12 PO 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 EA daily)	<i>citalopram hydrobromide</i> TABS PO 10 MG	P	QL(4 EA daily)
WELLBUTRIN XL TB24 PO 300 MG (Use <i>bupropion hcl</i>)	NP	QL(1 EA daily)	<i>citalopram hydrobromide</i> TABS PO 20 MG	P	QL(2 EA daily)
WELLBUTRIN XL TB24 PO 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 EA daily)	<i>escitalopram oxalate</i> TABS PO 10 MG	P	QL(2 EA daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate</i> TABS PO 20 MG	P	QL(1 EA daily); AL(At least 12 yrs old)
ZULRESSO	P	SP; PA	<i>escitalopram oxalate</i> TABS PO 5 MG	P	QL(4 EA daily); AL(At least 12 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl CAPS PO</i> 10 MG, 20 MG	P	QL(4 EA daily)
NARDIL PO (Use <i>phenelzine sulfate</i>)	NP		<i>fluoxetine hcl CAPS PO</i> 40 MG	P	QL(2 EA daily); AL(At least 7 yrs old)
PARNATE PO (Use <i>tranylcypromine sulfate</i>)	NP		<i>fluoxetine hcl SOLN PO</i>	P	QL(600 ML per 30 day(s) retail); AL(Up to 6 yrs old)
<i>phenelzine sulfate PO</i>	P		<i>fluoxetine hcl TABS PO</i> 10 MG	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i> PO	P		<i>fluoxetine hcl TABS PO</i> 20 MG	P	QL(4 EA daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate</i> TABS PO 25 MG, 50 MG	P	QL(2 EA daily)
SPRAVATO (56 MG DOSE)	P	SP; PA	<i>fluvoxamine maleate</i> TABS PO 100 MG	P	QL(3 EA daily)
SPRAVATO (84 MG DOSE)	P	SP; PA	Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS PO 20 MG (Use <i>citalopram</i> <i>hydrobromide</i>)	NP	QL(2 EA daily)	LEXAPRO TABS PO 20 MG (Use <i>escitalopram</i> <i>oxalate</i>)	NP	QL(1 EA daily); AL(At least 12 yrs old)
CELEXA TABS PO 40 MG (Use <i>citalopram</i> <i>hydrobromide</i>)	NP	QL(1 EA daily)	LEXAPRO TABS PO 10 MG (Use <i>escitalopram</i> <i>oxalate</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old)
CELEXA TABS PO 10 MG (Use <i>citalopram</i> <i>hydrobromide</i>)	NP	QL(4 EA daily)	LEXAPRO TABS PO 5 MG (Use <i>escitalopram</i> <i>oxalate</i>)	NP	QL(4 EA daily); AL(At least 12 yrs old)
<i>citalopram hydrobromide</i> SOLN PO	P		<i>paroxetine hcl SUSP PO</i>	P	QL(40 ML daily); PA
			<i>paroxetine hcl TABS PO</i> 20 MG	P	QL(3 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl TABS PO 10 MG</i>	P	QL(6 EA daily)	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	QL(1 EA daily); PA
<i>paroxetine hcl TABS PO 30 MG, 40 MG</i>	P	QL(2 EA daily)	<i>vilazodone hcl TABS</i>	P	QL(1 EA daily); PA
<i>paroxetine hcl TB24 PO</i>	P		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>PAXIL CR TB24 PO (Use paroxetine hcl)</i>	NP		<i>CYMBALTA CPEP PO (Use duloxetine hcl)</i>	NP	QL(1 EA daily); AL(At least 7 yrs old)
<i>PAXIL SUSP PO (Use paroxetine hcl)</i>	NP	QL(40 ML daily); PA	<i>desvenlafaxine succinate PO 100 MG</i>	P	QL(4 EA daily); ST
<i>PAXIL TABS PO 20 MG (Use paroxetine hcl)</i>	NP	QL(3 EA daily)	<i>desvenlafaxine succinate PO 25 MG, 50 MG</i>	P	QL(1 EA daily); ST
<i>PAXIL TABS PO 10 MG (Use paroxetine hcl)</i>	NP	QL(6 EA daily)	<i>duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); AL(At least 7 yrs old)
<i>PAXIL TABS PO 30 MG, 40 MG (Use paroxetine hcl)</i>	NP	QL(2 EA daily)	<i>EFFEXOR XR CP24 PO 150 MG (Use venlafaxine hcl)</i>	NP	QL(2 EA daily)
<i>PROZAC CAPS PO 40 MG (Use fluoxetine hcl)</i>	NP	QL(2 EA daily); AL(At least 7 yrs old)	<i>EFFEXOR XR CP24 PO 75 MG (Use venlafaxine hcl)</i>	NP	QL(5 EA daily)
<i>PROZAC CAPS PO 10 MG, 20 MG (Use fluoxetine hcl)</i>	NP	QL(4 EA daily)	<i>EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl)</i>	NP	QL(4 EA daily)
<i>sertraline hcl CONC PO</i>	P	QL(6 ML daily)	<i>PRISTIQ PO 25 MG, 50 MG (Use desvenlafaxine succinate)</i>	NP	QL(1 EA daily); ST
<i>sertraline hcl TABS PO 100 MG</i>	P	QL(2 EA daily)	<i>PRISTIQ PO 100 MG (Use desvenlafaxine succinate)</i>	NP	QL(4 EA daily); ST
<i>sertraline hcl TABS PO 25 MG, 50 MG</i>	P	QL(4 EA daily)	<i>venlafaxine hcl CP24 PO 37.5 MG</i>	P	QL(4 EA daily)
<i>ZOLOFT CONC PO (Use sertraline hcl)</i>	NP	QL(6 ML daily)	<i>venlafaxine hcl CP24 PO 150 MG</i>	P	QL(2 EA daily)
<i>ZOLOFT TABS PO 25 MG, 50 MG (Use sertraline hcl)</i>	NP	QL(4 EA daily)	<i>venlafaxine hcl CP24 PO 75 MG</i>	P	QL(5 EA daily)
<i>ZOLOFT TABS PO 100 MG (Use sertraline hcl)</i>	NP	QL(2 EA daily)	<i>venlafaxine hcl TABS PO</i>	P	
Serotonin Modulators			<i>venlafaxine hcl TB24 PO 37.5 MG, 75 MG, 225 MG</i>	P	QL(1 EA daily)
<i>nefazodone hcl PO</i>	P		<i>venlafaxine hcl TB24 PO 150 MG</i>	P	QL(2 EA daily)
<i>trazodone hcl TABS PO 300 MG</i>	P	QL(2 EA daily)	Tricyclic Agents		
<i>trazodone hcl TABS PO 50 MG, 100 MG, 150 MG</i>	P				
<i>TRINTELLIX PO</i>	P	QL(1 EA daily); AL(At least 18 yrs old); PA			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl TABS PO</i>	P		<i>glipizide-metformin hcl PO</i>	P	
<i>amoxapine PO</i>	P		<i>glyburide-metformin PO</i>	P	
ANAFRANIL PO 75 MG (Use <i>clomipramine hcl</i>)	NP		KAZANO (Use <i>alogliptin-metformin hcl</i>)	NP	
<i>clomipramine hcl PO 75 MG</i>	P		KOMBIGLYZE XR PO (Use <i>saxagliptin-metformin hcl</i>)	NP	QL(1 EA daily)
<i>desipramine hcl TABS PO 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P		OSENI	NP	
<i>desipramine hcl TABS PO 25 MG</i>	P	QL(2 EA daily)	OSENI (Use <i>alogliptin-pioglitazone</i>)	NP	
<i>doxepin hcl CAPS PO</i>	P		<i>pioglitazone hcl-metformin hcl TABS PO</i>	P	QL(2 EA daily)
<i>doxepin hcl CONC PO</i>	P		<i>saxagliptin-metformin hcl PO</i>	P	QL(1 EA daily)
<i>imipramine hcl TABS PO</i>	P		SITAGLIPTIN BASE-METFORMIN HCL TABS	P	QL(2 EA daily)
NORPRAMIN TABS PO 25 MG (Use <i>desipramine hcl</i>)	NP	QL(2 EA daily)	SOLQUA	P	QL(0.6 ML daily); PA
NORPRAMIN TABS PO 10 MG (Use <i>desipramine hcl</i>)	NP		XIGDUO XR PO (Use <i>dapagliflozin propanediol-metformin hcl</i>)	NP	
<i>nortriptyline hcl CAPS PO</i>	P		ZITUVIMET TABS	NP	
<i>nortriptyline hcl SOLN PO</i>	P	QL(20 ML daily)			
PAMELOR CAPS PO (Use <i>nortriptyline hcl</i>)	NP		Biguanides		
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>metformin hcl TABS PO 500 MG</i>	P	QL(4 EA daily)
Antidiabetic Combinations			<i>metformin hcl TABS PO 850 MG, 1000 MG</i>	P	
ACTOPLUS MET TABS PO (Use <i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 EA daily)	<i>metformin hcl TB24 PO 500 MG</i>	P	QL(4 EA daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 EA daily)	<i>metformin hcl TB24 PO 750 MG</i>	P	QL(3 EA daily)
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG</i>	P		Diabetic Other		
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG</i>	P	QL(2 EA daily)	BD GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG</i>	P	QL(1 EA daily)	CVS GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
			CVS GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
			CVS SOFT GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEX4 PO	P	QL(50 EA per 30 day(s) retail)	LEADER QUICK DISSOLVE GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
DEX4 GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)	LONGS GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
DEX4 NATURALS PO	P	QL(50 EA per 30 day(s) retail)	MEIJER GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
DEX4 POUCH PACK PO	P	QL(50 EA per 30 day(s) retail)	<i>mifepristone (hyperglycemia)</i>	P	SP; PA
DEX4 QUICK DISSOLVE GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)	PREFERRED PLUS GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
<i>glucagon (rdna)</i>	P	QL(1 EA per fill retail)	PX GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GLUCAGON EMERGENCY (Use <i>glucagon (rdna)</i>)	NP	QL(1 EA per fill retail)	RA GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GLUCO TO GO CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)	RELION GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GLUCOSE PO 6 MG-4 GM	P	QL(50 EA per 30 day(s) retail)	SM GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GLUCOSE INSTANT ENERGY PO	P	QL(50 EA per 30 day(s) retail)	SM GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)	SMART SENSE GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GNP GLUCOSE PO 6 MG-4 GM	P	QL(50 EA per 30 day(s) retail)	TGT GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
GNP GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)	TRUEPLUS GLUCOSE ON THE GO CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
GNP QUICK DISSOLVE GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)	TRUEPLUS GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
GOODSENSE GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)	UP & UP GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
HY-VEE GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)	VALUE PLUS GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
KORLYM (Use <i>mifepristone (hyperglycemia)</i>)	NP	SP; PA	WALGREENS GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)
KROGER GLUCOSE PO	P	QL(50 EA per 30 day(s) retail)	WALGREENS GLUCOSE CHEW PO	P	OTC; QL(50 EA per 30 day(s) retail)
LEADER GLUCOSE PO 6 MG-4 GM	P	QL(50 EA per 30 day(s) retail)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
			<i>alogliptin benzoate</i>	P	
			NESINA (Use <i>alogliptin benzoate</i>)	NP	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONGLYZA PO (<i>Use saxagliptin hcl</i>)	NP	QL(1 EA daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ML daily)
<i>saxagliptin hcl PO</i>	P	QL(1 EA daily)	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ML daily)
SITAGLIPTIN	P	QL(1 EA daily)	INSULIN DEGLUDEC SOLN	P	QL(1.5 ML daily)
ZITUVIO	NP		INSULIN GLARGINE-YFGN SOLN	P	QL(1 ML daily)
Incretin Mimetic Agents			INSULIN GLARGINE-YFGN SOPN	P	QL(1 ML daily)
<i>liraglutide</i>	P	QL(0.3 ML daily)	INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(1.34 ML daily)
TRULICITY	P	QL(2 ML per 28 day(s) retail); PA	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
VICTOZA (<i>Use liraglutide</i>)	NP		INSULIN LISPRO PROT & LISPRO SUPN	P	QL(1 ML daily)
Insulin			INSULIN LISPRO SOLN IJ	P	QL(40 ML per 30 day(s) retail)
ADMELOG SOLOSTAR SOPN	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
ADMELOG SOLN IJ	NP		NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		NOVOLIN 70/30 RELION SUSP	NP	
HUMALOG SOLN IJ	NP		NOVOLIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ML daily)	NOVOLIN N FLEXPEN RELION SUPN	NP	
HUMULIN 70/30 SUSP	P	OTC; QL(40 ML per 30 day(s) retail)	NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ML daily)
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ML daily)	NOVOLIN N RELION SUSP	NP	
HUMULIN N SUSP	P	QL(40 ML per 30 day(s) retail)	NOVOLIN N SUSP	P	QL(40 ML per 30 day(s) retail)
HUMULIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)	NOVOLIN R RELION SOLN IJ	NP	
INSULIN ASP PROT & ASP FLEXPEN SUPN	P	QL(1 ML daily)	NOVOLIN R SOLN IJ	P	OTC; QL(40 ML per 30 day(s) retail)
INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ML daily)	NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	
INSULIN ASPART PENFILL SOCT	P	QL(1.34 ML daily)			
INSULIN ASPART PROT & ASPART SUSP	P	QL(40 ML per 30 day(s) retail)			
INSULIN ASPART SOLN IJ	P	QL(1.34 ML daily)			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SOPN	NP	
NOVOLOG FLEXPEN SOPN	NP	
NOVOLOG MIX 70/30 RELION SUSP	NP	
NOVOLOG MIX 70/30 SUSP	NP	
NOVOLOG PENFILL SOCT	NP	
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
SEMGLEE (YFGN) SOLN	NP	
SEMGLEE (YFGN) SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS PO (Use pioglitazone hcl)	NP	QL(1 EA daily)
pioglitazone hcl PO	P	QL(1 EA daily)
Meglitinide Analogues		
nateglinide PO	P	QL(3 EA daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol PO	P	QL(1 EA daily)
FARXIGA PO (Use dapagliflozin propanediol)	NP	
Sulfonylureas		
AMARYL PO 1 MG, 2 MG (Use glimepiride)	NP	QL(4 EA daily)
AMARYL PO 4 MG (Use glimepiride)	NP	QL(2 EA daily)
glimepiride PO 1 MG, 2 MG	P	QL(4 EA daily)
glimepiride PO 4 MG	P	QL(2 EA daily)
glipizide TABS PO	P	

Drug Name	Drug Tier	Requirements/Limits
glipizide TB24 PO	P	
GLUCOTROL XL TB24 PO (Use glipizide)	NP	
glyburide micronized PO 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS PO	P	
GLYNASE PO (Use glyburide micronized)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW PO 262 MG	P	OTC
bismuth subsalicylate SUSP PO 525 MG/15ML, 1050 MG/30ML	P	OTC
PEPTO-BISMOL MAX STRENGTH SUSP PO (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW PO (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL CHEW PO (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD PO	P	OTC; QL(40 ML daily)
diphenoxylate w/ atropine LIQD PO	P	
diphenoxylate w/ atropine TABS PO	P	
IMODIUM A-D CAPS PO (Use loperamide hcl)	NP	OTC; QL(8 EA daily); RX/OTC
IMODIUM A-D TABS PO (Use loperamide hcl)	NP	OTC; QL(8 EA daily)
LOMOTIL TABS PO (Use diphenoxylate w/ atropine)	NP	
loperamide hcl CAPS PO	P	OTC; QL(8 EA daily); RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl TABS PO</i>	P	OTC; QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET PO	P	
<i>deferasirox PACK</i>	P	SP; PA
<i>deferasirox TABS PO</i>	P	SP; PA
<i>deferasirox TBSO</i>	P	SP; PA
<i>deferiprone TABS</i>	P	SP; PA
EXJADE TBSO (<i>Use deferasirox</i>)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (<i>Use deferiprone</i>)	NP	SP; PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NP	SP; PA
JADENU TABS PO (<i>Use deferasirox</i>)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION SOLN	P	PA
<i>deferoxamine mesylate</i>	P	SP; PA
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	NP	SP; PA
SM IPECAC SYRUP PO	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 EA per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ML per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ML per 90 day(s) retail)
<i>naltrexone hcl PO</i>	P	

Drug Name	Drug Tier	Requirements/Limits
NARCAN LIQD (<i>Use naloxone hcl</i>)	NP	QL(4 EA per 90 day(s) retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per 30 day(s) retail)
<i>ondansetron hcl TABS PO 4 MG, 8 MG</i>	P	QL(2 EA daily)
<i>ondansetron hcl TABS PO 24 MG</i>	P	QL(1 EA per 14 day(s) retail)
<i>ondansetron TBDP PO 16 MG</i>	P	
<i>ondansetron TBDP PO 4 MG, 8 MG</i>	P	QL(2 EA daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW PO (<i>Use meclizine hcl</i>)	NP	OTC; RX/OTC
<i>dimenhydrinate TABS PO</i>	P	OTC; QL(24 EA per fill retail)
DRAMAMINE CHEW PO	P	OTC; QL(24 EA per fill retail)
DRAMAMINE TABS PO (<i>Use dimenhydrinate</i>)	NP	OTC; QL(24 EA per fill retail)
<i>meclizine hcl CHEW PO</i>	P	OTC; RX/OTC
<i>meclizine hcl TABS PO 12.5 MG, 25 MG</i>	P	RX/OTC
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP PO</i>	P	
<i>griseofulvin microsize TABS PO</i>	P	
<i>griseofulvin ultramicrosize PO</i>	P	
<i>nystatin TABS PO</i>	P	QL(6 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl TABS PO</i>	P	QL(90 EA per 120 day(s) retail)	BENADRYL ALLERGY CHILDRENS LIQD PO (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(240 ML per fill retail)
Imidazole-Related Antifungals			BENADRYL ALLERGY EXTRA STR TABS PO	P	QL(4 EA daily)
DIFLUCAN SUSR PO (Use <i>fluconazole</i>)	NP	QL(70 ML per fill retail)	BENADRYL ALLERGY ULTRATABS TABS PO (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(4 EA daily)
DIFLUCAN TABS PO 150 MG (Use <i>fluconazole</i>)	NP	QL(2 EA per fill retail)	BENADRYL ALLERGY CAPS PO (Use <i>diphenhydramine hcl</i>)	NP	QL(4 EA daily)
DIFLUCAN TABS PO 50 MG (Use <i>fluconazole</i>)	NP	QL(3 EA per 14 day(s) retail)	BENADRYL ALLERGY TABS PO (Use <i>diphenhydramine hcl</i>)	NP	OTC; QL(4 EA daily)
DIFLUCAN TABS PO 100 MG, 200 MG (Use <i>fluconazole</i>)	NP		<i>clemastine fumarate TABS PO 1.34 MG</i>	P	OTC; QL(2 EA daily)
<i>fluconazole SUSR PO</i>	P	QL(70 ML per fill retail)	DAYHIST ALLERGY 12 HOUR RELIEF TABS PO	P	OTC; QL(2 EA daily)
<i>fluconazole TABS PO 100 MG, 200 MG</i>	P		<i>diphenhydramine hcl CAPS PO</i>	P	QL(4 EA daily)
<i>fluconazole TABS PO 50 MG</i>	P	QL(3 EA per 14 day(s) retail)	<i>diphenhydramine hcl ELIX PO 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)
<i>fluconazole TABS PO 150 MG</i>	P	QL(2 EA per fill retail)	<i>diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ML per fill retail)
<i>itraconazole CAPS PO</i>	P	QL(1 EA daily); PA	<i>diphenhydramine hcl TABS PO 25 MG</i>	P	OTC; QL(4 EA daily)
SPORANOX CAPS PO (Use <i>itraconazole</i>)	NP	QL(1 EA daily); PA	Antihistamines - Non-Sedating		
ANTI-HISTAMINES - Drugs to Treat Allergies			ALLEGRA ALLERGY TABS PO 180 MG (Use <i>fexofenadine hcl</i>)	NP	QL(1 EA daily)
Antihistamines - Alkylamines			ALLEGRA ALLERGY TABS PO 60 MG (Use <i>fexofenadine hcl</i>)	NP	QL(2 EA daily)
<i>chlorpheniramine maleate SYRP PO</i>	P	OTC	<i>cetirizine hcl CHEW PO</i>	P	QL(1 EA daily)
<i>chlorpheniramine maleate TABS PO</i>	P	OTC; QL(120 EA per fill retail)	<i>cetirizine hcl SOLN PO</i>	P	QL(240 ML per fill retail); RX/OTC
CHLOR-TRIMETON SYRP PO (Use <i>chlorpheniramine maleate</i>)	NP	OTC	<i>cetirizine hcl SYRP PO</i>	P	QL(240 ML per fill retail); RX/OTC
CHLOR-TRIMETON TABS PO (Use <i>chlorpheniramine maleate</i>)	NP	OTC; QL(120 EA per fill retail)			
Antihistamines - Ethanolamines					

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl TABS PO</i>	P	QL(1 EA daily)
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	NP	OTC; QL(240 ML per fill retail)
CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine)	NP	OTC; QL(1 EA daily)
CLARITIN REDITABS TBDP PO 5 MG (Use loratadine)	NF	
CLARITIN REDITABS TBDP PO 10 MG (Use loratadine)	NP	OTC; QL(1 EA daily)
CLARITIN SOLN PO (Use loratadine)	NP	OTC; QL(240 ML per fill retail)
CLARITIN TABS PO (Use loratadine)	NP	OTC; QL(1 EA daily)
<i>fexofenadine hcl TABS PO 60 MG</i>	P	QL(2 EA daily)
<i>fexofenadine hcl TABS PO 180 MG</i>	P	QL(1 EA daily)
<i>levocetirizine dihydrochloride TABS PO</i>	P	RX/OTC
<i>loratadine SOLN PO</i>	P	OTC; QL(240 ML per fill retail)
<i>loratadine TABS PO</i>	P	OTC; QL(1 EA daily)
<i>loratadine TBDP PO 10 MG</i>	P	OTC; QL(1 EA daily)
XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY TABS PO (Use cetirizine hcl)	NP	QL(1 EA daily)
ZYRTEC CHILDRENS ALLERGY CHEW PO 10 MG (Use cetirizine hcl)	NP	QL(1 EA daily)
ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	NP	QL(240 ML per fill retail); RX/OTC
ZYRTEC CHEW PO 10 MG (Use cetirizine hcl)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl SUPP PR</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS PO</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP PO</i>	P	
<i>cyproheptadine hcl TABS PO</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Angiotensin-like Protein Inhibitors		
EVKEEZA	P	SP; PA
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin PO</i>	P	QL(1 EA daily); ST
VYTORIN PO (Use ezetimibe-simvastatin)	NP	QL(1 EA daily); ST
Bile Acid Sequestrants		
<i>cholestyramine light PACK PO</i>	P	
<i>cholestyramine light POWD PO</i>	P	
<i>cholestyramine PACK PO</i>	P	
<i>cholestyramine POWD PO</i>	P	
COLESTID FLAVORED GRAN PO (Use colestipol hcl)	NP	
COLESTID GRAN PO (Use colestipol hcl)	NP	
COLESTID TABS PO (Use colestipol hcl)	NP	
<i>colestipol hcl GRAN PO</i>	P	
<i>colestipol hcl TABS PO</i>	P	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD PO (Use cholestyramine light)	NP		<i>simvastatin TABS PO 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 EA daily)
QUESTRAN PACK PO (Use cholestyramine)	NP		ZOCOR TABS PO 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i>)	NP	QL(1 EA daily)
QUESTRAN POWD PO (Use cholestyramine)	NP		Intestinal Cholesterol Absorption Inhibitors		
Fibric Acid Derivatives			<i>ezetimibe PO</i>	P	ST
ANTARA PO 30 MG, 90 MG (Use <i>fenofibrate micronized</i>)	NF		ZETIA PO (Use <i>ezetimibe</i>)	NP	ST
<i>fenofibrate micronized PO 134 MG, 200 MG</i>	P	QL(1 EA daily)	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>fenofibrate micronized PO 67 MG</i>	P	QL(2 EA daily)	JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA
<i>fenofibrate TABS PO 160 MG</i>	P	QL(1 EA daily)	Nicotinic Acid Derivatives		
<i>fenofibrate TABS PO 54 MG</i>	P	QL(3 EA daily)	<i>niacin (antihyperlipidemic) TABS PO</i>	P	
FENOGLIDE TABS PO (Use <i>fenofibrate</i>)	NF		<i>niacin (antihyperlipidemic) TBCR PO</i>	P	
<i>gemfibrozil TABS PO</i>	P	QL(2 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LOPID TABS PO (Use <i>gemfibrozil</i>)	NP	QL(2 EA daily)	LEQVIO	P	SP; PA
HMG CoA Reductase Inhibitors			PRALUENT SOAJ	P	SP; PA
<i>atorvastatin calcium TABS PO</i>	P	QL(1 EA daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
CRESTOR TABS PO (Use <i>rosuvastatin calcium</i>)	NP	Try <i>simvastatin</i> or <i>atorvastatin</i> ; QL(1 EA daily); ST	REPATHA SURECLICK SOAJ	P	SP; PA
LIPITOR TABS PO (Use <i>atorvastatin calcium</i>)	NP	QL(1 EA daily)	REPATHA SOSY	P	SP; PA
<i>lovastatin TABS PO 10 MG, 20 MG</i>	P	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>lovastatin TABS PO 40 MG</i>	P	QL(2 EA daily)	ACE Inhibitors		
<i>pravastatin sodium PO</i>	P	QL(1 EA daily)	ACCUPRIL PO (Use <i>quinapril hcl</i>)	NP	
<i>rosuvastatin calcium TABS PO</i>	P	Try <i>simvastatin</i> or <i>atorvastatin</i> ; QL(1 EA daily); ST	ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i>)	NP	QL(2 EA daily)
			<i>benazepril hcl PO 40 MG</i>	P	QL(2 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl PO 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily)	COZAAR PO (<i>Use losartan potassium</i>)	NP	QL(1 EA daily)
<i>captopril PO</i>	P	QL(3 EA daily)	DIOVAN TABS PO (<i>Use valsartan</i>)	NP	QL(1 EA daily)
<i>enalapril maleate TABS PO</i>	P	QL(2 EA daily)	<i>irbesartan PO</i>	P	QL(1 EA daily)
<i>fosinopril sodium PO</i>	P	QL(1 EA daily)	<i>losartan potassium PO</i>	P	QL(1 EA daily)
<i>lisinopril TABS PO 2.5 MG</i>	P	QL(1 EA daily)	MICARDIS PO (<i>Use telmisartan</i>)	NP	QL(1 EA daily)
<i>lisinopril TABS PO 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 EA daily)	<i>olmesartan medoxomil PO</i>	P	Use losartan or irbesartan; QL(1 EA daily); ST
LOTENSIN PO 40 MG (<i>Use benazepril hcl</i>)	NP	QL(2 EA daily)	<i>telmisartan PO</i>	P	QL(1 EA daily)
LOTENSIN PO 10 MG, 20 MG (<i>Use benazepril hcl</i>)	NP	QL(1 EA daily)	<i>valsartan TABS PO</i>	P	QL(1 EA daily)
<i>quinapril hcl PO</i>	P		Antidiuretic Antihypertensives		
<i>ramipril CAPS PO</i>	P	QL(2 EA daily)	CARDURA PO (<i>Use doxazosin mesylate</i>)	NP	
<i>trandolapril PO 4 MG</i>	P	QL(2 EA daily)	<i>clonidine hcl TABS PO</i>	P	
<i>trandolapril PO 1 MG, 2 MG</i>	P	QL(1 EA daily)	<i>doxazosin mesylate PO</i>	P	
VASOTEC TABS PO (<i>Use enalapril maleate</i>)	NP	QL(2 EA daily)	<i>guanfacine hcl PO</i>	P	
ZESTRIL TABS PO 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 EA daily)	<i>methyldopa TABS PO</i>	P	
ZESTRIL TABS PO 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 EA daily)	MINIPRESS CAPS PO (<i>Use prazosin hcl</i>)	NP	
Agents for Pheochromocytoma			<i>prazosin hcl CAPS PO</i>	P	
DEMSER PO (<i>Use metyrosine</i>)	NP	SP; PA	<i>terazosin hcl PO</i>	P	
<i>metyrosine PO</i>	P	SP; PA	Antihypertensive Combinations		
Angiotensin II Receptor Antagonists			ACCURETIC PO 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 EA daily)
ATACAND PO (<i>Use candesartan cilexetil</i>)	NP		ACCURETIC PO 25 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 EA daily)
AVAPRO PO (<i>Use irbesartan</i>)	NP	QL(1 EA daily)	ACCURETIC PO 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 EA daily)
BENICAR PO (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 EA daily); ST	<i>amlodipine besylate-benazepril hcl PO</i>	P	QL(1 EA daily)
<i>candesartan cilexetil PO</i>	P		<i>amlodipine besylate-olmesartan medoxomil PO</i>	P	Use losartan or irbesartan; ST

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan PO</i>	P	Use losartan or irbesartan; ST	<i>fosinopril sodium & hydrochlorothiazide PO</i>	P	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide PO</i>	P	Use losartan or irbesartan; ST	HYZAAR PO (<i>Use losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
ATACAND HCT PO (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP		<i>irbesartan-hydrochlorothiazide PO</i>	P	QL(1 EA daily)
<i>atenolol & chlorthalidone PO</i>	P	QL(2 EA daily)	<i>lisinopril & hydrochlorothiazide PO 25 MG-20 MG</i>	P	QL(1 EA daily)
AVALIDE PO (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>lisinopril & hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 EA daily)
AZOR PO (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; ST	<i>losartan potassium & hydrochlorothiazide PO</i>	P	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide PO</i>	P	QL(1 EA daily)	LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>Use benazepril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)
BENICAR HCT PO (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; QL(1 EA daily); ST	LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>Use amlodipine besylate-benazepril hcl</i>)	NP	QL(1 EA daily)
<i>bisoprolol & hydrochlorothiazide PO</i>	P	QL(1 EA daily)	<i>metoprolol & hydrochlorothiazide TABS PO 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide PO</i>	P		<i>metoprolol & hydrochlorothiazide TABS PO 50 MG-100 MG</i>	P	QL(1 EA daily)
<i>captopril & hydrochlorothiazide PO 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 EA daily)	MICARDIS HCT PO (<i>Use telmisartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)
<i>captopril & hydrochlorothiazide PO 25 MG-50 MG</i>	P	QL(3 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>	P	Use losartan or irbesartan; ST
DIOVAN HCT PO (<i>Use valsartan-hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide PO</i>	P	Use losartan or irbesartan; QL(1 EA daily); ST
<i>enalapril maleate & hydrochlorothiazide PO</i>	P	QL(2 EA daily)			
EXFORGE PO (<i>Use amlodipine besylate-valsartan</i>)	NP	Use losartan or irbesartan; ST			
EXFORGE HCT PO (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>	P	QL(2 EA daily)	<i>minoxidil PO 2.5 MG</i>	P	QL(3 EA daily)
<i>quinapril-hydrochlorothiazide PO 12.5 MG-20 MG</i>	P	QL(4 EA daily)	<i>minoxidil PO 10 MG</i>	P	QL(10 EA daily)
<i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG</i>	P	QL(3 EA daily)	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>telmisartan-amlodipine PO</i>	P		Anti-infective Agents - Misc.		
<i>telmisartan-hydrochlorothiazide PO</i>	P	QL(1 EA daily)	<i>metronidazole TABS PO</i>	P	
TENORETIC 100 PO (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)	<i>trimethoprim TABS PO</i>	P	
TENORETIC 50 PO (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 EA daily)	Anti-infective Misc. - Combinations		
<i>trandolapril-verapamil hcl PO</i>	P		BACTRIM DS TABS PO (Use <i>sulfamethoxazole-trimethoprim</i>)	NP	
TRIBENZOR PO (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST	BACTRIM TABS PO (Use <i>sulfamethoxazole-trimethoprim</i>)	NP	
<i>valsartan-hydrochlorothiazide PO</i>	P	QL(1 EA daily)	<i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS PO 81.6 MG</i>	P	
VASERETIC PO 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 EA daily)	<i>sulfamethoxazole-trimethoprim SUSP PO</i>	P	
ZESTORETIC PO 25 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>sulfamethoxazole-trimethoprim TABS PO</i>	P	
ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	QL(2 EA daily)	Carbapenems		
ZIAC PO (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 EA daily)	<i>ertapenem sodium IJ</i>	P	SP; PA
Antihypertensives - Misc.			INVANZ IJ (Use <i>ertapenem sodium</i>)	NP	SP; PA
VECAMYL PO	P	SP; PA	Glycopeptides		
Vasodilators			FIRVANQ SOLR PO (Use <i>vancomycin hcl</i>)	NP	QL(300 ML per fill retail)
<i>hydralazine hcl TABS PO</i>	P		VANCOCIN CAPS PO 250 MG (Use <i>vancomycin hcl</i>)	NP	QL(8 EA daily)
			VANCOCIN CAPS PO 125 MG (Use <i>vancomycin hcl</i>)	NP	QL(4 EA daily)
			<i>vancomycin hcl CAPS PO 125 MG</i>	P	QL(4 EA daily)
			<i>vancomycin hcl CAPS PO 250 MG</i>	P	QL(8 EA daily)
			<i>vancomycin hcl SOLR IV 500 MG</i>	P	QL(14 EA per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	P	QL(300 ML per fill retail)
<i>vancomycin hcl SOLR IV 1 GM</i>	P	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 1 GM	P	QL(14 EA per fill retail)
VANCOMYCIN HCL SOLR IV 500 MG	P	QL(14 EA per 30 day(s) retail)
Leprostatics		
<i>dapsone PO</i>	P	
Lincosamides		
<i>CLEOCIN PO (Use clindamycin palmitate hydrochloride)</i>	NP	QL(300 ML per fill retail)
<i>CLEOCIN PO 150 MG, 300 MG (Use clindamycin hcl)</i>	NP	
<i>clindamycin hcl PO 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride PO</i>	P	QL(300 ML per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 EA per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Urinary Anti-infectives		
<i>MACROBID PO (Use nitrofurantoin monohyd macro)</i>	NP	
<i>MACRODANTIN PO 50 MG, 100 MG (Use nitrofurantoin macrocrystal)</i>	NP	
<i>methenamine mandelate</i>	P	
<i>nitrofurantoin PO</i>	P	QL(40 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal PO 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro PO</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 EA per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS PO 500 MG</i>	P	QL(1 EA daily)
<i>chloroquine phosphate TABS PO 250 MG</i>	P	
<i>DARAPRIM PO (Use pyrimethamine)</i>	NP	SP; PA
<i>hydroxychloroquine sulfate PO 200 MG</i>	P	
KRINTAFEL	P	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl PO</i>	P	
<i>PLAQUENIL PO (Use hydroxychloroquine sulfate)</i>	NP	
<i>primaquine phosphate TABS PO</i>	P	
<i>PRIMAQUINE PHOSPHATE TABS PO (Use primaquine phosphate)</i>	NP	
<i>pyrimethamine PO</i>	P	SP; PA
SOVUNA PO 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>MESTINON TABS PO (Use pyridostigmine bromide)</i>	NP	
<i>MESTINON TBCR PO (Use pyridostigmine bromide)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide TABS PO 60 MG</i>	P	
<i>pyridostigmine bromide TBCR PO</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS PO</i>	P	
<i>isoniazid SYRP PO</i>	P	
<i>isoniazid TABS PO</i>	P	
MYAMBUTOL TABS PO 400 MG (<i>Use ethambutol hcl</i>)	NP	
MYCOBUTIN PO (<i>Use rifabutin</i>)	NP	
<i>pyrazinamide PO</i>	P	
<i>rifabutin PO</i>	P	
<i>rifampin CAPS PO</i>	P	
TRECTOR PO	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN PO (<i>Use melphalan</i>)	NP	
ALKERAN IV (<i>Use melphalan hcl</i>)	NP	SP; PA
BELRAPZO SOLN	P	SP; PA
BENDAMUSTINE HCL SOLN	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA
BENDEKA SOLN	P	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP; PA
CISPLATIN SOLR	P	SP; PA
<i>cyclophosphamide SOLN</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN (<i>Use cyclophosphamide</i>)	NP	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA
<i>cyclophosphamide SOLR IJ</i>	P	SP; PA
EVOMELA IV	P	SP; PA
KEMOPLAT SOLN	P	SP; PA
LEUKERAN PO	P	
<i>melphalan PO</i>	P	
<i>melphalan hcl IV</i>	P	SP; PA
MYLERAN TABS PO	P	
TEMODAR CAPS PO 250 MG (<i>Use temozolomide</i>)	NP	SP; PA
TEMODAR SOLR	P	SP; PA
<i>temozolomide CAPS PO</i>	P	SP; PA
TEPADINA (<i>Use thiotepa</i>)	NP	SP; PA
<i>thiotepa</i>	P	SP; PA
TREANDA SOLR (<i>Use bendamustine hcl</i>)	NP	SP; PA
VIVIMUSTA SOLN	P	SP; PA
YONDELIS	P	SP; PA
ZEPZELCA	P	SP; PA
Antimetabolites		
ALIMTA SOLR (<i>Use pemetrexed disodium</i>)	NP	SP; PA
<i>azacitidine SUSR</i>	P	SP; PA
<i>capecitabine PO</i>	P	SP; PA
<i>cladribine 10 MG/10ML</i>	P	SP; PA
<i>cytarabine SOLN</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>decitabine</i>	P	SP; PA	LENVIMA (14 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA
<i>fludarabine phosphate SOLN</i>	P	SP; PA	LENVIMA (18 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA
FLUDARABINE PHOSPHATE SOLN	P	SP; PA	LENVIMA (20 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA
<i>fludarabine phosphate SOLR</i>	P	SP; PA	LENVIMA (24 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA
FOLOTYN	P	SP; PA	LENVIMA (4 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA
<i>mercaptopurine TABS PO</i>	P		LENVIMA (8 MG DAILY DOSE)	P	QL(2 EA daily); SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P		MVASI	P	SP; PA
METHOTREXATE SODIUM SOLN 50 MG/2ML	P		ZALTRAP	P	SP; PA
<i>methotrexate sodium TABS PO 2.5 MG</i>	P		ZIRABEV	P	SP; PA
ONUREG TABS	P	SP; PA	Antineoplastic - Antibodies		
PEMETREXED 500 MG/20ML	P	SP; PA	ADCETRIS	P	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	P	SP; PA	ARZERRA	P	SP; PA
PEMFEXY	P	SP; PA	BAVENCIO	P	SP; PA
<i>pralatrexate</i>	P	SP; PA	BESPOUSA	P	SP; PA
PURIXAN SUSP	P		BLENREP	P	SP; PA
TABLOID PO	P	SP; PA	BLINCYTO	P	SP; PA
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	P		DARZALEX	P	SP; PA
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP; PA	EMPLICITI	P	SP; PA
XELODA PO (<i>Use capecitabine</i>)	NP	SP; PA	ENHERTU	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			GAZYVA	P	SP; PA
CYRAMZA	P	SP; PA	IMFINZI	P	SP; PA
INLYTA	P	SP; PA	JEMPERLI	P	SP; PA
LENVIMA (10 MG DAILY DOSE)	P	QL(1 EA daily); SP; PA	KADCYLA	P	SP; PA
LENVIMA (12 MG DAILY DOSE)	P	QL(3 EA daily); SP; PA	KEYTRUDA	P	SP; PA
			KIMMTRAK	P	SP; PA
			LIBTAYO	P	SP; PA
			LUMOXITI	P	SP; PA
			MONJUVI	P	SP; PA
			OPDIVO	P	SP; PA
			PADCEV	P	SP; PA
			POLIVY	P	SP; PA
			POTELIGEO	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIABNI	P	SP; PA	TAGRISSE	P	SP; PA
RITUXAN	P	SP; PA	TARCEVA (Use erlotinib hcl)	NP	SP; PA
RUXIENCE	P	SP; PA	VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA
TECENTRIQ	P	SP; PA	VIZIMPRO	P	SP; PA
TIVDAK	P	SP; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
TRUXIMA	P	SP; PA	DAURISMO	P	SP; PA
UNITUXIN	P	SP; PA	ERIVEDGE	P	SP; PA
YERVOY	P	SP; PA	ODOMZO PO	P	SP; PA
ZEVALIN Y-90	P	SP; PA	Antineoplastic - Hormonal and Related Agents		
ZYNLONTA	P	SP; PA	abiraterone acetate	P	SP; PA
Antineoplastic - Anti-HER2 Agents			anastrozole PO	P	
HERCEPTIN 150 MG	P	SP; PA	ARIMIDEX PO (Use anastrozole)	NP	
KANJINTI 420 MG	P	SP; PA	AROMASIN PO (Use exemestane)	NP	
MARGENZA	P	SP; PA	bicalutamide PO	P	QL(1 EA daily)
OGIVRI	P	SP; PA	CASODEX PO (Use bicalutamide)	NP	QL(1 EA daily)
PERJETA	P	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
TRAZIMERA	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
TUKYSA	P	SP; PA	EMCYT PO	P	SP; PA
Antineoplastic - BCL-2 Inhibitors			ERLEADA 60 MG	P	SP; PA
VENCLEXTA STARTING PACK TBPK	P	SP; PA	EULEXIN PO	P	
VENCLEXTA TABS	P	SP; PA	exemestane PO	P	
Antineoplastic - Cellular Immunotherapy			FARESTON PO (Use toremifene citrate)	NP	PA
ABECMA	P	SP; PA	FEMARA PO (Use letrozole)	NP	
BREYANZI	P	SP; PA	flutamide PO	P	
CARVYKTI	P	SP; PA	hydroxyprogesterone caproate (antineoplastic)	P	SP; PA
TECARTUS	P	SP; PA	letrozole PO	P	
Antineoplastic - EGFR Inhibitors			LEUPROLIDE ACETATE-BUPIVACAINE	P	SP; PA
ERBITUX	P	SP; PA	leuprolide acetate KIT IJ 1 MG/0.2ML	P	SP; PA
erlotinib hcl	P	SP; PA			
EXKIVITY	P	SP; PA			
gefitinib	P	SP; PA			
GILOTRIF	P	SP; PA			
IRESSA (Use gefitinib)	NP	SP; PA			
PORTRAZZA	P	SP; PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYSODREN PO	P	SP; PA	Antineoplastic Antibiotics		
<i>megestrol acetate SUSP PO</i>	P		<i>daunorubicin hcl SOLN</i>	P	SP; PA
<i>megestrol acetate TABS PO</i>	P		DAUNORUBICIN HCL SOLN (Use <i>daunorubicin hcl</i>)	NP	SP; PA
NUBEQA	P	SP; PA	ELLECE SOLN	P	SP; PA
<i>tamoxifen citrate TABS PO</i>	P		<i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i>	P	SP; PA
<i>toremifene citrate PO</i>	P	PA	<i>valrubicin</i>	P	SP; PA
XTANDI CAPS	P	SP; PA	VALSTAR (Use <i>valrubicin</i>)	NP	SP; PA
XTANDI TABS	P	SP; PA	Antineoplastic Combinations		
YONSA	P	SP; PA	DARZALEX FASPRO	P	SP; PA
ZOLADEX	P	SP; PA	HERCEPTIN HYLECTA	P	SP; PA
ZYTIGA (Use <i>abiraterone acetate</i>)	NP	SP; PA	INQOVI	P	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			KISQALI FEMARA (200 MG DOSE)	P	SP; PA
WELIREG	P	SP; PA	KISQALI FEMARA (400 MG DOSE)	P	SP; PA
Antineoplastic - Immunomodulators			KISQALI FEMARA (600 MG DOSE)	P	SP; PA
POMALYST	P	SP; PA	LONSURF	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			OPDUALAG	P	SP; PA
AYVAKIT	P	QL(1 EA daily); SP; PA	PHESGO	P	SP; PA
Antineoplastic - XPO1 Inhibitors			RITUXAN HYCELA	P	SP; PA
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	P	SP; PA	VYXEOS	P	SP; PA
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	P	SP; PA	Antineoplastic Enzyme Inhibitors		
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	P	SP; PA	AFINITOR DISPERZ TBSO (Use <i>everolimus</i>)	NP	SP; PA
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	P	SP; PA	AFINITOR TABS (Use <i>everolimus</i>)	NP	SP; PA
XPOVIO (60 MG TWICE WEEKLY) PO	P	SP; PA	ALECENSA	P	SP; PA
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	P	SP; PA	ALIQOPA	P	SP; PA
XPOVIO (80 MG TWICE WEEKLY) PO	P	SP; PA	ALUNBRIG TABS PO	P	SP; PA
			ALUNBRIG TBPK	P	SP; PA
			BALVERSA	P	SP; PA
			BELEODAQ	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib SOLR IJ</i>	P	SP; PA	JAKAFI	P	QL(2 EA daily); SP; PA
BOORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA	KISQALI (200 MG DOSE)	P	SP; PA
BOSULIF TABS	P	SP; PA	KISQALI (400 MG DOSE)	P	SP; PA
BRAFTOVI PO 75 MG	P	SP; PA	KISQALI (600 MG DOSE)	P	SP; PA
BRUKINSA	P	SP; PA	KOSELUGO	P	SP; PA
CABOMETYX TABS PO 20 MG, 60 MG	P	QL(1 EA daily); SP; PA	KYPROLIS	P	SP; PA
CABOMETYX TABS PO 40 MG	P	QL(2 EA daily); SP; PA	<i>lapatinib ditosylate</i>	P	SP; PA
CALQUENCE	P	SP; PA	LORBRENA	P	SP; PA
CAPRELSA PO	P	SP; PA	LUMAKRAS 120 MG, 320 MG	P	SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	P	SP; PA	LYNPARZA TABS PO	P	QL(4 EA daily); SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	P	SP; PA	MEKINIST TABS PO	P	SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	P	SP; PA	MEKTOVI	P	SP; PA
COPIKTRA PO	P	SP; PA	NERLYNX	P	SP; PA
COTELLIC	P	SP; PA	NEXAVAR PO (<i>Use sorafenib tosylate</i>)	NP	SP; PA
<i>dasatinib</i>	P	SP; PA	NINLARO	P	SP; PA
<i>everolimus TABS</i>	P	SP; PA	<i>pazopanib hcl</i>	P	SP; PA
<i>everolimus TBSO</i>	P	SP; PA	PEMAZYRE	P	SP; PA
FOTIVDA	P	SP; PA	PIQRAY (200 MG DAILY DOSE)	P	SP; PA
FYARRO	P	SP; PA	PIQRAY (250 MG DAILY DOSE)	P	SP; PA
GAVRETO	P	SP; PA	PIQRAY (300 MG DAILY DOSE)	P	SP; PA
GLEEVEC PO (<i>Use imatinib mesylate</i>)	NP	SP; PA	QINLOCK	P	SP; PA
IBRANCE CAPS	P	SP; PA	RETEVMO CAPS	P	SP; PA
IBRANCE TABS	P	SP; PA	ROMIDEPSIN SOLN	P	SP; PA
ICLUSIG PO	P	QL(1 EA daily); SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
IDHIFA	P	SP; PA	ROZLYTREK CAPS	P	SP; PA
<i>imatinib mesylate PO</i>	P	SP; PA	RUBRACA	P	SP; PA
IMBRUVICA CAPS	P	SP; PA	RYDAPT	P	SP; PA
IMBRUVICA TABS	P	QL(1 EA daily); SP; PA	SCEMBLIX 100 MG	P	SP
INREBIC	P	SP; PA	SCEMBLIX 20 MG, 40 MG	P	SP; PA
ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA	<i>sorafenib tosylate PO</i>	P	SP; PA
			SPRYCEL (<i>Use dasatinib</i>)	NP	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STIVARGA	P	SP; PA	AZEDRA DOSIMETRIC	P	SP; PA
<i>sunitinib malate PO</i>	P	SP; PA	AZEDRA THERAPEUTIC	P	SP; PA
SUTENT PO (<i>Use sunitinib malate</i>)	NP	SP; PA	Antineoplastics Misc.		
TABRECTA	P	SP; PA	ACTIMMUNE 100 MCG/0.5ML	P	SP; PA
TAFINLAR CAPS PO	P	SP; PA	ALFERON N	P	SP; PA
TALZENNA	P	SP; PA	<i>arsenic trioxide</i>	P	SP; PA
TASIGNA	P	SP; PA	BESREMI	P	SP; PA
TAZVERIK	P	SP; PA	<i>bexarotene PO</i>	P	SP; PA
<i>temsirolimus</i>	P	SP; PA	HYDREA PO (<i>Use hydroxyurea</i>)	NP	
TIBSOVO	P	SP; PA	<i>hydroxyurea PO</i>	P	
TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA	MATULANE PO	P	SP; PA
TURALIO PO	P	SP; PA	PHOTOFRIN	P	SP; PA
TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA	PROLEUKIN	P	SP; PA
VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA	SYNRIBO	P	SP; PA
VERZENIO	P	QL(2 EA daily); SP; PA	TARGRETIN PO (<i>Use bexarotene</i>)	NP	SP; PA
VITRAKVI CAPS PO	P	SP; PA	<i>tretinoin (chemotherapy) PO</i>	P	SP; PA
VITRAKVI SOLN	P	SP; PA	TRISENOX (<i>Use arsenic trioxide</i>)	NP	SP; PA
VONJO	P	SP; PA	Chemotherapy Adjuncts		
VOTRIENT (<i>Use pazopanib hcl</i>)	NP	SP; PA	KEPIVANCE 5.16 MG	P	SP
VOTRIENT	P	SP; PA	KEPIVANCE 6.25 MG	P	SP; PA
XALKORI CAPS	P	SP; PA	Chemotherapy Rescue/Antidote/Protective Agents		
XOSPATA	P	SP; PA	<i>dexrazoxane hcl</i>	P	SP; PA
ZEJULA CAPS PO	P	SP; PA	KHAPZORY	P	SP; PA
ZELBORAF PO	P	SP; PA	<i>leucovorin calcium TABS PO</i>	P	
ZOLINZA	P	SP; PA	<i>levoleucovorin calcium SOLN 250 MG/25ML</i>	P	SP; PA
ZYDELIG	P	SP; PA	<i>levoleucovorin calcium SOLR</i>	P	SP; PA
ZYKADIA TABS	P	SP; PA	<i>mesna SOLN</i>	P	SP; PA
Antineoplastic Enzymes			MESNEX SOLN (<i>Use mesna</i>)	NP	SP; PA
ASPARLAS	P	SP; PA	MESNEX TABS PO	P	SP; PA
ONCASPAS	P	SP; PA			
RYLAZE	P	SP; PA			
Antineoplastic Radiopharmaceuticals					

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VORAXAZE	P	SP; PA	HYCAMTIN SOLR (<i>Use topotecan hcl</i>)	NP	SP; PA
Mitotic Inhibitors			<i>irinotecan hcl</i>	P	SP; PA
ABRAXANE	P	SP; PA	<i>topotecan hcl SOLN</i>	P	SP; PA
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP; PA	TOPOTECAN HCL SOLN (<i>Use topotecan hcl</i>)	NP	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>Use docetaxel</i>)	NP	SP; PA	TOPOTECAN HCL SOLN	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA	<i>topotecan hcl SOLR</i>	P	SP; PA
<i>docetaxel SOLN</i>	P	SP; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA	Antiparkinson Adjunctive Therapy		
DOCETAXEL SOLN (<i>Use docetaxel</i>)	NP	SP; PA	<i>carbidopa PO</i>	P	
DOCIVYX SOLN	P	SP; PA	LODOSYN PO (<i>Use carbidopa</i>)	NP	
<i>eribulin mesylate</i>	P	SP; PA	Antiparkinson Anticholinergics		
<i>etoposide CAPS PO</i>	P	SP; PA	<i>benztropine mesylate TABS PO</i>	P	
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP; PA	<i>trihexyphenidyl hcl TABS PO</i>	P	
HALAVEN (<i>Use eribulin mesylate</i>)	NP	SP; PA	Antiparkinson Dopaminergics		
IXEMPRA KIT	P	SP; PA	<i>amantadine hcl CAPS PO</i>	P	
JEVTANA	P	SP; PA	<i>amantadine hcl SOLN</i>	P	
PACLITAXEL PROTEIN-BOUND PART	P	SP; PA	APOKYN SOCT	P	SP; PA
<i>paclitaxel protein-bound particles</i>	P	SP; PA	<i>apomorphine hydrochloride SOCT</i>	P	SP; PA
<i>vincristine sulfate</i>	P	SP; PA	<i>bromocriptine mesylate CAPS PO</i>	P	
Oncolytic Viral Agents			<i>bromocriptine mesylate TABS PO 2.5 MG</i>	P	
IMLYGIC	P	SP; PA	<i>carbidopa-levodopa TABS PO</i>	P	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TBCR PO</i>	P	
CAMPTOSAR (<i>Use irinotecan hcl</i>)	NP	SP; PA	DHIVY TABS PO	P	
HYCAMTIN CAPS PO	P	SP; PA	GOCOVRI CP24	P	SP; PA
			PARLODEL CAPS PO (<i>Use bromocriptine mesylate</i>)	NP	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARLODEL TABS PO (Use bromocriptine mesylate)	NP		NUPLAZID TABS PO 10 MG	P	QL(1 EA daily); PA
pramipexole dihydrochloride TABS PO	P	QL(3 EA daily); AL(At least 18 yrs old)	ziprasidone hcl PO	P	QL(2 EA daily); AL(At least 18 yrs old)
ropinirole hydrochloride TABS PO 0.25 MG, 3 MG, 4 MG	P	QL(6 EA daily)	Benzisoxazoles		
ropinirole hydrochloride TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG	P	QL(3 EA daily)	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	P	SP; PA
SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	NP		INVEGA HAFYERA	P	SP; PA
Antiparkinson Monoamine Oxidase Inhibitors			INVEGA SUSTENNA	P	SP; PA
selegiline hcl CAPS PO	P		INVEGA TRINZA	P	SP; PA
selegiline hcl TABS PO	P		PERSERIS PRSY	P	SP; PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			RISPERDAL CONSTA (Use risperidone microspheres)	NP	SP; PA
Antimanic Agents			RISPERDAL SOLN PO (Use risperidone)	NP	QL(4 ML daily); AL(At least 5 yrs old)
lithium PO	P		RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 EA daily); AL(At least 5 yrs old)
lithium carbonate CAPS PO	P		risperidone microspheres	P	SP; PA
lithium carbonate TABS PO	P		risperidone SOLN PO	P	QL(4 ML daily); AL(At least 5 yrs old)
lithium carbonate TBCR PO	P		risperidone TABS PO	P	QL(4 EA daily); AL(At least 5 yrs old)
LITHOBID TBCR PO (Use lithium carbonate)	P		risperidone TBDP PO	P	QL(2 EA daily); AL(At least 5 yrs old)
Antipsychotics - Misc.			Butyrophenones		
GEODON PO (Use ziprasidone hcl)	NP	QL(2 EA daily); AL(At least 18 yrs old)	HALDOL DECANOATE (Use haloperidol decanoate)	NP	
LATUDA PO (Use lurasidone hcl)	NP		haloperidol decanoate	P	
lurasidone hcl PO	P		haloperidol lactate CONC PO	P	
NUPLAZID CAPS	P	QL(1 EA daily); PA	haloperidol TABS PO 20 MG	P	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	P	QL(3 EA daily)	ZYPREXA TABS PO 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)
Dibenzapines			Dihydroindolones		
<i>clozapine TABS PO</i>	P	QL(3 EA daily); AL(At least 18 yrs old)	<i>molindone hcl PO</i>	P	QL(4 EA daily)
CLOZARIL TABS PO (<i>Use clozapine</i>)			Phenothiazines		
<i>loxapine succinate PO</i>	P	QL(4 EA daily)	<i>chlorpromazine hcl TABS PO 10 MG</i>	P	QL(10 EA daily)
<i>olanzapine TABS PO 15 MG, 20 MG</i>	P	QL(1 EA daily); AL(At least 10 yrs old)	<i>chlorpromazine hcl TABS PO 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily)
<i>olanzapine TABS PO 2.5 MG, 5 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)	<i>fluphenazine decanoate</i>	P	
<i>olanzapine TABS PO 7.5 MG, 10 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)	<i>fluphenazine hcl TABS PO</i>	P	
<i>quetiapine fumarate TABS PO 300 MG, 400 MG</i>	P	QL(2 EA daily); AL(At least 10 yrs old)	<i>perphenazine TABS PO</i>	P	QL(4 EA daily)
<i>quetiapine fumarate TABS PO 100 MG, 200 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old)	<i>prochlorperazine PR</i>	P	
<i>quetiapine fumarate TABS PO 25 MG, 50 MG</i>	P	QL(4 EA daily); AL(At least 10 yrs old - Up to 17 yrs old)	<i>prochlorperazine maleate TABS PO</i>	P	
SEROQUEL TABS PO 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	<i>thioridazine hcl PO</i>	P	QL(3 EA daily)
SEROQUEL TABS PO 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)	<i>trifluoperazine hcl TABS PO</i>	P	QL(2 EA daily)
SEROQUEL TABS PO 100 MG, 200 MG (<i>Use quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 10 yrs old)	Quinolinone Derivatives		
ZYPREXA RELPREVV	P	SP; PA	ABILIFY MAINTENA PRSY	P	SP; PA
ZYPREXA TABS PO 15 MG, 20 MG (<i>Use olanzapine</i>)	NP	QL(1 EA daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	SP; PA
ZYPREXA TABS PO 7.5 MG, 10 MG (<i>Use olanzapine</i>)	NP	QL(2 EA daily); AL(At least 10 yrs old)	ABILIFY TABS PO (<i>Use aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old)
			<i>aripiprazole SOLN PO</i>	P	QL(750 ML per fill retail); AL(At least 6 yrs old)
			<i>aripiprazole TABS PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
			<i>aripiprazole TBDP PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
			ARISTADA	P	SP; PA
			ARISTADA INITIO	P	SP; PA
			Thioxanthenes		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene PO</i>	P	QL(3 EA daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ML per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ML per fill retail)
HIBICLENS SOLN EX (Use <i>chlorhexidine gluconate</i>)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine PO</i>	P	QL(1 EA daily)
<i>abacavir sulfate SOLN PO</i>	P	QL(30 ML daily)
<i>abacavir sulfate TABS PO</i>	P	QL(2 EA daily)
APTIVUS CAPS	P	QL(4 EA daily); ST
<i>atazanavir sulfate CAPS PO 150 MG, 200 MG</i>	P	QL(2 EA daily)
<i>atazanavir sulfate CAPS PO 300 MG</i>	P	
ATRIPLA PO (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)
BIKTARVY	P	QL(1 EA daily)
CIMDUO	P	QL(1 EA daily); ST
COMBIVIR PO (Use <i>lamivudine-zidovudine</i>)	NP	QL(2 EA daily)
COMPLERA	P	QL(1 EA daily)
<i>darunavir TABS 600 MG</i>	P	QL(2 EA daily); ST
<i>darunavir TABS 800 MG</i>	P	QL(1 EA daily); ST
DELSTRIGO	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY 200 MG-25 MG	P	QL(1 EA daily); PA
DESCOVY 120 MG-15 MG	P	QL(1 EA daily); PA
DOVATO	P	
EDURANT	P	QL(1 EA daily)
<i>efavirenz CAPS PO 50 MG</i>	P	QL(2 EA daily)
<i>efavirenz CAPS PO 200 MG</i>	P	QL(1 EA daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>	P	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 EA daily)
<i>efavirenz TABS PO</i>	P	QL(1 EA daily)
<i>emtricitabine CAPS PO</i>	P	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG</i>	P	QL(1 EA daily)
EMTRIVA CAPS PO (Use <i>emtricitabine</i>)	NP	QL(1 EA daily)
EMTRIVA SOLN	P	QL(24 ML daily)
EPIVIR SOLN PO (Use <i>lamivudine</i>)	NP	QL(30 ML daily)
EPIVIR TABS PO 300 MG (Use <i>lamivudine</i>)	NP	QL(1 EA daily)
EPIVIR TABS PO 150 MG (Use <i>lamivudine</i>)	NP	QL(2 EA daily)
EPZICOM PO (Use <i>abacavir sulfate-lamivudine</i>)	NP	QL(1 EA daily)
<i>etravirine PO 100 MG</i>	P	QL(4 EA daily)
<i>etravirine PO 200 MG</i>	P	QL(2 EA daily)
<i>fosamprenavir calcium TABS PO</i>	P	QL(4 EA daily)
FUZEON SOLR	P	SP; PA
GENVOYA	P	QL(1 EA daily)
INTELENCE PO 25 MG	P	QL(4 EA daily)

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTELENCE PO 200 MG (Use etravirine)	NP	QL(2 EA daily)	nevirapine SUSP PO	P	QL(40 ML daily)
INTELENCE PO 100 MG (Use etravirine)	NP	QL(4 EA daily)	nevirapine TABS PO	P	QL(2 EA daily)
ISENTRESS HD TABS PO	P	QL(2 EA daily)	nevirapine TB24 PO 400 MG	P	QL(1 EA daily)
ISENTRESS CHEW 25 MG	P	QL(12 EA daily)	nevirapine TB24 PO 100 MG	P	QL(3 EA daily)
ISENTRESS CHEW 100 MG	P	QL(6 EA daily)	NORVIR CAPS PO	P	QL(12 EA daily)
ISENTRESS PACK PO	P	QL(2 EA daily)	NORVIR SOLN	P	QL(15 ML daily)
ISENTRESS TABS PO	P	QL(2 EA daily)	NORVIR TABS PO (Use ritonavir)	NP	QL(12 EA daily)
JULUCA	P	QL(1 EA daily)	ODEFSEY	P	
KALETRA SOLN PO (Use lopinavir-ritonavir)	NP	QL(480 ML per 30 day(s) retail)	PIFELTRO	P	QL(1 EA daily)
KALETRA TABS PO 25 MG-100 MG (Use lopinavir-ritonavir)	NP	QL(4 EA daily)	PREZCOBIX	P	QL(1 EA daily)
KALETRA TABS PO 50 MG-200 MG (Use lopinavir-ritonavir)	NP	QL(6 EA daily)	PREZISTA SUSP	P	QL(12 ML daily); ST
lamivudine SOLN PO	P	QL(30 ML daily)	PREZISTA TABS 600 MG (Use darunavir)	NP	QL(2 EA daily); ST
lamivudine TABS PO 150 MG	P	QL(2 EA daily)	PREZISTA TABS 800 MG (Use darunavir)	NP	QL(1 EA daily); ST
lamivudine TABS PO 300 MG	P	QL(1 EA daily)	PREZISTA TABS 75 MG	P	QL(2 EA daily); ST
lamivudine-zidovudine PO	P	QL(2 EA daily)	PREZISTA TABS 150 MG	P	QL(3 EA daily); ST
LEXIVA SUSP PO	P	QL(56 ML daily)	RETROVIR CAPS PO (Use zidovudine)	NP	QL(6 EA daily)
LEXIVA TABS PO (Use fosamprenavir calcium)	NP	QL(4 EA daily)	RETROVIR SYRP PO (Use zidovudine)	NP	QL(60 ML daily)
lopinavir-ritonavir SOLN PO	P	QL(480 ML per 30 day(s) retail)	REYATAZ CAPS PO 200 MG (Use atazanavir sulfate)	NP	QL(2 EA daily)
lopinavir-ritonavir TABS PO 25 MG-100 MG	P	QL(4 EA daily)	REYATAZ CAPS PO 300 MG (Use atazanavir sulfate)	NP	
lopinavir-ritonavir TABS PO 50 MG-200 MG	P	QL(6 EA daily)	REYATAZ PACK	P	QL(6 EA daily)
maraviroc TABS PO 150 MG	P	QL(2 EA daily)	ritonavir TABS PO	P	QL(12 EA daily)
maraviroc TABS PO 300 MG	P	QL(4 EA daily)	RUKOBIA	P	PA
			SELZENTRY SOLN	P	QL(35 ML daily)
			SELZENTRY TABS PO 300 MG (Use maraviroc)	NP	QL(4 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS PO 25 MG, 75 MG	P	QL(2 EA daily)	ZIAGEN SOLN PO (<i>Use abacavir sulfate</i>)	NP	QL(30 ML daily)
SELZENTRY TABS PO 150 MG (<i>Use maraviroc</i>)	NP	QL(2 EA daily)	ZIAGEN TABS PO (<i>Use abacavir sulfate</i>)	NP	QL(2 EA daily)
<i>stavudine CAPS PO</i>	P	QL(2 EA daily)	<i>zidovudine CAPS PO</i>	P	QL(6 EA daily)
STRIBILD	P	QL(1 EA daily)	<i>zidovudine SYRP PO</i>	P	QL(60 ML daily)
SUSTIVA CAPS PO 200 MG (<i>Use efavirenz</i>)	NP	QL(1 EA daily)	<i>zidovudine TABS PO</i>	P	QL(2 EA daily)
SUSTIVA CAPS PO 50 MG (<i>Use efavirenz</i>)	NP	QL(2 EA daily)	Antiviral Combinations		
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)	PAXLOVID (150/100)	P	
SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)	PAXLOVID (300/100)	P	
<i>tenofovir disoproxil fumarate TABS PO</i>	P	QL(1 EA daily)	CMV Agents		
TIVICAY TABS 50 MG	P	QL(2 EA daily)	LIVTENCITY	P	SP; PA
TRIUMEQ TABS	P	QL(1 EA daily); AL(At least 18 yrs old)	PREVYMIS SOLN	P	SP; PA
TRIZIVIR PO	P	QL(2 EA daily)	PREVYMIS TABS	P	QL(1 EA daily); SP; PA
TROGARZO	P	SP; PA	VALCYTE TABS PO (<i>Use valganciclovir hcl</i>)	NP	QL(2 EA daily)
TRUVADA PO 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily)	<i>valganciclovir hcl TABS PO</i>	P	QL(2 EA daily)
TYBOST	P	QL(1 EA daily); AL(At least 18 yrs old)	Hepatitis Agents		
VIRACEPT TABS PO 250 MG	P	QL(9 EA daily)	MAVYRET PACK	P	QL(6 EA daily); SP; PA
VIRACEPT TABS PO 625 MG	P	QL(4 EA daily)	MAVYRET TABS PO	P	QL(3 EA daily); SP; PA
VIREAD POWD	P	QL(240 GM per 30 day(s) retail)	PEGASYS SOLN	P	SP; PA
VIREAD TABS PO 150 MG, 200 MG, 250 MG	P	QL(1 EA daily)	<i>ribavirin (hepatitis c) CAPS PO</i>	P	SP; PA
VIREAD TABS PO (<i>Use tenofovir disoproxil fumarate</i>)	NP	QL(1 EA daily)	<i>ribavirin (hepatitis c) TABS PO 200 MG</i>	P	SP; PA
			SOFOSBUVIR-VELPATASVIR TABS	P	QL(1 EA daily); SP; PA
			SOVALDI TABS	P	SP; PA
			VEMLIDY	P	SP; PA
			Herpes Agents		
			<i>acyclovir CAPS PO</i>	P	QL(50 EA per 30 day(s) retail)
			<i>acyclovir SUSP PO</i>	P	QL(400 ML per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>famciclovir PO</i>	P	
<i>valacyclovir hcl PO 500 MG</i>	P	QL(2 EA daily)
<i>valacyclovir hcl PO 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
VALTREX PO 1 GM (<i>Use valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
VALTREX PO 500 MG (<i>Use valacyclovir hcl</i>)	NP	QL(2 EA daily)
ZOVIRAX SUSP PO (<i>Use acyclovir</i>)	NP	QL(400 ML per 30 day(s) retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS PO 30 MG</i>	P	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate CAPS PO 45 MG, 75 MG</i>	P	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>oseltamivir phosphate SUSR PO</i>	P	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
RELENZA DISKHALER	P	QL(20 EA per fill retail); AL(At least 5 yrs old)
TAMIFLU CAPS PO 45 MG, 75 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
TAMIFLU CAPS PO 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR PO (<i>Use oseltamivir phosphate</i>)	NP	QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 EA daily)
<i>carvedilol PO 25 MG</i>	P	QL(4 EA daily)
<i>carvedilol phosphate PO</i>	P	QL(1 EA daily)
COREG PO 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 EA daily)
COREG PO 25 MG (<i>Use carvedilol</i>)	NP	QL(4 EA daily)
COREG CR PO (<i>Use carvedilol phosphate</i>)	NP	QL(1 EA daily)
<i>labetalol hcl TABS PO 300 MG</i>	P	QL(8 EA daily)
<i>labetalol hcl TABS PO 200 MG</i>	P	QL(6 EA daily)
<i>labetalol hcl TABS PO 100 MG</i>	P	QL(3 EA daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS PO</i>	P	
<i>atenolol TABS PO</i>	P	QL(2 EA daily)
<i>bisoprolol fumarate PO</i>	P	QL(1 EA daily)
LOPRESSOR TABS PO 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 EA daily)
LOPRESSOR TABS PO 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 EA daily)
<i>metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily)
<i>metoprolol succinate TB24 PO 200 MG</i>	P	QL(2 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate TABS PO 100 MG</i>	P	QL(4.5 EA daily)	<i>amlodipine besylate TABS PO</i>	P	QL(1 EA daily)
<i>metoprolol tartrate TABS PO 25 MG, 50 MG</i>	P	QL(4 EA daily)	CALAN SR TBCR PO (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily)
TENORMIN TABS PO (Use <i>atenolol</i>)	NP	QL(2 EA daily)	CARDIZEM CD CP24 PO 120 MG, 180 MG, 300 MG (Use <i>diltiazem hcl coated beads</i>)	NP	QL(1 EA daily)
TOPROL XL TB24 PO 25 MG, 50 MG, 100 MG (Use <i>metoprolol succinate</i>)	NP	QL(4 EA daily)	CARDIZEM CD CP24 PO 240 MG (Use <i>diltiazem hcl coated beads</i>)	NP	QL(2 EA daily)
TOPROL XL TB24 PO 200 MG (Use <i>metoprolol succinate</i>)	NP	QL(2 EA daily)	CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NP	QL(3 EA daily)
Beta Blockers Non-Selective			<i>diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily)
BETAPACE AF PO (Use <i>sotalol hcl (afib/afI)</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl coated beads CP24 PO 240 MG</i>	P	QL(2 EA daily)
BETAPACE TABS PO 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl extended release beads PO 240 MG</i>	P	QL(2 EA daily)
CORGARD TABS PO 20 MG, 40 MG, 80 MG (Use <i>nadolol</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl extended release beads PO 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 EA daily)
INDERAL LA CP24 PO (Use <i>propranolol hcl</i>)	NP	QL(2 EA daily)	<i>diltiazem hcl CP12 PO</i>	P	QL(2 EA daily)
<i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily)	<i>diltiazem hcl CP24 PO 240 MG</i>	P	QL(2 EA daily)
<i>pindolol TABS PO</i>	P		<i>diltiazem hcl CP24 PO 120 MG, 180 MG</i>	P	QL(1 EA daily)
<i>propranolol hcl CP24 PO</i>	P	QL(2 EA daily)	<i>diltiazem hcl TABS PO</i>	P	QL(3 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P		<i>felodipine PO</i>	P	QL(1 EA daily)
<i>propranolol hcl TABS PO</i>	P		<i>nicardipine hcl CAPS PO</i>	P	
<i>sotalol hcl (afib/afI) PO</i>	P	QL(2 EA daily)	<i>nifedipine CAPS PO</i>	P	QL(4 EA daily)
<i>sotalol hcl TABS PO 80 MG, 120 MG, 160 MG</i>	P	QL(2 EA daily)	<i>nifedipine TB24 PO 30 MG, 90 MG</i>	P	QL(1 EA daily)
<i>sotalol hcl TABS PO 240 MG</i>	P		<i>nifedipine TB24 PO 60 MG</i>	P	QL(2 EA daily)
<i>timolol maleate TABS PO</i>	P		NORVASC TABS PO (Use <i>amlodipine besylate</i>)	NP	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			PROCARDIA XL TB24 PO 60 MG (Use <i>nifedipine</i>)	NP	QL(2 EA daily)
Calcium Channel Blockers					

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 PO 30 MG, 90 MG (Use <i>nifedipine</i>)	NP	QL(1 EA daily)
TIAZAC PO 240 MG (Use <i>diltiazem hcl extended release beads</i>)	NP	QL(2 EA daily)
TIAZAC PO 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily)
VERAPAMIL HCL ER CP24 PO (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily)
VERAPAMIL HCL ER CP24 PO 100 MG, 200 MG	P	QL(2 EA daily)
VERAPAMIL HCL ER CP24 PO 300 MG, 360 MG	P	QL(1 EA daily)
<i>verapamil hcl CP24 PO 100 MG, 200 MG</i>	P	QL(2 EA daily)
<i>verapamil hcl CP24 PO 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 EA daily)
<i>verapamil hcl TABS PO</i>	P	QL(3 EA daily)
<i>verapamil hcl TBCR PO</i>	P	QL(2 EA daily)
VERELAN PM CP24 PO 300 MG (Use <i>verapamil hcl</i>)	NP	QL(1 EA daily)
VERELAN PM CP24 PO 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 EA daily)
VERELAN CP24 PO (Use <i>verapamil hcl</i>)	NP	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P	
<i>digoxin TABS PO 125 MCG, 250 MCG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN SOLN IJ (Use <i>digoxin</i>)	P	
LANOXIN TABS PO 125 MCG, 250 MCG (Use <i>digoxin</i>)	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	P	SP; PA
Impotence Agents		
BI-MIX SOLR	P	PA
IFE-BIMIX 30/1 SOLN	P	PA
SUPER BI-MIX SOLR	P	PA
SUPER TRI-MIX SOLR	P	SP; PA
TRI-MIX SOLR	P	SP; PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
FLOLAN (Use <i>epoprostenol sodium</i>)	NP	SP; PA
ORENITRAM TBCR	P	SP; PA
TYVASO REFILL KIT SOLN IN	P	SP; PA
TYVASO STARTER KIT SOLN IN	P	SP; PA
TYVASO SOLN IN	P	SP; PA
VELETRI (Use <i>epoprostenol sodium</i>)	NP	SP; PA
VENTAVIS IN	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan PO</i>	P	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	P	SP; PA
LETAIRIS PO (Use <i>ambrisentan</i>)	NP	QL(1 EA daily); SP; PA
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP; PA
TRACLEER TBSO	P	SP; PA

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS PO (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS PO (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS PO</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS PO</i>	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS PO	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 EA daily); SP; PA
VYNDAQEL	P	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS PO</i>	P	
<i>cefadroxil SUSR PO</i>	P	
<i>cefadroxil TABS PO</i>	P	
<i>cephalexin CAPS PO 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR PO</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS PO</i>	P	
<i>cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR PO</i>	P	QL(200 ML per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS PO</i>	P	QL(20 EA per fill retail)
<i>cefuroxime axetil TABS PO</i>	P	QL(20 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS PO</i>	P	QL(20 EA per fill retail)
<i>cefdinir SUSR PO</i>	P	QL(100 ML per fill retail)
<i>cefixime CAPS PO</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 EA per fill retail)
SUPRAX CAPS PO (Use <i>cefixime</i>)	NP	
CHEMICALS		
Bulk Chemicals - O's		
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol PO</i>	P		<i>norgestimate-ethinyl estradiol (triphasic) PO</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic) PO</i>	P		<i>norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG</i>	P	QL(2 EA daily)
<i>desogestrel-ethinyl estradiol (triphasic) PO</i>	P		QUARTETTE PO (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
<i>drospirenone-ethinyl estradiol PO</i>	P	QL(1 EA daily)	SEASONIQUE PO (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 EA per fill retail)
<i>ethynodiol diacet & eth estrad PO</i>	P	QL(1 EA daily)	TYBLUME CHEW	P	
GENERESS FE PO (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NP		YASMIN 28 PO (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
<i>levonorgestrel & eth estradiol TABS PO</i>	P		YAZ PO (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 EA daily)
<i>levonorgestrel-eth estradiol (triphasic) PO</i>	P		Combination Contraceptives - Transdermal		
<i>levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG</i>	P	QL(91 EA per fill retail)	<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 EA per 28 day(s) retail)
LOSEASONIQUE PO (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF		Combination Contraceptives - Vaginal		
MIRCETTE PO (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NP		<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 EA per fill retail)
<i>norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P		NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NP	QL(1 EA per fill retail)
<i>norethindrone & eth estradiol PO</i>	P		Emergency Contraceptives		
<i>norethindrone & ethinyl estradiol-fe PO</i>	P		ELLA PO	P	QL(4 EA per 365 day(s) retail)
<i>norethindrone acet & eth estra TABS PO</i>	P		<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	P	QL(1 EA per 21 day(s) retail)
<i>norethindrone acetate-ethinyl estradiol-fe PO</i>	P		PLAN B ONE-STEP PO (<i>Use levonorgestrel (emergency oc)</i>)	NP	QL(1 EA per 21 day(s) retail)
<i>norethindrone-eth estradiol (triphasic) PO</i>	P		Progestin Contraceptives - Injectable		
<i>norgestimate-ethinyl estradiol PO</i>	P		DEPO-PROVERA SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NP	QL(1 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ML per fill retail)
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail)
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ML per fill retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) PO	P	
OPILL PO	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
CORTEF TABS PO (Use hydrocortisone)	NP	
CORTISONE ACETATE TABS PO	P	
deflazacort SUSP PO	P	SP; PA
deflazacort TABS PO	P	SP; PA
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ML per 30 day(s) retail)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ML per 30 day(s) retail)
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(150 ML per 30 day(s) retail)
dexamethasone ELIX PO	P	
dexamethasone SOLN PO	P	
dexamethasone TABS PO	P	
EMFLAZA SUSP PO (Use deflazacort)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TABS PO (Use deflazacort)	NP	SP; PA
hydrocortisone TABS PO	P	
MEDROL TABS PO 4 MG, 8 MG (Use methylprednisolone)	NP	
MEDROL TBPK PO (Use methylprednisolone)	NP	
methylprednisolone TABS PO 4 MG, 8 MG	P	
methylprednisolone TBPK PO	P	
MILLIPRED TABS PO	P	
PEDIAPRED SOLN PO (Use prednisolone sodium phosphate)	NP	
prednisolone sodium phosphate SOLN PO 20 MG/5ML	P	QL(150 ML per fill retail)
prednisolone sodium phosphate SOLN PO	P	
prednisolone SOLN	P	
prednisolone TABS PO	P	
PREDNISONE INTENSOL CONC	P	
prednisone SOLN PO	P	
prednisone TABS PO	P	
prednisone TBPK PO	P	
TARPEYO CPDR	P	SP; PA
ZILRETTA SRER	P	SP; PA
Mineralocorticoids		
fludrocortisone acetate TABS PO	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate PO 100 MG	P	AL(At least 10 yrs old - Up to 21 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate PO 200 MG</i>	P	QL(30 EA per 30 day(s) retail); AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine & pseudoeph ELIX PO</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER PO (Use <i>dextromethorphan polistirex</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)
DELSYM SUER PO (Use <i>dextromethorphan polistirex</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>cetirizine-pseudoephedrine PO</i>	P	AL(Up to 21 yrs old)
<i>dextromethorphan hbr LIQD PO 7.5 MG/5ML</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 12 HOUR TB12 PO (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)
<i>dextromethorphan polistirex SUER PO</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 24 HOUR TB24 PO (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 EA daily); AL(Up to 21 yrs old)
HYCODAN SOLN PO (Use <i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old - Up to 21 yrs old)	COLD & FLU RELIEF NIGHTTIME D LIQD PO	P	OTC; AL(Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-doxylamine-acetaminophen LIQD PO</i>	P	OTC; AL(Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD PO (Use <i>dextromethorphan hbr</i>)	NP	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations			<i>dextromethorphan-guaifenesin LIQD PO 200 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
ADVIL COLD/SINUS TABS PO (Use <i>pseudoephedrine-ibuprofen</i>)	NP	OTC; AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
<i>brompheniramine & phenyleph ELIX PO</i>	P	OTC; QL(120 ML per 30 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
			<i>dextromethorphan-guaifenesin TB12 PO 600 MG-30 MG</i>	P	QL(2 EA daily); AL(Up to 21 yrs old)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS PO</i>	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS PO	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN PO</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD PO	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>promethazine & phenylephrine SYRP PO</i>	P	QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SOLN PO</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SOLN PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>guaifenesin-codeine SYRP PO</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SYRP PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
LOHIST-D LIQD PO	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>promethazine-dm SYRP PO</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB12 PO</i>	P	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>promethazine-phenylephrine-codeine PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB24 PO</i>	P	OTC; QL(1 EA daily); AL(Up to 21 yrs old)	<i>pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD PO	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	<i>pseudoephedrine w/ dm-gg LIQD PO 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD PO	P	AL(Up to 21 yrs old)	<i>pseudoephedrine-guaifenesin SYRP PO 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)
MUCINEX D MAX STRENGTH TB12 PO (Use <i>pseudoephedrine-guaifenesin</i>)	NF		<i>pseudoephedrine-guaifenesin TB12 PO 600 MG-60 MG</i>	P	QL(210 EA per fill retail); AL(Up to 21 yrs old)
MUCINEX DM TB12 PO (Use <i>dextromethorphan-guaifenesin</i>)	NP	QL(2 EA daily); AL(Up to 21 yrs old)	<i>pseudoephedrine-ibuprofen TABS PO</i>	P	OTC; AL(Up to 21 yrs old)
MUCINEX D TB12 PO (Use <i>pseudoephedrine-guaifenesin</i>)	NP	QL(210 EA per fill retail); AL(Up to 21 yrs old)			
<i>phenylephrine-chlorphen-dm LIQD PO 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ML per fill retail); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PX DAYTIME MULTI-SYMPTOM CAPS PO	P	OTC; AL(Up to 21 yrs old)	MUCINEX TB12 PO (<i>Use guaifenesin</i>)	NP	QL(40 EA per 30 day(s) retail); AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS PO	P	OTC; QL(240 EA per fill retail); AL(Up to 21 yrs old)	Misc. Respiratory Inhalants		
QC TRIACTING DAYTIME CHILDRENS SYRP PO	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ML per fill retail)
SCOT-TUSSIN DM LIQD PO	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
SCOT-TUSSIN SENIOR LIQD PO	P	OTC; AL(Up to 21 yrs old)	Mucolytics		
TRIAMINIC COLD/COUGH DAY TIME SYRP PO	P	OTC; QL(240 ML per fill retail); AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
ZYRTEC-D ALLERGY & CONGESTION PO (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
ZYRTEC-D ALLERGY & SINUS PO (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	Acne Products		
Expectorants			ABSORICA PO 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 EA daily); AL(At least 12 yrs old); PA
GERI-TUSSIN SYRP PO	P	OTC; QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	ACNE MEDICATION 10 LOTN	P	OTC
<i>guaifenesin LIQD PO</i>	P	QL(240 ML per 7 day(s) retail); AL(Up to 21 yrs old)	ACNE MEDICATION 5 LOTN	P	OTC
<i>guaifenesin TB12 PO 600 MG</i>	P	QL(40 EA per 30 day(s) retail); AL(Up to 21 yrs old)	BENZAC AC WASH LIQD 5 % (<i>Use benzoyl peroxide</i>)	NP	RX/OTC
<i>guaifenesin TB12 PO 1200 MG</i>	P	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>benzoyl peroxide BAR</i>	P	
MUCINEX MAXIMUM STRENGTH TB12 PO (<i>Use guaifenesin</i>)	NP	OTC; QL(2 EA daily); AL(Up to 21 yrs old)	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P	
			<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P	
			CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP	
			CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ML per fill retail)
			<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 GM per fill retail)
			<i>clindamycin phosphate (topical) LOTN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) SOLN</i>	P		<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 EA per fill retail)
DIFFERIN CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC	<i>bacitracin zinc OINT</i>	P	OTC; QL(30 GM per fill retail)
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 GM per fill retail)	CENTANY OINT	P	
<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 GM per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P		<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 GM per fill retail)
<i>isotretinoin PO 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old); PA	<i>mupirocin calcium (topical)</i>	P	QL(30 GM per fill retail)
KLARON (Use sulfacetamide sodium (acne))	NP		<i>mupirocin OINT</i>	P	
RETIN-A CREA (Use tretinoin)	NP	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 GM per fill retail)
RETIN-A GEL 0.01 % (Use tretinoin)	NP	QL(15 GM per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 GM per fill retail)
RETIN-A GEL 0.025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NP	OTC; QL(454 EA per fill retail)
<i>sulfacetamide sodium (acne)</i>	P		NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)	NP	OTC; QL(30 GM per fill retail)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 GM per fill retail)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P		<i>clotrimazole (topical) CREA</i>	P	QL(90 GM per fill retail); RX/OTC
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole (topical) SOLN</i>	P	QL(60 ML per fill retail); RX/OTC
<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 GM per 30 day(s) retail)
<i>tretinoin GEL 0.01 %</i>	P	QL(15 GM per fill retail); AL(Up to 35 yrs old)	<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ML per 30 day(s) retail)
Antibiotics - Topical			<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
			<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail)
			<i>ketoconazole (topical) SHAM 2 %</i>	P	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 GM per fill retail)
LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NP	OTC; QL(30 GM per fill retail)
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 GM per fill retail); RX/OTC
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NP	QL(90 GM per fill retail); RX/OTC
MICATIN CREA (Use <i>miconazole nitrate (topical)</i>)	NP	QL(60 GM per fill retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 GM per fill retail)
NIZORAL SHAM	P	OTC
<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 EX</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 (Use <i>tolnaftate</i>)	NP	OTC; QL(30 GM per fill retail)
<i>tolnaftate CREA</i>	P	OTC; QL(30 ML per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	P	OTC
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 GM daily); 2 max fill(s) per 30 day(s) retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium (topical)</i>)	NP	QL(6.68 GM daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	P	SP; PA
CARAC CREA	P	
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NP	QL(40 GM per 30 day(s) retail)
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 GM per 30 day(s) retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	P	
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ML per 30 day(s) retail)
LEVULAN KERASTICK SOLR	P	SP; PA
TARGRETIN (Use <i>bexarotene (topical)</i>)	NP	SP; PA
VALCHLOR	P	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ML per fill retail)
SARNA LOTN (Use <i>camphor & menthol</i>)	NP	OTC; QL(222 ML per fill retail)
Antipsoriatics		
<i>calcipotriene CREA</i>	P	
<i>calcipotriene SOLN</i>	P	QL(60 ML per fill retail)
DOVONEX CREA (Use <i>calcipotriene</i>)	NP	
ILUMYA	P	SP; PA
SKYRIZI (150 MG DOSE) PSKT	P	SP; PA
SKYRIZI PEN SOAJ	P	SP; ST; PA
SKYRIZI SOSY	P	SP; PA
STELARA SOSY	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ	P	SP; PA	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
TALTZ SOSY	P	SP; PA	SELSUN BLUE LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)
tazarotene CREA	P	QL(2 GM daily); AL(Up to 20 yrs old)	sulfacetamide sodium LIQD	P	QL(120 ML per fill retail)
tazarotene GEL	P	QL(6.67 GM daily); AL(Up to 20 yrs old)	Antivirals - Topical		
TAZORAC CREA (Use tazarotene)	NP	QL(2 GM daily); AL(Up to 20 yrs old)	acyclovir topical CREA	P	QL(5 GM per fill retail)
TAZORAC GEL 0.05 %	P	QL(6.67 GM daily); AL(Up to 20 yrs old)	acyclovir topical OINT	P	QL(30 GM per 30 day(s) retail)
TAZORAC GEL (Use tazarotene)	NP	QL(6.67 GM daily); AL(Up to 20 yrs old)	ZOVIRAX CREA (Use acyclovir topical)	NP	QL(5 GM per fill retail)
TREMFYA SOAJ 100 MG/ML	P	SP; PA	ZOVIRAX OINT (Use acyclovir topical)	NP	QL(30 GM per 30 day(s) retail)
TREMFYA SOSY 100 MG/ML	P	SP; PA	Burn Products		
Antiseborrheic Products			SILVADENE (Use silver sulfadiazine)	NP	
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ML per fill retail)	silver sulfadiazine	P	
OVACE WASH LIQD (Use sulfacetamide sodium)	NP	QL(120 ML per fill retail)	Corticosteroids - Topical		
selenium sulfide LOTN 1 %	P	OTC; QL(420 ML per fill retail)	betamethasone dipropionate (topical) CREA	P	1 package(s) per 30 day(s) retail
selenium sulfide LOTN 2.5 %	P		betamethasone dipropionate augmented CREA	P	QL(50 GM per fill retail)
selenium sulfide SHAM 1 %	P	OTC; QL(420 ML per fill retail)	betamethasone valerate CREA	P	
SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)	betamethasone valerate LOTN	P	
SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)	betamethasone valerate OINT	P	
SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NP	OTC; QL(420 ML per fill retail)	clobetasol propionate emollient base 0.05 %	P	QL(60 GM per fill retail)
			clobetasol propionate CREA 0.05 %	P	QL(60 GM per fill retail)
			clobetasol propionate GEL 0.05 %	P	QL(60 GM per fill retail)
			clobetasol propionate OINT 0.05 %	P	QL(60 GM per fill retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ML per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	QL(118.28 ML per fill retail)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ML per fill retail)
<i>desonide CREA</i>	P		<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 GM per fill retail)
<i>desonide OINT</i>	P	QL(2 GM daily)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
DESOWEN CREA (Use <i>desonide</i>)	NP		<i>hydrocortisone butyrate SOLN</i>	P	
<i>desoximetasone CREA 0.05 %</i>	P		HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 GM daily)	<i>mometasone furoate CREA</i>	P	QL(50 GM per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 GM daily)	<i>mometasone furoate OINT</i>	P	QL(45 GM per fill retail)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 GM daily)	<i>mometasone furoate SOLN</i>	P	QL(60 ML per fill retail)
EPIFOAM FOAM	P	QL(15 GM per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 GM daily)
<i>fluocinolone acetonide OIL</i>	P	QL(118.28 ML per fill retail)	TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NP	
<i>fluocinonide emulsified base</i>	P	QL(60 GM per fill retail)	TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 GM daily)
<i>fluocinonide CREA 0.05 %</i>	P	QL(150 GM per 30 day(s) retail); 1 package(s) per fill retail	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 GM daily)
<i>fluocinonide GEL</i>	P	QL(60 GM per fill retail)	<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>fluocinonide OINT</i>	P	QL(60 GM per fill retail)	<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ML per fill retail)
<i>fluocinonide SOLN</i>	P	QL(60 ML per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P	
<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 GM per fill retail)
<i>fluticasone propionate OINT</i>	P	QL(60 GM per fill retail)	TRIDESILON CREA 0.05 % (Use <i>desonide</i>)	NP	
HYDROCORT LOTION COMPLETE KIT THPK	NP		Eczema Agents		
<i>hydrocortisone (topical) CREA 2.5 %</i>	P		ADBRY SOSY	P	SP; PA
<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 EA per fill retail); RX/OTC	CIBINQO	P	SP; PA
			Emollient/Keratolytic Agents		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>urea CREA 40 %</i>	P	RX/OTC	Keratolytic/Antimitotic/Vesicant Agents		
<i>urea LOTN 40 %</i>	P		DERMAREST PSORIASIS GEL	P	OTC
Emollients			KERALYT GEL (<i>Use salicylic acid</i>)	NP	
EMOLLIENT LOTION-MISC	P	RX/OTC	KERALYT GEL	P	OTC
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 GM per fill retail); RX/OTC	<i>podofilox SOLN</i>	P	
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 GM per fill retail); RX/OTC	<i>salicylic acid GEL 6 %</i>	P	
Immunomodulating Agents - Topical			Local Anesthetics - Topical		
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)	<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 GM per fill retail)
Immunosuppressive Agents - Topical			<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 GM per fill retail)
ELIDEL (<i>Use pimecrolimus</i>)	NP	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	CAPZASIN-HP CREA (<i>Use capsaicin</i>)	NP	OTC; QL(43 GM per fill retail)
<i>pimecrolimus</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	CAPZASIN-P CREA	P	OTC; QL(42.5 GM per fill retail)
PROTOPIC OINT 0.1 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 GM per 30 day(s) retail); AL(At least 16 yrs old); PA	CASTIVA WARMING LOTN	P	OTC; QL(30 GM per fill retail)
PROTOPIC OINT 0.03 % (<i>Use tacrolimus (topical)</i>)	NP	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	<i>dibucaine</i>	P	OTC; QL(56.7 GM per fill retail)
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 16 yrs old); PA	<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 GM per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA	<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 GM daily)
			<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
			<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 GM daily)
			<i>lidocaine OINT</i>	P	QL(100 GM per 30 day(s) retail); 1 package(s) per fill retail
			<i>lidocaine-prilocaine CREA</i>	P	QL(30 GM per fill retail)
			LMX 4 CREA (<i>Use lidocaine</i>)	NP	OTC; QL(2 GM daily)
			Misc. Topical		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS LANOLIN CREA	P	OTC	<i>crotamiton</i> LOTN	P	QL(454 GM per fill retail)
DRYSOL SOLN	P		ELIMITE CREA (<i>Use permethrin</i>)	NP	QL(360 GM per fill retail)
<i>lanolin (topical)</i> CREA	P	OTC	LICEMD GEL	P	OTC
LANOLOR CREA	P	OTC	<i>malathion</i>	P	QL(59 ML per fill retail)
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	NATROBA (<i>Use spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)	NIX CREME RINSE LIQD EX (<i>Use permethrin</i>)	NP	OTC
REPEL SPORTSMEN MAX LOTN	NP		OVIDE (<i>Use malathion</i>)	NP	QL(59 ML per fill retail)
SAWYER INSECT REPELLENT LOTN	NP		<i>permethrin</i> CREA	P	QL(360 GM per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	<i>permethrin</i> LIQD EX	P	OTC
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 GM per fill retail; 114 GM per 30 day(s) retail)	<i>pyrethrins-piperonyl butoxide</i> LIQD	P	OTC
<i>zinc oxide (topical)</i> OINT 20 %	P	OTC; QL(500 GM per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit</i> remover 4 %-0.33 %-0.5 %	P	OTC
Rosacea Agents			<i>pyrethrins-piperonyl butoxide</i> SHAM 4 %-0.33 %	P	OTC
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NP		RID COMPLETE LICE ELIMINATION (<i>Use pyrethrins-piperonyl butoxide-permethrin-nit</i> remover)	NP	OTC
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NP		RID LIQD 4 %-0.33 % (<i>Use pyrethrins-piperonyl butoxide</i>)	NP	OTC
<i>metronidazole (topical)</i> CREA	P		SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ML per 14 day(s) retail)
<i>metronidazole (topical)</i> GEL 0.75 %	P	QL(45 GM per fill retail)	<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ML per fill retail; 240 ML per 30 day(s) retail)
<i>metronidazole (topical)</i> LOTN	P				
Scabicides & Pediculicides					

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Tar Products			ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC
<i>coal tar extract SHAM 0.5 %</i>	P	OTC	ADVIN COVID-19 ANTIGEN TEST KIT	NP	
DHS TAR GEL SHAM (Use coal tar extract)	NP	OTC	BINAXNOW COVID-19 AG HOME TEST KIT	P	QL(2 EA per fill retail)
DHS TAR SHAM (Use coal tar extract)	NP	OTC	BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC
NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	NP	OTC	BLULINK GLUCOSE TEST STRP	NP	RX/OTC
Wound Care Products			CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	CARESTART COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)
APLIGRAF DISK	P	PA	CARETOUCH TEST STRP	NP	RX/OTC
CORETEXT SUSP 1 ML, 2 ML	P	PA	CHEMSTRIP K STRP	P	OTC; QL(6.67 EA daily)
EPICORD SHEE	P	PA	CLEARDETECT COVID-19 AG HOME KIT	P	QL(2 EA per fill retail)
MIRODERM BIO MATRIX FENESTRAT	P	PA	CLINITEST RAPID COVID-19 TEST KIT	NP	
MIRODERM BIO MATRIX FENESTRAT+	P	PA	CONTOUR PLUS TEST STRP	NP	RX/OTC
NOVACHOR	P	PA	COVID-19 AT HOME ANTIGEN TEST KIT	NP	
OASIS ULTRA MATRIX FENESTRATED	P	PA	COVID-19 AT-HOME TEST KIT	NP	
OASIS WOUND MATRIX FENESTRATED	P	PA	COVID-19 AT-HOME TEST KIT	P	QL(2 EA per fill retail)
OSTEOCONDUCTIVE MATRIX PLUS	P	PA	CVS COVID-19 AT HOME TEST KIT KIT	NP	
PROTEXT SUSP	P	PA	CVS TRUE METRIX GLUCOSE TEST STRP	NP	RX/OTC
PURAPLY	P	PA	EASY MAX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIAGNOSTIC PRODUCTS			EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC
Diagnostic Drugs			EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC
<i>cosyntropin SOLR</i>	P	SP; PA			
THYROGEN 0.9 MG	P	SP; PA			
Diagnostic Tests					

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELLUME COVID-19 HOME TEST KIT	P	QL(2 EA per fill retail)	NOVA MAX PLUS KETONE TEST	P	OTC; QL(1 EA daily)
EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC	OHC COVID-19 ANTIGEN SELF TEST KIT	NP	
EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC	ON/GO COVID-19 ANTIGEN TEST KIT	P	QL(2 EA per fill retail)
FASTEP COVID-19 ANTIGEN TEST KIT	NP		ON/GO ONE COVID-19 HOME TEST KIT	NP	
FLOWFLEX COVID-19 AG HOME TEST KIT	P	QL(2 EA per fill retail)	ONETOUCH ULTRA BLUE TEST STRP	P	Clinical Edit: Test Strips; RX/OTC
FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC	ONETOUCH ULTRA TEST STRP	P	Clinical Edit: Test Strips; RX/OTC
FORA GTEL BLOOD KETONE TEST	P	OTC; QL(1 EA daily)	ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
FORA TEST N'GO ADV-VOICE-6 CON	P	OTC; QL(1 EA daily)	ONETOUCH VERIO STRP	P	RX/OTC
FORA TN'G ADVANCE PRO STRP	NP	RX/OTC	ONETOUCH VERIO STRP	P	Clinical Edit: Test Strips; RX/OTC
FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	NP	
GENABIO COVID-19 RAPID TEST KIT	NP		PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC	PRECISION XTRA KETONE	P	OTC; QL(1 EA daily)
GOJJI BLOOD KETONE TEST	P	OTC; QL(1 EA daily)	PTS PANELS EGLU TEST STRP	NP	RX/OTC
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	NP		QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 EA per fill retail)
IHEALTH BLOOD GLUCOSE TEST STR STRP	NP	RX/OTC	RELION GLUCOSE TEST STRIPS STRP	NP	RX/OTC
IHEALTH COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)	RELION KETONE TEST STRP	P	OTC; QL(6.67 EA daily)
INDICAID COVID-19 RAPID TEST KIT	NP		RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 EA per fill retail)	RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
KETONE TEST STRP	P	OTC; QL(6.67 EA daily)	SPEEDY SWAB COVID-19 ANTIGEN KIT	NP	
KETOSTIX STRP	P	OTC; QL(6.67 EA daily)	TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRP	NP	RX/OTC			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP PO	P	Smart PA
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12 PO</i>	P	
<i>acetazolamide TABS PO</i>	P	
<i>dichlorphenamide PO</i>	P	SP; PA
KEVEYIS PO (<i>Use dichlorphenamide</i>)	NP	SP; PA
<i>methazolamide TABS PO</i>	P	
Diuretic Combinations		
ALDACTAZIDE PO (<i>Use spironolactone & hydrochlorothiazide</i>)	NP	
<i>amiloride & hydrochlorothiazide PO</i>	P	QL(1 EA daily)
MAXZIDE-25 TABS PO (<i>Use triamterene & hydrochlorothiazide</i>)	NP	
MAXZIDE TABS PO (<i>Use triamterene & hydrochlorothiazide</i>)	NP	
<i>spironolactone & hydrochlorothiazide PO</i>	P	
<i>triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>	P	
<i>triamterene & hydrochlorothiazide TABS PO</i>	P	
Loop Diuretics		
<i>bumetanide TABS PO</i>	P	
BUMEX TABS PO 0.5 MG (<i>Use bumetanide</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	
<i>furosemide TABS PO</i>	P	
LASIX TABS PO (<i>Use furosemide</i>)	NP	
SOAANZ TABS PO 20 MG	NP	QL(1 EA daily)
<i>torseamide TABS PO</i>	P	QL(1 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS PO (<i>Use spironolactone</i>)	NP	
<i>amiloride hcl TABS PO</i>	P	QL(4 EA daily)
<i>spironolactone TABS PO</i>	P	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone PO 25 MG, 50 MG</i>	P	
<i>hydrochlorothiazide CAPS PO</i>	P	
<i>hydrochlorothiazide TABS PO 25 MG, 50 MG</i>	P	
<i>indapamide TABS PO 1.25 MG, 2.5 MG</i>	P	
<i>metolazone PO</i>	P	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA	P	SP; PA
RECORLEV	P	SP; PA
Bone Density Regulators		
ACTONEL TABS PO 35 MG (<i>Use risedronate sodium</i>)	NP	QL(4 EA per fill retail); PA
<i>alendronate sodium SOLN PO</i>	P	QL(10.8 ML daily)
<i>alendronate sodium TABS PO 35 MG, 70 MG</i>	P	QL(0.15 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS PO 5 MG, 10 MG</i>	P	QL(1 EA daily)	Fertility Regulators		
ATELVIA TBEC PO (<i>Use risedronate sodium</i>)	NP	QL(4 EA per 28 day(s) retail); PA	CHORIONIC GONADOTROPIN IM	P	PA
<i>calcitonin (salmon) IJ</i>	P	QL(2 ML per fill retail)	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail	GONAL-F RFF REDIJECT SOPN	P	PA
EVENITY	P	SP; PA	GONAL-F RFF SOLR SC	P	PA
FORTEO SOPN (<i>Use teriparatide</i>)	NP	SP; PA	GONAL-F SOLR IJ	P	PA
FOSAMAX TABS PO 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.15 EA daily)	MENOPUR SC	P	PA
<i>ibandronate sodium SOLN</i>	P	SP; PA	NOVAREL IM	P	PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	QL(2 ML per fill retail)	OVIDREL SOSY	P	PA
NATPARA	P	SP; PA	PREGNYL IM	P	PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA	GnRH/LHRH Antagonists		
PAMIDRONATE DISODIUM SOLN	P	SP; PA	<i>cetorelix acetate</i>	P	PA
PROLIA SOSY	P	SP; PA	CETROTIDE (<i>Use cetorelix acetate</i>)	NP	PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	NP	SP; PA	<i>ganirelix acetate</i>	P	PA
<i>risedronate sodium TABS PO 5 MG, 30 MG</i>	P	QL(1 EA daily); PA	GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
<i>risedronate sodium TABS PO 35 MG</i>	P	QL(4 EA per fill retail); PA	Growth Hormone Receptor Antagonists		
<i>risedronate sodium TBEC PO</i>	P	QL(4 EA per 28 day(s) retail); PA	SOMAVERT	P	SP; PA
<i>teriparatide SOPN</i>	P	SP; PA	Growth Hormones		
TERIPARATIDE SOPN	P	SP; PA	HUMATROPE CART IJ	P	SP; PA
TYMLOS	P	SP; PA	NORDITROPIN FLEXPRO SOPN	P	SP; PA
XGEVA SOLN	P	SP; PA	SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
<i>zoledronic acid CONC</i>	P	SP; PA	ZORBTIVE SC	P	SP; PA
<i>zoledronic acid SOLN</i>	P	SP; PA	Hormone Receptor Modulators		
ZOLEDRONIC ACID SOLN	P	SP; PA	EVISTA PO (<i>Use raloxifene hcl</i>)	NP	QL(1 EA daily)
			<i>raloxifene hcl PO</i>	P	QL(1 EA daily)
			Insulin-Like Growth Factor Receptor Inhibitors		
			TEPEZZA	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Insulin-Like Growth Factors (Somatomedins)			CYSTADANE PO (<i>Use betaine</i>)	NP	SP; PA
INCRELEX	P	SP; PA	ELAPRASE	P	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			GALAFOLD	P	QL(0.5 EA daily); SP; PA
FENSOLVI (6 MONTH) SC	P	SP; PA	KANUMA	P	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA	KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA	KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NP	SP; PA
SUPPRELIN LA	P	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	QL(30 ML daily)
SYNAREL	P	SP; PA	<i>levocarnitine (metabolic modifiers) TABS PO</i>	P	QL(3 EA daily)
TRIPTODUR	P	SP; PA	LUMIZYME	P	SP; PA
Metabolic Modifiers			MEPSEVII	P	SP; PA
ALDURAZYME	P	SP; PA	MYALEPT	P	SP; PA
<i>betaine PO</i>	P	SP; PA	NAGLAZYME	P	SP; PA
BRINEURA	P	SP; PA	NEXVIAZYME	P	SP; PA
BUPHENYL POWD PO (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	<i>nitisinone CAPS PO</i>	P	SP; PA
BUPHENYL TABS PO (<i>Use sodium phenylbutyrate</i>)	NP	SP; PA	NITYR TABS	P	SP; PA
<i>calcitriol CAPS PO</i>	P		NULIBRY	P	SP; PA
CARBAGLU (<i>Use carglumic acid</i>)	NP	SP; PA	ORFADIN CAPS PO (<i>Use nitisinone</i>)	NP	SP; PA
<i>carglumic acid</i>	P	SP; PA	ORFADIN SUSP	P	SP; PA
CARNITOR SF SOLN PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)	PALYNZIQ	P	SP; PA
CARNITOR SOLN PO 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)	<i>paricalcitol SOLN</i>	P	SP; PA
CARNITOR TABS PO (<i>Use levocarnitine (metabolic modifiers)</i>)	NP	QL(3 EA daily)	PARSABIV	P	SP; PA
<i>cinacalcet hcl PO</i>	P	SP; PA	REVCOVI	P	SP; PA
CRYSVITA	P	SP; PA	ROCALTROL CAPS PO (<i>Use calcitriol</i>)	NP	
			<i>sapropterin dihydrochloride PACK</i>	P	SP; PA
			<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
			SENSIPAR PO (<i>Use cinacalcet hcl</i>)	NP	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate POWD PO</i>	P	SP; PA
<i>sodium phenylbutyrate TABS PO</i>	P	SP; PA
STRENSIQ	P	SP; PA
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NP	SP; PA
Natriuretic Peptides		
VOXZOGO	P	SP; PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ (<i>Use desmopressin acetate</i>)	NP	SP; PA
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS PO (<i>Use desmopressin acetate</i>)	NP	QL(6 EA daily)
<i>desmopressin acetate spray</i>	P	QL(5 ML per fill retail)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(5 ML per fill retail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
<i>desmopressin acetate TABS PO</i>	P	QL(6 EA daily)
Somatostatic Agents		
<i>octreotide acetate KIT</i>	P	SP; PA
<i>octreotide acetate SOLN</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT 10 MG	P	SP; PA
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	SP; PA
JYNARQUE TBPK	P	SP; PA
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP; PA
<i>tolvaptan TABS</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVEVELLA TABS PO 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 EA daily)
COMBIPATCH PTTW	P	QL(8 EA per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS PO</i>	P	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol PO</i>	P	
PREMPHASE PO	P	
PREMPRO PO	P	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(8 EA per fill retail)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NP	QL(4 EA per fill retail)
ESTRACE TABS PO (<i>Use estradiol</i>)	NP	
<i>estradiol PTTW</i>	P	QL(8 EA per fill retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTWK</i>	P	QL(4 EA per fill retail)	OCALIVA	P	QL(1 EA daily); SP; PA
<i>estradiol TABS PO</i>	P		Gallstone Solubilizing Agents		
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 EA per fill retail)	CHENODAL PO	P	SP; PA
PREMARIN TABS PO	P	QL(1 EA daily)	URSO 250 TABS PO (<i>Use ursodiol</i>)	NP	QL(7 EA daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 EA per fill retail)	<i>ursodiol CAPS PO</i>	P	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>ursodiol TABS PO 250 MG</i>	P	QL(7 EA daily)
Fluoroquinolones			Gastrointestinal Stimulants		
<i>ciprofloxacin hcl TABS PO 100 MG</i>	P	QL(6 EA per fill retail)	GIMOTI SOLN NA	P	SP; PA
<i>ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG</i>	P		<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P	
CIPRO TABS PO 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP		<i>metoclopramide hcl TABS PO</i>	P	
<i>levofloxacin TABS PO</i>	P	QL(1 EA daily; 14 EA per fill retail)	REGLAN TABS PO (<i>Use metoclopramide hcl</i>)	NP	
<i>ofloxacin PO 400 MG</i>	P	QL(56 EA per fill retail)	Ileal Bile Acid Transporter (IBAT) Inhibitors		
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			BYLVAY (PELLETS) CPSP	P	SP; PA
Antiflatulents			BYLVAY CAPS	P	SP; PA
MYLICON INFANTS GAS RELIEF SUSP PO (<i>Use simethicone</i>)	NP	OTC; QL(31 ML per 30 day(s) retail)	LIVMARLI	P	SP; PA
<i>simethicone CHEW PO 80 MG</i>	P	OTC	Inflammatory Bowel Agents		
<i>simethicone LIQD PO</i>	P	OTC; QL(31 ML per 30 day(s) retail)	APRISO CP24 (<i>Use mesalamine</i>)	NP	
<i>simethicone SUSP PO</i>	P	OTC; QL(31 ML per 30 day(s) retail)	ASACOL HD TBEC PO (<i>Use mesalamine</i>)	NP	
Bile Acid Synthesis Disorder Agents			AVSOLA	P	SP; PA
CHOLBAM	P	SP; PA	AZULFIDINE EN-TABS TBEC PO (<i>Use sulfasalazine</i>)	NP	
Farnesoid X Receptor (FXR) Agonists			AZULFIDINE TABS PO (<i>Use sulfasalazine</i>)	NP	
			<i>balsalazide disodium CAPS PO</i>	P	QL(9 EA daily)
			COLAZAL CAPS PO (<i>Use balsalazide disodium</i>)	NP	QL(9 EA daily)
			DELZICOL CPDR PO (<i>Use mesalamine</i>)	NP	

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
ENTYVIO SOLR	P	SP; PA
LIALDA TBEC PO (Use mesalamine)	NP	
mesalamine CP24	P	
mesalamine CPDR PO	P	
mesalamine ENEM PR	P	QL(60 ML daily)
mesalamine TBEC PO	P	
SFROWASA ENEM PR	P	
STELARA 130 MG/26ML	P	SP; PA
sulfasalazine TABS PO	P	
sulfasalazine TBEC PO	P	
Intestinal Acidifiers		
lactulose (encephalopathy) PO	P	
Phosphate Binder Agents		
calcium acetate (phosphate binder) CAPS PO	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) TBCR PO	P	
sodium citrate & citric acid PO	NP	RX/OTC
sodium citrate & citric acid PO	P	QL(500 ML per 30 day(s) retail); RX/OTC
UROKIT-K 10 TBCR PO (Use potassium citrate (alkalinizer))	NP	

Drug Name	Drug Tier	Requirements/Limits
UROKIT-K 5 TBCR PO (Use potassium citrate (alkalinizer))	NP	
Cystinosis Agents		
CYSTAGON CAPS PO	P	SP; PA
PROCYSBI CPDR PO	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
sodium chloride (gu irrigant) 0.9 %	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
finasteride PO	P	QL(1 EA daily)
FLOMAX PO (Use tamsulosin hcl)	NP	QL(2 EA daily)
PROSCAR PO (Use finasteride)	NP	QL(1 EA daily)
tamsulosin hcl PO	P	QL(2 EA daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF TABS PO (Use phenazopyridine hcl)	NF	
phenazopyridine hcl TABS PO 100 MG, 200 MG	P	
PYRIDIUM TABS PO (Use phenazopyridine hcl)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (Use tiopronin)	NP	SP; PA
THIOLA TABS (Use tiopronin)	NP	SP; PA
tiopronin TABS	P	SP; PA
tiopronin TBEC	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout			GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations			Gout Agent Combinations		
<i>colchicine w/ probenecid PO</i>	P		HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA
Gout Agents			Gout Agents		
<i>allopurinol PO 100 MG, 300 MG</i>	P		HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
<i>colchicine TABS PO</i>	P	QL(6 EA per fill retail)	HUMATE-P SOLR	P	SP; PA
COLCRYS TABS PO (Use <i>colchicine</i>)	NP	QL(6 EA per fill retail)	IDELVION	P	SP; PA
KRYSTEXXA	P	SP; PA	IXINITY SOLR	P	SP; PA
ZYLOPRIM PO (Use <i>allopurinol</i>)	NP		JIVI	P	SP; PA
Uricosurics			Uricosurics		
<i>probenecid PO</i>	P		KCENTRA	P	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products			Antihemophilic Products		
ADVATE	P	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
ADYNOVATE	P	SP; PA	KOATE SOLR	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP; PA	KOGENATE FS KIT	P	SP; PA
ALPHANATE SOLR	P	SP; PA	KOVALTRY	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA	NOVOSEVEN RT	P	SP; PA
ALPROLIX	P	SP; PA	NUWIQ KIT	P	SP; PA
BENEFIX KIT	P	SP; PA	NUWIQ SOLR	P	SP; PA
COAGADEX	P	SP; PA	OBIZUR	P	SP; PA
CORIFACT	P	SP; PA	PROFILNINE	P	SP; PA
ELOCTATE	P	SP; PA	REBINYN	P	SP; PA
ESPEROCT	P	SP; PA	RECOMBINATE SOLR	P	SP; PA
FEIBA	P	SP; PA	RIASTAP	P	SP; PA
FIBRYGA	P	SP; PA	RIXUBIS SOLR	P	SP; PA
			SEVENFACT	P	SP; PA
			TRETTEN	P	SP; PA
			VONVENDI	P	SP; PA
			WILATE KIT	P	SP; PA
			XYNTHA	P	SP; PA
			XYNTHA SOLOFUSE	P	SP; PA
			Bradykinin B2 Receptor Antagonists		
			FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP; PA
			<i>icatibant acetate SOSY</i>	P	SP; PA
			Complement Inhibitors		
			BERINERT KIT	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline PO</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA PO	P	QL(2 EA daily)
CABLIVI	P	SP; PA
<i>cilostazol PO</i>	P	QL(2 EA daily)
<i>clopidogrel bisulfate PO 75 MG</i>	P	
<i>dipyridamole PO</i>	P	
EFFIENT PO (<i>Use prasugrel hcl</i>)	NP	QL(1 EA daily)
PLAVIX PO 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl PO</i>	P	QL(1 EA daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI (<i>Use glutamine (sickle cell)</i>)	NP	SP; PA
<i>glutamine (sickle cell)</i>	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	QL(10 ML per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS PO 1 MG</i>	P	RX/OTC
<i>folic acid TABS PO 400 MCG, 800 MCG</i>	P	OTC; QL(1 EA daily)
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	P	SP; PA
ARANESP (ALBUMIN FREE) SOSY	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
GRANIX SOLN	P	SP; PA
GRANIX SOSY	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	P	SP; PA	FERROUS SULFATE TBEC PO (<i>Use ferrous sulfate</i>)	NP	OTC; AL(Up to 50 yrs old)
MIRCERA	P	SP; PA	IRON CHEWS PEDIATRIC CHEW PO	P	OTC
MULPLETA	P	SP; PA	IRON TABS PO 28 MG	P	OTC
NEUPOGEN SOLN	P	SP; PA	<i>polysaccharide iron complex CAPS PO</i>	P	QL(1 EA daily)
NEUPOGEN SOSY	P	SP; PA	Stem Cell Mobilizers		
NIVESTYM SOLN	P	SP; PA	MOZOBIL (<i>Use plerixafor</i>)	NP	SP; PA
NIVESTYM SOSY	P	SP; PA	<i>plerixafor</i>	P	SP; PA
NYVEPRIA	P	SP; PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
PROCRIT	P	SP; PA	Hemostatics - Systemic		
PROCRIT	P	SP; PA	AMICAR SOLN PO (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ML per 30 day(s) retail); SP
RELEUKO SOLN	P	SP; PA	AMICAR TABS PO 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP; PA
RELEUKO SOSY	P	SP; PA	AMICAR TABS PO 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 EA per fill retail); SP
RETACRIT	P	SP; PA	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	P	QL(236.5 ML per 30 day(s) retail); SP
ZARXIO	P	SP; PA	<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA
Hematopoietic Mixtures			<i>aminocaproic acid TABS PO 500 MG</i>	P	QL(24 EA per fill retail); SP
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS PO</i>	P	QL(1 EA daily)	<i>aminocaproic acid TABS PO 1000 MG</i>	P	SP; PA
HEMATINIC PLUS VIT/MINERALS TABS PO	P	QL(1 EA daily)	LYSTEDA TABS PO (<i>Use tranexamic acid</i>)	NP	QL(30 EA per 7 day(s) retail); AL(At least 12 yrs old)
Iron			<i>tranexamic acid TABS PO</i>	P	QL(30 EA per 7 day(s) retail); AL(At least 12 yrs old)
FER-IN-SOL SOLN PO (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ML daily)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
FERRETT'S TABS PO	P	OTC; QL(2 EA daily)			
<i>ferrous fumarate TABS PO</i>	P	OTC; QL(2 EA daily)			
FERROUS GLUCONATE TABS PO 324 MG	P	OTC; QL(100 EA per 30 day(s) retail); AL(Up to 50 yrs old)			
<i>ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)			
<i>ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML</i>	P	OTC; QL(3.4 ML daily)			
<i>ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)			
<i>ferrous sulfate TBEC PO</i>	P	OTC; AL(Up to 50 yrs old)			

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antihistamine Hypnotics			LAXATIVES - Bowel Treatment Drugs		
<i>diphenhydramine hcl (sleep) CAPS PO 50 MG</i>	P	OTC	<i>zaleplon PO 5 MG</i>	P	QL(1 EA daily); AL(At least 18 yrs old)
<i>diphenhydramine hcl (sleep) TABS PO 25 MG</i>	P	OTC; QL(1 EA daily)	<i>zolpidem tartrate TABS PO</i>	P	QL(14 EA per 31 day(s) retail); AL(At least 21 yrs old)
<i>diphenhydramine hcl (sleep) TABS PO 50 MG</i>	P	OTC	Bulk Laxatives		
<i>doxylamine succinate (sleep) PO</i>	P	OTC	<i>calcium polycarbophil TABS PO</i>	P	OTC; QL(10 EA daily)
UNISOM SLEEPGELS CAPS PO (Use <i>diphenhydramine hcl (sleep)</i>)	NP	OTC	EVAC POWD PO (Use <i>psyllium</i>)	NP	OTC
UNISOM SLEEPTABS PO (Use <i>doxylamine succinate (sleep)</i>)	NP	OTC	METAMUCIL FREE & NATURAL POWD PO (Use <i>psyllium</i>)	NP	
Barbiturate Hypnotics			METAMUCIL POWD PO (Use <i>psyllium</i>)	NP	OTC
<i>phenobarbital ELIX PO</i>	P		NATURAL FIBER LAXATIVE POWD PO	P	OTC
<i>phenobarbital TABS PO</i>	P		<i>psyllium CAPS PO 0.52 GM</i>	P	OTC
Non-Barbiturate Hypnotics			<i>psyllium POWD PO 28.3 %, 30 %, 33 %, 48.57 %, 58.6 %, 100 %</i>	P	OTC
AMBIEN TABS PO (Use <i>zolpidem tartrate</i>)	NP	QL(14 EA per 31 day(s) retail); AL(At least 21 yrs old)	<i>psyllium POWD PO 43 %</i>	P	
<i>flurazepam hcl PO</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)	<i>psyllium POWD PO 43 %</i>	NP	
HALCION PO 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 EA daily); AL(At least 18 yrs old)	Laxative Combinations		
<i>midazolam hcl SOLN IJ</i>	P		GOLYTELY SOLR PO (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ML per fill retail)
RESTORIL PO 15 MG, 30 MG (Use <i>temazepam</i>)	NP	AL(At least 18 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO</i>	P	QL(4000 ML per fill retail)
<i>temazepam PO 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>	P	QL(4000 ML per fill retail)
<i>triazolam PO</i>	P	QL(1 EA daily); AL(At least 18 yrs old)	PEG-PREP PO	P	
<i>zaleplon PO 10 MG</i>	P	QL(2 EA daily); AL(At least 18 yrs old)	<i>sennosides-docusate sodium TABS PO</i>	P	OTC; QL(4 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
SENOKOT S TABS PO (Use sennosides-docusate sodium)	NP	OTC; QL(4 EA daily)
sodium sulfate-potassium sulfate-magnesium sulfate	P	
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	NP	
Laxatives - Miscellaneous		
GLYCERIN (ADULT) SUPP PR (Use glycerin (laxative))	NP	OTC
glycerin (laxative) SUPP PR 2 GM	P	OTC
lactulose SOLN PO	P	
MIRALAX POWD PO (Use polyethylene glycol 3350)	NP	QL(34 GM daily)
polyethylene glycol 3350 POWD PO	P	QL(34 GM daily)
SORBITOL PO 70 %	P	OTC
Saline Laxatives		
FLEET ENEMA ENEM PR (Use sodium phosphates)	NP	OTC
FLEET PEDIATRIC ENEM PR (Use sodium phosphates)	NP	OTC
FLEET SALINE ENEMA ENEM PR (Use sodium phosphates)	NP	OTC
magnesium citrate PO 1.745 GM/30ML	P	OTC
magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	OTC; QL(992 ML per 30 day(s) retail)
sodium phosphates ENEM PR	P	OTC
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/Limits
bisacodyl SUPP PR	P	OTC; QL(12 EA per fill retail)
bisacodyl TBEC PO	P	OTC; QL(1 EA daily)
DULCOLAX PINK LAXATIVE TBEC PO (Use bisacodyl)	NP	OTC; QL(1 EA daily)
DULCOLAX SUPP PR (Use bisacodyl)	NP	OTC; QL(12 EA per fill retail)
DULCOLAX TBEC PO (Use bisacodyl)	NP	OTC; QL(1 EA daily)
sennosides TABS PO 8.6 MG	P	OTC; QL(12 EA per fill retail)
SENOKOT TABS PO (Use sennosides)	NP	OTC; QL(12 EA per fill retail)
Surfactant Laxatives		
COLACE CLEAR CAPS PO (Use docusate sodium)	NP	OTC
COLACE CAPS PO 100 MG (Use docusate sodium)	NP	OTC; QL(3 EA daily)
docusate sodium CAPS PO 100 MG, 250 MG	P	OTC; QL(3 EA daily)
docusate sodium CAPS PO 50 MG	P	OTC
docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML	P	OTC
DOCUSATE SODIUM SYRP PO	P	OTC
docusate sodium TABS PO	P	OTC
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK PO	P	QL(2 EA per fill retail)
azithromycin SUSR PO 100 MG/5ML	P	QL(15 ML per fill retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR PO 200 MG/5ML</i>	P	QL(30 ML per fill retail)	ERYPED 200 SUSR PO <i>(Use erythromycin ethylsuccinate)</i>	NP	
<i>azithromycin TABS PO 600 MG</i>	P	QL(8 EA per 28 day(s) retail)	ERYPED 400 SUSR PO <i>(Use erythromycin ethylsuccinate)</i>	NP	
<i>azithromycin TABS PO 500 MG</i>	P	QL(4 EA daily)	<i>erythromycin base CPEP PO</i>	P	
<i>azithromycin TABS PO 250 MG</i>	P	QL(6 EA per fill retail)	<i>erythromycin base TABS PO</i>	P	
ZITHROMAX TRI-PAK TABS PO <i>(Use azithromycin)</i>	NP	QL(4 EA daily)	<i>erythromycin base TBEC PO</i>	P	
ZITHROMAX Z-PAK TABS PO <i>(Use azithromycin)</i>	NP	QL(6 EA per fill retail)	<i>erythromycin ethylsuccinate SUSR PO</i>	P	
ZITHROMAX PACK PO	P	QL(2 EA per fill retail)	<i>erythromycin ethylsuccinate TABS PO</i>	P	
ZITHROMAX SUSR PO 100 MG/5ML <i>(Use azithromycin)</i>	NP	QL(15 ML per fill retail)	<i>erythromycin stearate TABS PO 250 MG</i>	P	
ZITHROMAX SUSR PO 200 MG/5ML <i>(Use azithromycin)</i>	NP	QL(30 ML per fill retail)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX TABS PO 500 MG <i>(Use azithromycin)</i>	NP	QL(4 EA daily)	Bandages-Dressings-Tape		
ZITHROMAX TABS PO 250 MG <i>(Use azithromycin)</i>	NP	QL(6 EA per fill retail)	GAUZE SPONGES	P	RX/OTC
Clarithromycin			Contraceptives		
<i>clarithromycin SUSR PO 250 MG/5ML</i>	P	QL(200 ML per fill retail)	CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
<i>clarithromycin SUSR PO 125 MG/5ML</i>	P	QL(100 ML per fill retail)	Diabetic Supplies		
<i>clarithromycin TABS PO</i>	P	QL(28 EA per fill retail)	BIOTEL CARE BLOOD GLUCOSE KIT	NP	RX/OTC
<i>clarithromycin TB24 PO</i>	P	QL(14 EA per fill retail)	CONTOUR NEXT EZ KIT	NP	RX/OTC
Erythromycins			CONTOUR NEXT GEN MONITOR KIT	NP	RX/OTC
E.E.S. GRANULES SUSR PO <i>(Use erythromycin ethylsuccinate)</i>	NP		CONTOUR PLUS BLUE KIT	NP	RX/OTC
			DEXCOM G6 RECEIVER	NP	
			DEXCOM G7 RECEIVER	NP	
			DEXCOM G7 SENSOR	NP	
			EASY MAX T1 GLUCOSE SYSTEM KIT	NP	RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	RX/OTC	ONETOUCH ULTRA 2 KIT	P	RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP		ONETOUCH ULTRA MINI KIT	P	RX/OTC
EVERSENSE E3 SENSOR/HOLDER	NP		ONETOUCH VERIO FLEX SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 14 DAY READER	P	QL(1 EA per 365 day(s) retail); PA	ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 14 DAY SENSOR	P	QL(2 EA per 28 day(s) retail); PA	ONETOUCH VERIO KIT	P	RX/OTC
FREESTYLE LIBRE 2 PLUS SENSOR	P	QL(2 EA per 28 day(s) retail); PA	TEMPO WELCOME KIT	NP	RX/OTC
FREESTYLE LIBRE 2 READER	P	QL(1 EA per 365 day(s) retail); PA	Misc. Devices		
FREESTYLE LIBRE 2 SENSOR	P	QL(2 EA per 28 day(s) retail); PA	ALCOHOL PREP PADS-MISC	P	OTC
FREESTYLE LIBRE 3 PLUS SENSOR	P	QL(2 EA per 28 day(s) retail); PA	Optical and Ophthalmic Supplies		
FREESTYLE LIBRE 3 READER	P	QL(1 EA per 365 day(s) retail); PA	SUSVIMO OCULAR IMPLANT	P	SP; PA
FREESTYLE LIBRE 3 SENSOR	P	QL(2 EA per 28 day(s) retail); PA	Parenteral Therapy Supplies		
FREESTYLE LIBRE 3 READER	P	QL(1 EA per 365 day(s) retail); PA	ADVOCATE INSULIN PEN NEEDLE	NP	RX/OTC
FREESTYLE LIBRE 3 SENSOR	P	QL(2 EA per 28 day(s) retail); PA	AQINJECT PEN NEEDLE	NP	RX/OTC
FREESTYLE LIBRE READER	P	QL(1 EA per 365 day(s) retail); PA	ASSURE ID DUO PRO PEN NEEDLES	NP	RX/OTC
FREESTYLE LITE KIT	NP	RX/OTC	ASSURE ID PRO PEN NEEDLES	NP	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP		AUM INSULIN SAFETY PEN NEEDLE	NP	RX/OTC
GUARDIAN REAL-TIME REPLACE PED	NP		AUM PEN NEEDLE	NP	RX/OTC
LANCETS-MISC	P	QL (6.67 ea daily); OTC	BD PEN NEEDLES	P	QL (5 ea daily); OTC
LANCING DEVICE-MISC	P	OTC	COMFORT EZ PRO PEN NEEDLES	NP	RX/OTC
MM BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	EASY COMFORT PEN NEEDLES	NP	RX/OTC
ONETOUCH SOLUTIONS STARTER KIT KIT	NP		EMBRACE PEN NEEDLES	NP	RX/OTC
			INSULIN SYRINGES	P	QL (5 ea daily); OTC
			INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC
			INSUPEN PEN NEEDLES	NP	RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE/5-BEVEL TIP	NP	RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PEN NEEDLES	NP	RX/OTC	AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SURE COMFORT PEN NEEDLES	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
TECHLITE PLUS PEN NEEDLES	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
TRUE COMFORT PEN NEEDLES	NP	RX/OTC	AIRZONE PEAK FLOW METER	P	RX/OTC
TRUE COMFORT PRO PEN NEEDLES	NP	RX/OTC	ALL FLOW 1000 PFT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	NP	RX/OTC	ASSESS PEAK FLOW METER	P	RX/OTC
UNIFINE PROTECT PEN NEEDLE	NP	RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	NP	RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE	NP	RX/OTC	BREATHE EASE PEAK FLOW METER	P	RX/OTC
VERIFINE PLUS PEN NEEDLE	NP	RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	CARETOUCH CPAP PRE-WASH SOLN MISC	P	QL(1 ML per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP TUBE BRUSH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC			
ADULT MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC			
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC			

Georgia Medicaid

Updated January 1, 2025

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH UNIVERSL CPAP FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
DISPOSABLE FULL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
DISPOSABLE LOW RANGE/PEDIATRIC MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	HUDSON RCI AEROSOL MASK ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
DISPOSABLE LOW RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
DISPOSABLE PAPER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	KOKO PEAK PRO MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
DISPOSABLE UNIVERSAL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	LUNG PERFORM PEAK FLOW METER	P	RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 EA per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 EA per 360 day(s) retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW	P	RX/OTC
FILTER AIR PP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MINI WRIGHT PEAK FLOW METER	P	RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
			NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEBULIZER MASK ADULT/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PED MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC
ONE FLOW TESTER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PEAK A-I-R FLOW METER	P	RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PEAK AIR PEAK FLOW METER	P	RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PEAK FLOW METER UNIVERSAL RANG	P	RX/OTC
PANDA MASK LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC	PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PERSONAL BEST FULL RANGE	P	RX/OTC
PARI BABY CONVERSION KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PFLEX MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI BUBBLES PEDIATRIC MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PIKO 1	P	RX/OTC
PARI EXPIRATORY FILTER SET DEVI	P	QL(1 EA per 360 day(s) retail); RX/OTC	PILLOW MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
			PILLOW MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
			PILLOW MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POCKET PEAK FLOW METER	P	RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER	P	RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT FLOW METER ADULT	P	RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT FLOW METER CHILD	P	RX/OTC	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)
REPLACEMENT AIR FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)
REPLACEMENT FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	STRIVE DUAL ZONE PEAK FLOW MTR	P	RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	TRUZONE PEAK FLOW METER	P	RX/OTC
SAMI THE SEAL FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	TUBING/WING TIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	WINDMILL TRAINER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
SILICONE MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	Migraine Combinations		
SILICONE MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CAFERGOT TABS PO <i>(Use ergotamine w/ caffeine)</i>	NP	AL(At least 18 yrs old)
SILICONE MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine</i> TABS PO	P	AL(At least 18 yrs old)
			Migraine Products		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)	<i>rizatriptan benzoate TBDP PO</i>	P	QL(0.4 EA daily)
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)	<i>sumatriptan</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)
Serotonin Agonists			<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)
<i>eletriptan hydrobromide PO</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan succinate TABS PO</i>	P	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail); AL(At least 12 yrs old)	<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)
IMITREX TABS PO (Use <i>sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail); AL(At least 12 yrs old)	<i>zolmitriptan TABS PO</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
MAXALT-MLT TBDP PO 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(0.4 EA daily)	<i>zolmitriptan TBDP PO</i>	P	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
MAXALT TABS PO 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	ZOMIG SOLN 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 12 yrs old)
<i>naratriptan hcl PO</i>	P	QL(9 EA per 30 day(s) retail); AL(At least 18 yrs old)	ZOMIG TABS PO 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)
RELPAK PO (Use <i>eletriptan hydrobromide</i>)	NP	QL(6 EA per 30 day(s) retail); AL(At least 18 yrs old)	MINERALS & ELECTROLYTES		
<i>rizatriptan benzoate TABS PO</i>	P	QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)	Calcium		
			CALCIUM 600 +D HIGH POTENCY TABS PO	P	OTC; QL(2 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol TABS PO 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG</i>	P	QL(2 EA daily)	FT ELECTROLYTE SOLN PO	P	QL(1000 ML per fill retail)
<i>calcium carbonate-cholecalciferol TABS PO 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	P	OTC	GOODSENSE ELECTROLYTE ADV CARE SOLN PO	P	QL(1000 ML per fill retail)
<i>calcium carbonate-vitamin d TABS PO 600 MG-200 UNIT</i>	P	OTC; QL(2 EA daily)	HYDRALYTE FREEZER POPS SOLN PO	P	QL(1000 ML per fill retail)
<i>calcium carbonate-vitamin d TABS PO 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	OTC	HYDRALYTE SOLN PO	P	QL(1000 ML per fill retail)
CALTRATE 600+D3 TABS PO (Use calcium carbonate-cholecalciferol)	NP	QL(2 EA daily)	KINDERLYTE PREMAX SOLN PO	P	QL(1000 ML per fill retail)
CALTRATE BONE HEALTH TABS PO (Use calcium carbonate-cholecalciferol)	NP	QL(2 EA daily)	KINDERLYTE SOLN PO	P	QL(1000 ML per fill retail)
<i>oyster shell PO</i>	P	OTC	<i>oral electrolytes SOLN PO</i>	P	QL(1000 ML per fill retail)
OYSTER SHELL CALCIUM/D TABS PO 500 MG-200 UNIT	P	OTC	PEDIALYTE ADVANCED CARE SOLN PO (Use oral electrolytes)	NP	QL(1000 ML per fill retail)
PARVA-CAL PO 200 UNIT-500 MG	P	OTC	PEDIALYTE FREEZER POPS SOLN PO (Use oral electrolytes)	NP	QL(1000 ML per fill retail)
QC CALCIUM 500MG-D3 TABS PO	P	OTC	PEDIALYTE IMMUNE SUPPORT SOLN PO	P	QL(1000 ML per fill retail)
Electrolyte Mixtures			PEDIALYTE SINGLES SOLN PO (Use oral electrolytes)	NP	QL(1000 ML per fill retail)
BIOLYTE SOLN PO	P	QL(1000 ML per fill retail)	PEDIALYTE SOLN PO (Use oral electrolytes)	NP	QL(1000 ML per fill retail)
CERASPORT EX1 SOLN PO	P	QL(1000 ML per fill retail)	TRUELYTE SOLN PO	P	QL(1000 ML per fill retail)
CERASPORT SOLN PO	P	QL(1000 ML per fill retail)	Fluoride		
ENFAMIL ENFALYTE SOLN PO	P	QL(1000 ML per fill retail)	<i>sodium fluoride CHEW PO</i>	P	AL(Up to 15 yrs old)
EQUALYTE SOLN PO (Use oral electrolytes)	NP	QL(1000 ML per fill retail)	<i>sodium fluoride SOLN PO</i>	P	AL(Up to 15 yrs old); RX/OTC
			SOLUVITA SOLN PO	P	AL(Up to 15 yrs old); RX/OTC
			Magnesium		
			MAGNESIUM EXTRA STRENGTH CAPS PO	P	OTC
			<i>magnesium oxide (mg supplement) TABS PO</i>	P	OTC
			MAGNESIUM OXIDE -MG SUPPLEMENT CAPS PO	P	OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGOX 400 TABS PO (Use magnesium oxide (mg supplement))	NP	OTC	<i>penicillamine TABS PO</i>	P	
Phosphate			SYPRINE PO (Use <i>trientine hcl</i>)	NP	SP; PA
K-PHOS-NEUTRAL PO (Use <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NP	QL(8 EA daily)	<i>trientine hcl PO 500 MG</i>	P	SP
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO</i>	P	QL(8 EA daily)	<i>trientine hcl PO 250 MG</i>	P	SP; PA
Potassium			Enzymes		
K-TAB TBCR PO 10 MEQ (Use <i>potassium chloride</i>)	NP		XIAFLEX	P	SP; PA
<i>potassium bicarbonate TBEF PO</i>	P		Fecal Incontinence Bulking Agents		
<i>potassium chloride microencapsulated crystals er PO</i>	P		SOLESTA	P	SP; PA
<i>potassium chloride CPCR PO 10 MEQ</i>	P		Immunomodulators		
<i>potassium chloride CPCR PO 8 MEQ</i>	P	QL(1 EA daily)	<i>lenalidomide PO</i>	P	SP; PA
<i>potassium chloride PACK PO 20 MEQ</i>	P		REVLIMID PO	P	SP; PA
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P		REZUROCK	P	SP; PA
<i>potassium chloride TBCR PO 8 MEQ, 10 MEQ</i>	P		THALOMID PO	P	SP; PA
Zinc			VYVGART	P	SP; PA
<i>zinc sulfate CAPS PO</i>	P	QL(100 EA per fill retail)	Immunosuppressive Agents		
MISCELLANEOUS THERAPEUTIC CLASSES			ATGAM	P	SP; PA
Allogeneic Tissue			<i>azathioprine TABS PO 75 MG, 100 MG</i>	P	PA
RETHYMIC	P	SP; PA	<i>azathioprine TABS PO 50 MG</i>	P	
Chelating Agents			CELLCEPT CAPS PO (Use <i>mycophenolate mofetil</i>)	NP	
DEPEN TITRATABS TABS PO (Use <i>penicillamine</i>)	NP		CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	NP	
			CELLCEPT TABS PO (Use <i>mycophenolate mofetil</i>)	NP	
			<i>cyclosporine modified (for microemulsion) CAPS PO</i>	P	
			<i>cyclosporine modified (for microemulsion) SOLN PO</i>	P	
			<i>cyclosporine CAPS PO</i>	P	
			<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
			ENSPRYNG	P	SP; PA
			GAMIFANT	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
IMURAN TABS PO (<i>Use azathioprine</i>)	NP	
LUPKYNIS	P	SP; PA
<i>mycophenolate mofetil CAPS PO</i>	P	
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS PO</i>	P	
<i>mycophenolate sodium PO</i>	P	
MYFORTIC PO (<i>Use mycophenolate sodium</i>)	NP	
NEORAL CAPS PO (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
NEORAL SOLN PO (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
NULOJIX	P	SP; PA
PROGRAF CAPS PO (<i>Use tacrolimus</i>)	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
RAPAMUNE TABS PO (<i>Use sirolimus</i>)	NP	
SANDIMMUNE CAPS PO (<i>Use cyclosporine</i>)	NP	
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS PO</i>	P	
<i>tacrolimus CAPS PO</i>	P	
THYMOGLOBULIN	P	SP; PA
Lymphatic Agents		
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD PO</i>	P	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP; PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	P	SP; PA
BENLYSTA SOLR	P	SP; PA
BENLYSTA SOSY	P	SP; PA
SAPHNELO	P	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail)
Anti-infectives - Throat		
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NP	QL(120 ML per fill retail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium fluoride (dental) CREA</i>	P	PA
<i>sodium fluoride (dental) GEL</i>	P	
<i>sodium fluoride (dental) PSTE DT</i>	P	
Periodontal Products		
ARESTIN	P	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</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 SOLN	P	QL(900 ML per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ML per fill retail); RX/OTC
CVS DRY MOUTH 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

Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE REMINT SOLN	P	QL(900 ML per fill retail); RX/OTC
MOUTH KOTE SOLN	P	QL(900 ML per fill retail); RX/OTC
NUMOISYN LIQD	P	QL(900 ML per fill retail); RX/OTC
ORAL RELIEF SPRAY SOLN	P	QL(900 ML per fill retail); RX/OTC
<i>pilocarpine hcl (oral) PO 5 MG</i>	P	QL(6 EA daily)
RA DRY MOUTH SOLN	P	QL(900 ML per fill retail); RX/OTC
SALAGEN PO 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 EA daily)
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS PO</i>	P	OTC; QL(1 EA daily)
<i>b-complex vitamins TABS PO</i>	P	QL(1 EA daily)
B-Complex w/ C		
<i>b complex w/ c CAPS PO</i>	P	OTC; QL(1 EA daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS PO</i>	P	QL(1 EA daily); RX/OTC
<i>b-complex w/ c & folic acid TABS PO</i>	P	QL(1 EA daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS PO</i>	P	OTC; QL(1 EA daily)
TAB-A-VITE/IRON/BETA CAROTENE TABS PO	P	OTC; QL(1 EA daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC	STRESS FORMULA/ZINC/ENERGY TABS PO	P	OTC; QL(1 EA daily); RX/OTC
Multivitamins			THERA TABS PO	P	OTC; QL(1 EA daily); RX/OTC
ALTRIXA TABS PO	P	OTC; QL(1 EA daily); RX/OTC	THEREMS TABS PO	P	OTC; QL(1 EA daily); RX/OTC
AMLADEX TABS PO	P	OTC; QL(1 EA daily); RX/OTC	TM-DAILY VITE TABS PO	P	OTC; QL(1 EA daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS PO	P	OTC; QL(1 EA daily); RX/OTC	TRUE MULTIVITAMIN TABS PO	P	OTC; QL(1 EA daily); RX/OTC
ESTROFACTORS TABS PO	P	OTC; QL(1 EA daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
FOLCYTEINE TABS PO	P	OTC; QL(1 EA daily); RX/OTC	<i>ped multivitamins w/fl & iron SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
GENICIN VITA-Q TABS PO	P	OTC; QL(1 EA daily); RX/OTC	Ped Multiple Vitamins w/ Minerals		
HIGH POTENCY MULTIVITAMIN TABS PO	P	OTC; QL(1 EA daily); RX/OTC	PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
MULTI VITAMIN W/D-3 TABS PO	P	OTC; QL(1 EA daily); RX/OTC	Ped MV w/ Fluoride		
MULTI VITAMIN TABS PO	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW PO 1 MG	P	RX/OTC
<i>multiple vitamin TABS PO</i>	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN ADULT TABS PO	P	OTC; QL(1 EA daily); RX/OTC	FLORAFOL PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN TABS PO	P	OTC; QL(1 EA daily); RX/OTC	FLORIVA PLUS SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
NEOMULTIVITE TABS PO	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW PO 0.25 MG, 1 MG	P	RX/OTC
OMNICAP TABS PO	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
ONE DAILY ESSENTIALS TABS PO	P	OTC; QL(1 EA daily); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC
ONE DAILY ESSENTIAL TABS PO	P	OTC; QL(1 EA daily); RX/OTC			
ONE VITE DAILY MULTIVITAMIN TABS PO	P	OTC; QL(1 EA daily); RX/OTC			
ONE-A-DAY ESSENTIAL TABS PO (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 EA daily); RX/OTC			
ONE-A-DAY MENS TABS PO (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 EA daily); RX/OTC			
QUINTABS TABS PO	P	OTC; QL(1 EA daily); RX/OTC			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN/FLUORIDE CHEW PO 0.25 MG, 1 MG	P	RX/OTC	VITAMINS ACD-FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	Ped MV w/ Iron		
MULTI-VIT-FLOR CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE/FE SOLN PO	P	OTC; QL(60 ML per fill retail)
MULTI-VIT-FLOR CHEW PO 0.25 MG, 1 MG	P	RX/OTC	MULTIVITAMIN DROPS/IRON SOLN PO	P	OTC; QL(60 ML per fill retail)
<i>pediatric multivitamins w/fl CHEW PO 0.25 MG, 1 MG</i>	P	RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	OTC; QL(60 ML per fill retail)
<i>pediatric multivitamins w/fl CHEW PO 0.5 MG</i>	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITA/FE DROP SOLN PO	P	OTC; QL(60 ML per fill retail)
<i>pediatric multivitamins w/fl SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA/IRON SOLN PO	P	OTC; QL(60 ML per fill retail)
<i>pediatric vitamins acd w/ fluoride SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITE/IRON SOLN PO	P	OTC; QL(60 ML per fill retail)
POLY-VI-FLOR CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	Pediatric Multiple Vitamins		
POLY-VI-FLOR CHEW PO 0.25 MG, 1 MG	P	RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	OTC; QL(50 ML per fill retail)
QUFLORA PEDIATRIC CHEW PO 0.5 MG	P	QL(1 EA daily); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN PO	P	OTC; QL(50 ML per fill retail)
QUFLORA PEDIATRIC CHEW PO 0.25 MG, 1 MG	P	RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	OTC; QL(50 ML per fill retail)
QUFLORA PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-SOL SOLN PO	P	OTC; QL(50 ML per fill retail)
SOLUVITA ACD WITH FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITA SOLN PO	P	OTC; QL(50 ML per fill retail)
SOLUVITA WITH FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VITE PEDIATRIC SOLN PO	P	OTC; QL(50 ML per fill retail)
			Prenatal Vitamins		
			PRENATAL VITAMINS-MISC	P	RX/OTC
			Vitamins w/ Lipotropics		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>vitamins w/ lipotropics CAPS PO</i>	P	OTC; QL(1 EA daily)	GENVISC 850 SOSY	P	SP; PA
MUSCULOSKELETAL THERAPY AGENTS -			HYALGAN SOLN	P	SP; PA
Drugs to Treat Spasms			HYALGAN SOSY	P	SP; PA
Articular Cartilage Repair Therapy			HYMOVIS	P	SP; PA
MACI	P	SP; PA	HYRONAN KIT	P	SP; PA
Central Muscle Relaxants			MONOVISC	P	SP; PA
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA	ORTHOVISC	P	SP; PA
<i>baclofen TABS PO 10 MG, 20 MG</i>	P		SUPARTZ FX SOSY	P	SP; PA
<i>chlorzoxazone TABS PO 500 MG</i>	P		SYNOJOYNT SOSY	P	SP; PA
<i>cyclobenzaprine hcl TABS PO 7.5 MG</i>	P	QL(4 EA daily)	SYNVISC ONE SOSY	P	SP; PA
<i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>	P	QL(3 EA daily)	SYNVISC SOSY	P	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA	TRILURON SOSY	P	SP; PA
GABLOFEN SOLN IT (<i>Use baclofen</i>)	NP	SP; PA	TRIVISC SOSY	P	SP; PA
LIORESAL SOLN IT (<i>Use baclofen</i>)	NP	SP; PA	VISCO-3 SOSY	P	SP; PA
LIORESAL SOLN IT	P	SP; PA	NASAL AGENTS - SYSTEMIC AND TOPICAL -		
<i>methocarbamol TABS PO 500 MG, 750 MG</i>	P		Drugs to treat the Nose or Sinus		
<i>orphenadrine citrate TB12 PO</i>	P		Nasal Agents - Misc.		
<i>tizanidine hcl TABS PO</i>	P		FT SALINE NASAL SPRAY SOLN	P	OTC; QL(480 ML per fill retail); AL(Up to 21 yrs old)
ZANAFLEX TABS PO 4 MG (<i>Use tizanidine hcl</i>)	NP		LITTLE REMEDIES SALINE SOLN	P	OTC; QL(480 ML per fill retail); AL(Up to 21 yrs old)
Viscosupplements			SALINE NASAL SPRAY 0.65%	P	OTC;QL(480 ml per fill retail); AL(Up to 21 yrs old)
DUROLANE PRSY	P	SP; PA	Nasal Antiallergy		
EUFLEXXA SOSY	P	SP; PA	<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	P	QL(30 ML per fill retail); RX/OTC
GEL-ONE	P	SP; PA	<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
GELSYN-3 SOSY	P	SP; PA	<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	OTC; QL(26 ML per 30 day(s) retail)
			NASALCROM (<i>Use cromolyn sodium (nasal)</i>)	NP	OTC; QL(26 ML per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ML per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ML per 30 day(s) retail)
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NP	QL(16 ML per fill retail); RX/OTC
<i>flunisolide (nasal)</i>	P	QL(25 ML per 30 day(s) retail)
<i>fluticasone propionate (nasal) SUSP</i>	P	QL(16 ML per fill retail); RX/OTC
NASACORT ALLERGY 24HR AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NP	AL(At least 2 yrs old)
<i>triamcinolone acetonide (nasal) AERO</i>	P	AL(At least 2 yrs old)
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (<i>Use epinephrine hcl (nasal)</i>)	NP	QL(120 ML per fill retail); AL(Up to 21 yrs old)
<i>epinephrine hcl (nasal)</i>	P	QL(120 ML per fill retail); AL(Up to 21 yrs old)
<i>phenylephrine hcl (oral) TABS PO</i>	P	OTC; QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS PO</i>	P	OTC; AL(Up to 21 yrs old)
<i>pseudoephedrine hcl TB12 PO</i>	P	OTC; QL(62 EA per 30 day(s) retail); AL(Up to 21 yrs old)
SUDAFED CHILDRENS LIQD PO	P	OTC; AL(Up to 21 yrs old)
SUDAFED PE CHILDRENS SOLN PO	P	OTC; QL(120 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SUDAFED PE SINUS CONGESTION TABS PO (<i>Use phenylephrine hcl (oral)</i>)	NP	OTC; QL(24 EA per fill retail)
SUDAFED SINUS CONGESTION TABS PO (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)
SUDAFED TABS PO (<i>Use pseudoephedrine hcl</i>)	NP	OTC; AL(Up to 21 yrs old)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>edaravone SOLN</i>	P	SP; PA
EXSERVAN FILM	P	SP; PA
RADICAVA ORS STARTER KIT SUSP	P	SP; PA
RADICAVA ORS SUSP	P	SP; PA
RADICAVA SOLN (<i>Use edaravone</i>)	NP	SP; PA
RILUTEK TABS PO (<i>Use riluzole</i>)	NP	PA
<i>riluzole TABS PO</i>	P	PA
TEGLUTIK SUSP	P	SP; PA
TIGLUTIK SUSP	P	SP; PA
Muscular Dystrophy Agents		
AMONDYS 45	P	SP; PA
EXONDYS 51	P	SP; PA
VILTEPSO	P	SP; PA
VYONDYS 53	P	SP; PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	P	SP; PA
SPINRAZA	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 10.1-10.5 KG	P	SP; PA

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 10.6-11.0 KG	P	SP; PA	ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 11.1-11.5 KG	P	SP; PA	ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 11.6-12.0 KG	P	SP; PA	ZOLGENSMA 4.6-5.0 KG	P	SP; PA
ZOLGENSMA 12.1-12.5 KG	P	SP; PA	ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 12.6-13.0 KG	P	SP; PA	ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 13.1-13.5 KG	P	SP; PA	ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 13.6-14.0 KG	P	SP; PA	ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 14.1-14.5 KG	P	SP; PA	ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 14.6-15.0 KG	P	SP; PA	ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 15.1-15.5 KG	P	SP; PA	ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 15.6-16.0 KG	P	SP; PA	ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 16.1-16.5 KG	P	SP; PA	ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 16.6-17.0 KG	P	SP; PA	ZOLGENSMA 9.6-10.0 KG	P	SP; PA
ZOLGENSMA 17.1-17.5 KG	P	SP; PA	NUTRIENTS		
ZOLGENSMA 17.6-18.0 KG	P	SP; PA	Carbohydrates		
ZOLGENSMA 18.1-18.5 KG	P	SP; PA	POLYCOSE LIQD	P	OTC; QL(124 ML per fill retail)
ZOLGENSMA 18.6-19.0 KG	P	SP; PA	POLYCOSE POWD PO	P	OTC; QL(350 GM per fill retail)
ZOLGENSMA 19.1-19.5 KG	P	SP; PA	Lipids		
ZOLGENSMA 19.6-20.0 KG	P	SP; PA	DOJOLVI	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA	Misc. Nutritional Substances		
ZOLGENSMA 20.1-20.5 KG	P	SP; PA	<i>omega-3 fatty acids CAPS PO 1000 MG, 1200 MG</i>	P	OTC; QL(6 EA daily)
ZOLGENSMA 3.1-3.5 KG	P	SP; PA	<i>omega-3 fatty acids CPDR PO 1200 MG</i>	P	QL(6 EA daily)
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Artificial Tears and Lubricants		
			<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ML per 30 day(s) retail)
			<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 GM per fill retail)
			Beta-blockers - Ophthalmic		

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl (ophth) SOLN</i>	P		MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	
<i>carteolol hcl (ophth)</i>	P		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ML per 30 day(s) retail)
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per 30 day(s) retail)	<i>tropicamide SOLN</i>	P	
DORZOLAMIDE HCL-TIMOLOL MAL	P	QL(10 ML per 30 day(s) retail)	Miotics		
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per 30 day(s) retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per 30 day(s) retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per 30 day(s) retail)	BEOVU SOLN	P	SP; PA
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 EA per 30 day(s) retail)	BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ML per 30 day(s) retail)	BEVACIZUMAB IO 2.75 MG/0.11ML, 3.75 MG/0.15ML	P	PA
Cycloplegic Mydriatics			EYLEA HD SOLN	P	SP; PA
<i>atropine sulfate (ophthalmic) OINT</i>	P		EYLEA SOLN	P	SP; PA
<i>atropine sulfate (ophthalmic) SOLN</i>	P		EYLEA SOSY	P	SP; PA
ATROPINE SULFATE SOLN 1 %	P		LUCENTIS SOLN 0.3 MG/0.05ML	P	SP; PA
ATROPINE SULFATE SOLN 1 % (<i>Use atropine sulfate (ophthalmic)</i>)	NP		LUCENTIS SOSY	P	SP; PA
CYCLOGYL 0.5 %	P	QL(15 ML per 30 day(s) retail)	SUSVIMO (IMPLANT 1ST FILL) SOLN	P	SP; PA
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP		SUSVIMO (IMPLANT REFILL) SOLN	P	SP; PA
CYCLOGYL 2 %	P		VABYSMO SOLN	P	SP; PA
<i>cyclopentolate hcl 1 %, 2 %</i>	P		Ophthalmic Adrenergic Agents		
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ML per 30 day(s) retail)	<i>apraclonidine hcl</i>	P	
<i>homatropine hbr</i>	P	QL(15 ML per fill retail)	<i>brimonidine tartrate 0.2 %</i>	P	
ISOPTO ATROPINE SOLN	P		IOPIDINE	P	
			Ophthalmic Anti-infectives		
			<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per 30 day(s) retail)
			<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT	P	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NP	
ciprofloxacin hcl (ophth) SOLN	P	
ERYTHROMYCIN	P	
erythromycin (ophth)	P	
gentamicin sulfate (ophth) OINT	P	QL(4 GM per 30 day(s) retail)
gentamicin sulfate (ophth) SOLN	P	
moxifloxacin hcl (ophth) SOLN OP	P	QL(3 ML per fill retail)
neomycin-bacitracin zn-polymyxin	P	QL(4 GM per 30 day(s) retail)
neomycin-polymyxin-gramicidin	P	QL(10 ML per 30 day(s) retail)
OCUFLOX (Use ofloxacin (ophth))	NP	QL(10 ML per 30 day(s) retail)
ofloxacin (ophth)	P	QL(10 ML per 30 day(s) retail)
polymyxin b-trimethoprim	P	QL(10 ML per fill retail)
POLYTRIM (Use polymyxin b-trimethoprim)	NP	QL(10 ML per fill retail)
sulfacetamide sodium (ophth) OINT	P	QL(4 GM per 30 day(s) retail)
sulfacetamide sodium (ophth) SOLN	P	QL(15 ML per 30 day(s) retail)
tobramycin (ophth) SOLN	P	QL(5 ML per 30 day(s) retail)
TOBREX OINT	P	
trifluridine	P	QL(8 ML per 30 day(s) retail)
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	NP	QL(3 ML per fill retail)
Ophthalmic Decongestants		
naphazoline w/ pheniramine 0.315 %-0.027 %	P	OTC; QL(15 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
OPCON-A (Use naphazoline w/ pheniramine)	NP	OTC; QL(15 ML per 30 day(s) retail)
tetrahydrozoline hcl (ophth) 0.05 %	P	OTC
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	NP	OTC
Ophthalmic Gene Therapy		
LUXTURN A	P	SP; PA
Ophthalmic Local Anesthetics		
tetracaine hcl (ophth)	P	
Ophthalmic Photodynamic Therapy Agents		
VISUDYNE	P	SP; PA
Ophthalmic Photoenhancers		
PHOTREXA-PHOTREXA VISCOUS KIT	P	SP; PA
Ophthalmic Steroids		
BLEPHAMIDE S.O.P. OINT	P	
dexamethasone sodium phosphate (ophth)	P	
DEXTENZA INST	P	SP; PA
DEXYCU SUSP IO	P	SP; PA
fluorometholone (ophth) SUSP	P	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NP	
FML OINT	P	QL(4 GM per 30 day(s) retail)
ILUVIEN	P	SP; PA
MAXITROL OINT (Use neomycin-polymyx-dexameth)	NP	QL(4 GM per 30 day(s) retail)
MAXITROL SUSP (Use neomycin-polymyx-dexameth)	NP	QL(10 ML per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyx-dexameth OINT</i>	P	QL(4 GM per 30 day(s) retail)	ALOMIDE	P	QL(10 ML per 30 day(s) retail); PA
<i>neomycin-polymyx-dexameth SUSP</i>	P	QL(10 ML per 30 day(s) retail)	<i>azelastine hcl (ophth)</i>	P	QL(6 ML per 30 day(s) retail)
<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ML per 30 day(s) retail)	AZOPT (<i>Use brinzolamide</i>)	NP	
OZURDEX IMPL	P	SP; PA	<i>brinzolamide</i>	P	
PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP		<i>cromolyn sodium (ophth)</i>	P	QL(10 ML per fill retail)
PRED MILD	P	QL(10 ML per 30 day(s) retail)	CYSTADROPS	P	SP; PA
<i>prednisolone acetate (ophth)</i>	P		CYSTARAN	P	SP; PA
<i>prednisolone acetate (ophth)</i>	NP		<i>diclofenac sodium (ophth)</i>	P	QL(3 ML per 30 day(s) retail)
PREDNISOLONE ACETATE P-F	P		<i>dorzolamide hcl</i>	P	QL(10 ML per 30 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per 30 day(s) retail)	DORZOLAMIDE HCL	P	QL(10 ML per 30 day(s) retail)
RETISERT	P	SP; PA	<i>flurbiprofen sodium</i>	P	QL(5 ML per 30 day(s) retail)
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ML per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ML per 30 day(s) retail)
TOBRADEX OINT	P	QL(4 GM per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ML per fill retail)
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ML per fill retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)	TRUSOPT (<i>Use dorzolamide hcl</i>)	NP	QL(10 ML per 30 day(s) retail)
TRIESENCE	P	SP; PA	ZADITOR 0.035 % (<i>Use ketotifen fumarate (ophth)</i>)	NP	
XIPERE	P	SP; PA	Prostaglandins - Ophthalmic		
YUTIQ	P	SP; PA	<i>latanoprost SOLN</i>	P	QL(5 ML per 30 day(s) retail)
Ophthalmics - Misc.			LATANOPROST SOLN	P	QL(5 ML per 30 day(s) retail)
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ML per fill retail)	XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(5 ML per 30 day(s) retail)
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(5 ML per 30 day(s) retail)	OTIC AGENTS - Drugs to Treat the Ear		
ALOCRIIL	P	QL(5 ML per 30 day(s) retail); PA	Otic Agents - Miscellaneous		
			<i>acetic acid (otic)</i>	P	QL(15 ML per 30 day(s) retail)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ML per 30 day(s) retail)
DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NP	OTC; QL(15 ML per 30 day(s) retail)
Otic Anti-infectives		
<i>ofloxacin (otic)</i>	P	QL(10 ML per fill retail)
Otic Combinations		
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	NP	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) 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 day(s) retail)
<i>pramoxine-hc-chloroxylonol</i>	P	QL(15 ML per fill retail)
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NP	QL(20 ML per fill retail); AL(At least 5 yrs old)
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ML per fill retail); AL(At least 5 yrs old)
<i>hydrocortisone w/acetic acid</i>	P	QL(20 ML per 30 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS PO</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		

Drug Name	Drug Tier	Requirements/Limits
Immune Serums		
BIVIGAM SOLN 10 GM/100ML	P	SP; PA
BIVIGAM SOLN 5 GM/50ML	P	PA
CUTAQUIG	P	SP; PA
CUVITRU SOLN	P	SP; PA
CYTOGAM SOLN	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	P	PA
GAMASTAN	P	SP; PA
GAMMAGARD	P	SP; PA
GAMMAGARD S/D LESS IGA SOLR	P	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
GAMMAPLEX SOLN	P	SP; PA
GAMMAPLEX SOLN 5 GM/50ML	P	PA
GAMUNEX-C	P	SP; PA
HEPAGAM B SOLN IJ	P	SP; PA
HIZENTRA SOLN	P	SP; PA
HIZENTRA SOSY	P	SP; PA
HYPERHEP B SOLN IM	P	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
HYPERRHO S/D SOSY IM 250 UNIT	P	SP; PA
MICRHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP; PA
NABI-HB SOLN IM	P	SP; PA
OCTAGAM SOLN 5 GM/50ML	P	PA
OCTAGAM SOLN	P	SP; PA
PANZYGA	P	SP; PA
PRIVIGEN SOLN 5 GM/50ML	P	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP; PA	<i>amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)
RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP	<i>amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
RHOPHYLAC SOSY IJ	P	SP; PA	<i>amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA	<i>amoxicillin & pot clavulanate TABS PO 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 EA per fill retail)
XEMBIFY	P	SP; PA	<i>amoxicillin & pot clavulanate TABS PO 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
Monoclonal Antibodies			<i>amoxicillin & pot clavulanate TB12 PO</i>	P	QL(40 EA per 30 day(s) retail)
BEYFORTUS	P	SP; PA	AUGMENTIN ES-600 SUSR PO (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ML per fill retail)
SYNAGIS SOLN	P	SP; PA	AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	P	QL(150 ML per fill retail)
ZINPLAVA	P	SP; PA	AUGMENTIN TABS PO 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 EA per fill retail)
Passive Immunizing Agents - Combinations			Penicillinase-Resistant Penicillins		
HYQVIA	P	SP; PA	<i>dicloxacillin sodium PO</i>	P	
PENICILLINS - Drugs to Treat Bacterial Infections			PHARMACEUTICAL ADJUVANTS		
Aminopenicillins			Internal Vehicle Ingredients/Agents		
<i>amoxicillin CAPS PO</i>	P		SIMPLYTHICK PO	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA
<i>amoxicillin CHEW PO 125 MG, 250 MG</i>	P				
<i>amoxicillin SUSR PO</i>	P				
AMOXICILLIN SUSR PO (Use <i>amoxicillin</i>)	NP				
<i>amoxicillin TABS PO 875 MG</i>	P				
<i>ampicillin CAPS PO 500 MG</i>	P				
Natural Penicillins					
<i>penicillin v potassium SOLR PO</i>	P				
<i>penicillin v potassium TABS PO</i>	P				
Penicillin Combinations					
<i>amoxicillin & pot clavulanate CHEW PO</i>	P	QL(20 EA per fill retail)			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK EASY MIX PO	P	OTC; QL(1816 GM per fill retail); AL(At least 1 yrs old); PA	ORA-SWEET SYRP PO 4 %-5 %-54 %	P	RX/OTC
Liquid Vehicles			PCCA SWEET-SF SYRP PO	P	RX/OTC
FLAVOR BLEND SUSP PO	P	RX/OTC	PCCA SYRUP VEHICLE SYRP PO	P	RX/OTC
FLAVOR PLUS LIQD PO	P	RX/OTC	PCCA-PLUS SUSP PO	P	RX/OTC
FLAVOR SWEET-SF SYRP PO	P	RX/OTC	SOSWEET SYRP PO	P	RX/OTC
FLAVOR SWEET SYRP PO	P	RX/OTC	STERILE DILUENT FLOLAN PH 12	P	SP; PA
<i>glycine diluent</i>	P	SP; PA	STERILE DILUENT FOR REMODULIN (Use glycine diluent)	NP	SP; PA
GRAPE SYRUP SYRP PO	P	RX/OTC	SUSPENDIT ANHYDROUS SUSP PO	P	RX/OTC
MX-SOL BLEND SF SUSP PO	P	RX/OTC	SUSPENDRX W/BITTERBLOC SWEET SUSP PO	P	RX/OTC
MX-SOL BLEND SUSP PO	P	RX/OTC	SUSPENDRX W/BITTERBLOC UNSWEET SUSP PO	P	RX/OTC
MX-SOL SF SYRP PO	P	RX/OTC	SUSPENSION VEHICLE SUSP PO	P	RX/OTC
MX-SOL SUSPEND SUSP PO	P	RX/OTC	SYRPALTA (RED) SYRP PO	P	RX/OTC
MX-SOL SYRP PO	P	RX/OTC	SYRPALTA SYRP PO	P	RX/OTC
ORA-BLEND SF SUSP PO	P	RX/OTC	SYRSPEND SF LIQD PO	P	RX/OTC
ORA-BLEND SUSP PO	P	RX/OTC	SYRUP VEHICLE SF SYRP PO	P	RX/OTC
ORAL MIX SF SUSP PO	P	RX/OTC	SYRUP VEHICLE SYRP PO	P	RX/OTC
ORAL MIX SUSP PO	P	RX/OTC	UNISPEND ANHYDROUS SWEETENED SUSP PO	P	RX/OTC
ORAL SUSPEND LIQD PO	P	RX/OTC	UNISPEND ANHYDROUS UNSWEETENED SUSP PO	P	RX/OTC
ORAL SYRUP SF SYRP PO	P	RX/OTC	VERSAFREE SYRP PO	P	RX/OTC
ORAL SYRUP SYRP PO	P	RX/OTC	VERSAPLUS SYRP PO	P	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD PO	P	RX/OTC	Semi Solid Vehicles		
ORAPENN SD ANHYD UNSWEETEN LIQD PO	P	RX/OTC	<i>Ianolin XX</i>	P	
ORA-PLUS LIQD PO	P	RX/OTC	LANOLIN XX	P	
ORA-SWEET SF SYRP PO 10 %-9 %	P	RX/OTC			

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS PO (Use norethindrone acetate)	NP	
hydroxyprogesterone caproate OIL	P	QL(2 ML per fill retail; 2 ML per 11 day(s) retail); SP; PA
MAKENA OIL (Use hydroxyprogesterone caproate)	NP	QL(2 ML per fill retail; 2 ML per 11 day(s) retail); SP; PA
MAKENA SOAJ	P	SP; PA
medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG	P	
norethindrone acetate TABS PO	P	
progesterone CAPS PO 100 MG	P	QL(30 EA per 30 day(s) retail)
progesterone CAPS PO 200 MG	P	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS PO 200 MG (Use progesterone)	NP	QL(20 EA per 30 day(s) retail)
PROMETRIUM CAPS PO 100 MG (Use progesterone)	NP	QL(30 EA per 30 day(s) retail)
PROVERA PO 5 MG, 10 MG (Use medroxyprogesterone acetate)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
disulfiram PO 250 MG	P	
Anti-Cataplectic Agents		

Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE SOLN PO	P	SP; PA
XYREM SOLN PO	P	SP; PA
XYWAV	P	SP; PA
Antidementia Agents		
ARICEPT TABS PO 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 EA daily)
donepezil hydrochloride TABS PO 5 MG, 10 MG	P	QL(1 EA daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	NP	QL(1 EA daily); PA
galantamine hydrobromide CP24 PO	P	QL(1 EA daily)
galantamine hydrobromide SOLN PO	P	QL(6 ML daily)
galantamine hydrobromide TABS PO	P	QL(2 EA daily)
memantine hcl SOLN PO 2 MG/ML	P	QL(2 ML daily); PA
memantine hcl TABS PO	P	QL(2 EA daily); PA
memantine hcl TABS PO	P	1 package(s) per 28 day(s) retail; PA
NAMENDA TITRATION PAK TABS PO (Use memantine hcl)	NP	1 package(s) per 28 day(s) retail; PA
NAMENDA TABS PO (Use memantine hcl)	NP	QL(2 EA daily); PA
RAZADYNE ER CP24 PO (Use galantamine hydrobromide)	NP	QL(1 EA daily)
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	P	QL(1 EA daily); PA
rivastigmine tartrate CAPS PO	P	QL(2 EA daily); PA
Combination Psychotherapeutics		
perphenazine-amitriptyline PO	P	QL(4 EA daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	P	QL(55 EA per 365 day(s) retail); PA
SAVELLA TABS PO	P	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
<i>tetrabenazine PO</i>	P	SP; PA
XENAZINE PO (<i>Use tetrabenazine</i>)	NP	SP; PA
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	SP; PA
AUBAGIO PO (<i>Use teriflunomide</i>)	NP	QL(1 EA daily); SP
AVONEX PEN AJKT	P	SP; PA
AVONEX PREFILLED PSKT	P	SP; PA
BAFIERTAM	P	SP; PA
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP
<i>dalfampridine</i>	P	SP; PA
<i>dimethyl fumarate CDPK</i>	P	SP
<i>dimethyl fumarate CPDR</i>	P	SP
EXTAVIA KIT	P	SP; PA
<i> fingolimod hcl PO</i>	P	QL(1 EA daily); SP
GILENYA PO (<i>Use fingolimod hcl</i>)	NP	QL(1 EA daily); SP
<i>glatiramer acetate SOSY</i>	P	SP
KESIMPTA	P	SP; PA
PLEGRIDY STARTER PACK SOAJ	P	SP; PA
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA
PLEGRIDY SOAJ	P	SP; PA
PLEGRIDY SOSY IM	P	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	P	SP; PA
REBIF REBIDOSE SOAJ	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK SOSY	P	SP; PA
REBIF SOSY	P	SP; PA
TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	NP	SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP
<i>teriflunomide PO</i>	P	QL(1 EA daily); SP
Smoking Deterrents		
APO-VARENICLINE TABS PO	P	QL(2 EA daily); AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent) PO</i>	P	QL(2 EA daily); AL(At least 18 yrs old)
CHANTIX STARTING MONTH PAK TBPK (<i>Use varenicline tartrate</i>)	NP	QL(53 EA per fill retail); AL(At least 18 yrs old)
NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NP	QL(1 EA daily)
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 EA daily)
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 EA daily)
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 EA daily)
<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily)
<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily)
NICOTINE KIT	P	
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily)
NICOTROL NS SOLN	P	QL(4 ML daily)
NICOTROL INHA	P	QL(16.8 EA daily)
<i>varenicline tartrate TABS PO</i>	P	QL(2 EA daily); AL(At least 18 yrs old)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate TBPK</i>	P	QL(53 EA per fill retail); AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	P	SP; PA
TEGSEDI	P	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
GLASSIA SOLN	P	SP; PA
PROLASTIN-C SOLN	P	SP; PA
PROLASTIN-C SOLR	P	SP; PA
ZEMAIRA SOLR 1000 MG	P	SP; PA
ZEMAIRA SOLR 4000 MG	P	PA
Cystic Fibrosis Agents		
BRONCHITOL	P	SP; PA
BRONCHITOL TOLERANCE TEST	P	SP; PA
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA
KALYDECO PACK 5.8 MG	P	SP
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA TBPK	P	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>Use pirfenidone</i>)	NP	SP; PA
ESBRIET TABS PO (<i>Use pirfenidone</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
OFEV	P	SP; PA
<i>pirfenidone CAPS</i>	P	SP; PA
<i>pirfenidone TABS PO</i>	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS PO (<i>Use doxycycline hyclate</i>)	NF	
<i>doxycycline (monohydrate) CAPS PO 50 MG, 100 MG</i>	P	
<i>doxycycline (monohydrate) TABS PO 50 MG, 100 MG</i>	P	
<i>doxycycline hyclate CAPS PO</i>	P	
<i>doxycycline hyclate TABS PO 100 MG</i>	P	
<i>minocycline hcl CAPS PO</i>	P	
<i>tetracycline hcl CAPS PO 500 MG</i>	P	
VIBRAMYCIN CAPS PO (<i>Use doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS PO</i>	P	
<i>propylthiouracil PO</i>	P	
Thyroid Hormones		
ADTHYZA TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS PO	P	
CYTOMEL TABS PO (<i>Use liothyronine sodium</i>)	NP	
<i>levothyroxine sodium TABS PO</i>	P	

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithyronine sodium TABS PO</i>	P		<i>glycopyrrolate TABS PO 1 MG, 2 MG</i>	P	QL(4 EA daily)
NIVA THYROID TABS PO	P		<i>hyoscyamine sulfate ELIX PO</i>	P	
NP THYROID TABS PO	P		<i>hyoscyamine sulfate ELIX PO</i>	NP	
SYNTHROID TABS PO (Use <i>levothyroxine sodium</i>)	P		HYOSCYAMINE SULFATE POWD	P	
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P		<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	P	
TOXOIDS			<i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>	NP	
Toxoid Combinations			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP	
ADACEL SUSP	P		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P	
BOOSTRIX SUSP	P		<i>hyoscyamine sulfate TABS PO 0.125 MG</i>	P	
BOOSTRIX SUSY	P		<i>hyoscyamine sulfate TABS PO 0.125 MG</i>	NP	
DAPTACEL	P		<i>hyoscyamine sulfate TB12 PO 0.375 MG</i>	P	QL(4 EA daily)
DIPHThERIA-TETANUS TOXOIDS DT SUSP	P		<i>hyoscyamine sulfate TBDP PO 0.125 MG</i>	P	
INFANRIX	P		<i>hyoscyamine sulfate TBDP PO 0.125 MG</i>	NP	QL(4 EA daily)
KINRIX SUSY	P		LEVBIID TB12 PO (Use <i>hyoscyamine sulfate</i>)	NP	
PEDIARIX SUSY	P		LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfate</i>)	NP	
PENTACEL	P		ROBINUL-FORTE TABS PO (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)
QUADRACEL SUSP	P		ROBINUL TABS PO (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)
QUADRACEL SUSY	P		H-2 Antagonists		
TDVAX SUSP	P		<i>cimetidine hcl PO 300 MG/5ML</i>	P	
TENIVAC INJ	P		<i>cimetidine TABS PO</i>	P	RX/OTC
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P		<i>famotidine SUSR PO</i>	P	
VAXELIS SUSP	P		<i>famotidine TABS PO 20 MG, 40 MG</i>	P	RX/OTC
VAXELIS SUSY	P		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics					
<i>dicyclomine hcl CAPS PO</i>	P				
<i>dicyclomine hcl SOLN PO</i>	P	QL(496 ML per 30 day(s) retail)			
<i>dicyclomine hcl TABS PO</i>	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine TABS PO 10 MG</i>	P	OTC	OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
PEPCID AC MAXIMUM STRENGTH TABS PO (Use <i>famotidine</i>)	NP	RX/OTC	<i>omeprazole magnesium TBEC PO</i>	P	OTC; QL(1 EA daily)
PEPCID AC TABS PO (Use <i>famotidine</i>)	NP	OTC	<i>omeprazole CPDR PO</i>	P	QL(2 EA daily)
PEPCID TABS PO (Use <i>famotidine</i>)	NP	RX/OTC	<i>pantoprazole sodium TBEC PO 20 MG</i>	P	QL(1 EA daily)
TAGAMET HB 200 TABS PO (Use <i>cimetidine</i>)	NP	RX/OTC	<i>pantoprazole sodium TBEC PO 40 MG</i>	P	QL(2 EA daily)
TAGAMET HB TABS PO (Use <i>cimetidine</i>)	NP	RX/OTC	PREVACID 24HR CPDR PO (Use <i>lansoprazole</i>)	NP	QL(4 EA daily); RX/OTC
Misc. Anti-Ulcer			PREVACID CPDR PO 30 MG (Use <i>lansoprazole</i>)	NP	
CARAFATE SUSP PO (Use <i>sucralfate</i>)	NP	QL(420 ML per fill retail)	PRIOLOSEC OTC TBEC PO (Use <i>omeprazole magnesium</i>)	NP	OTC; QL(1 EA daily)
CARAFATE TABS PO (Use <i>sucralfate</i>)	NP		PROTONIX TBEC PO 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 EA daily)
<i>sucralfate SUSP PO</i>	P	QL(420 ML per fill retail)	PROTONIX TBEC PO 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 EA daily)
<i>sucralfate TABS PO</i>	P		VOQUEZNA	NP	
Proton Pump Inhibitors			Ulcer Drugs - Prostaglandins		
DEXILANT PO (Use <i>dexlansoprazole</i>)	NP	ST	CYTOTEC PO (Use <i>misoprostol</i>)	NP	
<i>dexlansoprazole PO</i>	P	ST	<i>misoprostol PO</i>	P	
<i>esomeprazole magnesium CPDR PO 20 MG</i>	P	QL(2 EA daily); RX/OTC	Ulcer Therapy Combinations		
<i>lansoprazole CPDR PO 15 MG</i>	P	QL(4 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
<i>lansoprazole CPDR PO 30 MG</i>	P		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
NEXIUM 24HR CLEAR MINIS CPDR PO (Use <i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
NEXIUM 24HR CPDR PO (Use <i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	DETROL LA CP24 PO (Use <i>tolterodine tartrate</i>)	NP	QL(1 EA daily)
NEXIUM CPDR PO 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 EA daily); RX/OTC	DETROL TABS PO (Use <i>tolterodine tartrate</i>)	NP	QL(2 EA daily)

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 PO 5 MG, 10 MG (<i>Use oxybutynin chloride</i>)	NP	QL(2 EA daily)	VAXCHORA	P	
<i>oxybutynin chloride TABS PO</i>	P	QL(3 EA daily)	VAXNEUVANCE	P	
<i>oxybutynin chloride TB24 PO</i>	P	QL(2 EA daily)	VIVOTIF PO	P	
<i>tolterodine tartrate CP24 PO</i>	P	QL(1 EA daily)	Viral Vaccines		
<i>tolterodine tartrate TABS PO</i>	P	QL(2 EA daily)	ABRYSVO	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)
<i>tropium chloride TABS PO</i>	P	QL(2 EA daily)	ACAM2000	P	
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA PRESERVATIVE FREE SUSY	P	
<i>bethanechol chloride PO</i>	P		AFLURIA QUADRIVALENT SUSP	P	
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
<i>flavoxate hcl PO</i>	P		AFLURIA SUSP	P	
VACCINES			AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)
Bacterial Vaccines			COMIRNATY SUSP	P	
ACTHIB SOLR IM	P		COMIRNATY SUSY	P	
BCG VACCINE	P		DENGVAXIA	P	
BEXSERO	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
BIOTHRAX	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
HIBERIX SOLR IJ	P		FLUAD	P	
MENACTRA	P		FLUAD QUADRIVALENT	P	
MENQUADFI	P		FLUARIX QUADRIVALENT SUSY	P	
MENVEO SOLN	P		FLUARIX SUSY	P	
MENVEO SOLR	P		FLUBLOK QUADRIVALENT	P	
PEDVAX HIB SUSP	P		FLUBLOK SOSY	P	
PENBRAYA	P		FLUCELVAX QUADRIVALENT SUSP	P	
PNEUMOVAX 23 SOLN	P				
PNEUMOVAX 23 SOSY	P				
PREVNAR 13	P				
PREVNAR 20	P				
TRUMENBA	P				
TYPHIM VI SOLN	P				
TYPHIM VI SOSY	P				

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT SUSY	P		MODERNA COVID-19 BIVALENT	P	
FLUCELVAX SUSP	P		MODERNA COVID-19 VAC (BOOSTER) SUSP	P	
FLUCELVAX SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSP	P	
FLULAVAL QUADRIVALENT SUSY	P		MODERNA COVID-19 VAC 6M-11Y SUSY	P	
FLULAVAL SUSY	P		MODERNA COVID-19 VACC 6M-5Y SUSP	P	
FLUMIST	P		MODERNA COVID-19 VACCINE SUSP	P	
FLUMIST QUADRIVALENT	P		NOVAVAX COVID-19 VACCINE SUSP	P	
FLUZONE HIGH-DOSE QUADRIVALENT	P		NOVAVAX COVID-19 VACCINE SUSY	P	
FLUZONE HIGH-DOSE SUSY	P		PFIZER COVID-19 BIVAL 6MO-4YR	P	
FLUZONE QUADRIVALENT SUSP	P		PFIZER COVID-19 VAC BIVAL 5-11	P	
FLUZONE QUADRIVALENT SUSY	P		PFIZER COVID-19 VAC BIVALENT	P	
FLUZONE SUSP	P		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
FLUZONE SUSY	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Upto 45 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	
GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Upto 45 yrs old)	PFIZER-BIONTECH COVID-19 VACC SUSP	P	
HAVRIX	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail	PRIORIX SUSR	P	
IMOVAX RABIES SUSR	P		PROQUAD SUSR	P	
IPOL	P		RABAVERT	P	
IXIARO	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
JANSSEN COVID-19 VACCINE	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
JYNNEOS	P		ROTARIX SUSP	P	
M-M-R II SOLR	P				
MODERNA COVID-19 BIVAL 6M-5Y	P				

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUSR PO	P		<i>miconazole nitrate vaginal KIT</i>	P	
ROTATEQ SOLN PO	P		<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per 30 day(s) retail)
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>miconazole nitrate vaginal SUPP 100 MG</i>	P	OTC; QL(7 EA per 30 day(s) retail)
SPIKEVAX COVID-19 VACCINE SUSP	P		MONISTAT 3 COMBINATION PACK KIT (Use <i>miconazole nitrate vaginal</i>)	NP	
SPIKEVAX SUSP	P		MONISTAT 3 CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 GM per 30 day(s) retail)
SPIKEVAX SUSY	P		MONISTAT 7 SIMPLY CURE CREA (Use <i>miconazole nitrate vaginal</i>)	NP	OTC; QL(45 GM per 30 day(s) retail)
STAMARIL SUSR	P		<i>terconazole vaginal CREA</i>	P	
TICOVAC	P		<i>terconazole vaginal SUPP</i>	P	
TWINRIX SUSY	P		<i>tioconazole vaginal 6.5 %</i>	P	OTC
VAQTA	P		VANDAZOLE	P	QL(70 GM per fill retail)
VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail	Vaginal Anti-inflammatory Agents		
YF-VAX INJ	P		<i>hydrocortisone vaginal</i>	P	QL(454 GM per fill retail)
VAGINAL AND RELATED PRODUCTS					
Vaginal Anti-infectives					
CLEOCIN CREA (Use <i>clindamycin phosphate vaginal</i>)	NP		MONISTAT CARE INSTANT ITCH RLF (Use <i>hydrocortisone vaginal</i>)	NP	QL(454 GM per fill retail)
<i>clindamycin phosphate vaginal CREA</i>	P		Vaginal Estrogens		
<i>clotrimazole vaginal CREA 1 %</i>	P	OTC; QL(45 GM per 30 day(s) retail)	ESTRACE CREA (Use <i>estradiol vaginal</i>)	NP	QL(43 GM per 30 day(s) retail)
<i>clotrimazole vaginal CREA 2 %</i>	P	OTC; QL(31 GM per 30 day(s) retail)	<i>estradiol vaginal CREA</i>	P	QL(43 GM per 30 day(s) retail)
GYNAZOLE-1	P		<i>estradiol vaginal TABS</i>	P	
GYNE-LOTRIMIN 3 CREA (Use <i>clotrimazole vaginal</i>)	NP	OTC; QL(31 GM per 30 day(s) retail)	PREMARIN	P	QL(43 GM per fill retail)
GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i>)	NP	OTC; QL(45 GM per 30 day(s) retail)	VAGIFEM TABS (Use <i>estradiol vaginal</i>)	NP	
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
<i>miconazole nitrate vaginal CREA</i>	P	OTC; QL(45 GM per 30 day(s) retail)	Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUVI-Q SOAJ 0.15 MG/0.15ML	NP		<i>cholecalciferol CAPS PO 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 EA per 30 day(s) retail)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	<i>cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	P	QL(2 EA per fill retail); 4 EA per 365 day(s) retail)	<i>cholecalciferol LIQD PO</i>	P	Age limit = less than 6 months
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP		DRISDOL CAPS PO (<i>Use ergocalciferol</i>)	NP	
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	NP	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	<i>ergocalciferol CAPS PO</i>	P	
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(2 EA per fill retail); 4 max fill(s) per 365 day(s) retail	<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
Neurogenic Orthostatic Hypotension (NOH) - Agents			KEY-E CHEW PO	P	QL(2 EA daily)
<i>droxidopa</i>	P	SP; PA	MEPHYTON TABS PO (<i>Use phytonadione</i>)	NP	
NORTHERA (<i>Use droxidopa</i>)	NP	SP; PA	<i>phytonadione TABS PO 5 MG</i>	P	
Vasopressors			VITAMIN D3 LIQD PO 125 MCG/ML	P	Age limit = 6 months to 1 year
<i>midodrine hcl PO</i>	P		<i>vitamin e CAPS PO 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; QL(2 EA daily)
VITAMINS			<i>vitamin e CAPS PO 100 UNIT, 200 UNIT, 268 MG, 400 UNIT, 45 MG, 90 MG, 90 MG</i>	P	QL(2 EA daily)
Oil Soluble Vitamins			VITAMIN E CAPS PO	P	OTC; QL(2 EA daily)
BABY DDROPS LIQD PO (<i>Use cholecalciferol</i>)	NP	Age limit = less than 6 months	VITAMIN E CHEW PO	P	OTC; QL(2 EA daily)
<i>cholecalciferol CAPS PO 1000 UNIT, 2000 UNIT, 25 MCG, 50 MCG, 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC; QL(100 EA per fill retail)	Water Soluble Vitamins		
<i>cholecalciferol CAPS PO 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 EA daily)	<i>ascorbic acid TABS PO</i>	P	OTC; QL(100 EA per 30 day(s) retail)
			B-1 TABS PO	P	OTC; QL(100 EA per 30 day(s) retail)
			NIACIN ER CPCR PO	P	OTC
			NIACIN ER TBCR PO	P	OTC

Georgia Medicaid Updated January 1, 2025
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin CPCR PO 250 MG, 500 MG</i>	P	OTC
<i>niacin TABS PO 500 MG</i>	P	OTC
<i>niacin TBCR PO</i>	P	OTC
<i>pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG</i>	P	OTC
<i>riboflavin TABS PO</i>	P	OTC; QL(100 EA per 30 day(s) retail)
<i>SLO-NIACIN TBCR PO (Use niacin)</i>	NP	OTC
<i>thiamine hcl TABS PO</i>	P	OTC; QL(100 EA per 30 day(s) retail)
<i>thiamine mononitrate TABS PO 100 MG</i>	P	OTC; QL(100 EA per 30 day(s) retail)

INDEX

abacavir sulfate SOLN PO	39	acetaminophen SUPP PR 120 MG, 650 MG	5	ACTOS PO (Use pioglitazone hcl)	21
abacavir sulfate TABS PO	39	ACETAMINOPHEN SUPP PR	5	ACULAR (Use ketorolac tromethamine (ophth))	88
abacavir sulfate-lamivudine PO	39	acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML	5	ACULAR LS (Use ketorolac tromethamine (ophth))	88
ABECMA	32	acetaminophen TABS PO 325 MG, 500 MG	5	acyclovir CAPS PO	41
ABILIFY MAINTENA PRSY	38	acetaminophen w/ codeine SOLN PO	7	acyclovir SUSP PO	41
ABILIFY MAINTENA SRER	38	acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG	7	acyclovir TABS PO 400 MG	42
ABILIFY TABS PO (Use aripiprazole)	38	acetaminophen w/ codeine TABS PO 60 MG-300 MG	7	acyclovir TABS PO 800 MG	42
abiraterone acetate	32	acetazolamide CP12 PO	59	acyclovir topical CREA	53
ABRAXANE	36	acetazolamide TABS PO	59	acyclovir topical OINT	53
ABRYSVO	97	acetic acid (otic)	88	ADACEL SUSP	95
ABSORICA PO 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	50	acetylcysteine SOLN	50	ADALIMUMAB-AATY (1 PEN) AJKT . 3	
ACAM2000	97	ACNE MEDICATION 10 LOTN	50	ADALIMUMAB-AATY (2 PEN) AJKT . 3	
ACCU-CHEK GUIDE TEST STRP	57	ACNE MEDICATION 5 LOTN	50	ADALIMUMAB-AATY (2 SYRINGE) PSKT	3
ACCUPRIL PO (Use quinapril hcl)	25	ACTEMRA ACTPEN SOAJ	4	ADALIMUMAB-ADAZ SOAJ	3
ACCURETIC PO 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	26	ACTEMRA SOLN	4	ADALIMUMAB-ADAZ SOSY	3
ACCURETIC PO 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	26	ACTEMRA SOSY	4	ADALIMUMAB-ADBM (2 PEN) AJKT 3	
ACCURETIC PO 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	26	ACTHIB SOLR IM	97	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.8ML	3
ACE AEROSOL CLOUD ENHANCER MISC	72	ACTICLATE TABS PO (Use doxycycline hyclate)	94	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	3
acebutolol hcl CAPS PO	42	ACTIMMUNE 100 MCG/0.5ML	35	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	3
acetaminophen CHEW PO	5	ACTIVELLA TABS PO 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	62	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	3
acetaminophen ELIX PO	5	ACTIVITY POUCH MISC	72	ADALIMUMAB-FKJP (2 PEN) AJKT . 3	
acetaminophen LIQD PO 160 MG/5ML	5	ACTONEL TABS PO 35 MG (Use risedronate sodium)	59	ADALIMUMAB-FKJP (2 SYRINGE) PSKT	3
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	ACTOPLUS MET TABS PO (Use pioglitazone hcl-metformin hcl)	18		

ADAPTER PED DISPOSABLE MISC	72	ALDACTONE TABS PO (Use spironolactone)	59
ADBRY SOSY	54	ALDURAZYME	61
ADCETRIS	31	ALECENSA	33
ADCIRCA TABS PO (Use tadalafil (pulmonary hypertension))	45	alendronate sodium SOLN PO	59
ADDERALL TABS PO (Use amphetamine-dextroamphetamine) .	1	alendronate sodium TABS PO 35 MG, 70 MG	59
ADDERALL XR CP24 PO (Use amphetamine-dextroamphetamine) .	1	alendronate sodium TABS PO 5 MG, 10 MG	60
ADEMPAS PO	45	ALEVE TABS PO (Use naproxen sodium)	4
ADMELOG SOLN IJ	20	ALFERON N	35
ADMELOG SOLOSTAR SOPN	20	ALIMTA SOLR (Use pemetrexed disodium)	30
ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	84	ALIQOPA	33
ADTHYZA TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	94	ALKERAN IV (Use melphalan hcl) .	30
ADULT AEROSOL MASK MISC ...	72	ALKERAN PO (Use melphalan) ...	30
ADULT DISPOSABLE MISC	72	ALL FLOW 1000 PFT FILTER MISC .	72
ADULT MASK LARGE MISC	72	ALLEGRA ALLERGY TABS PO 180 MG (Use fexofenadine hcl)	23
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	11	ALLEGRA ALLERGY TABS PO 60 MG (Use fexofenadine hcl)	23
ADVATE	65	allopurinol PO 100 MG, 300 MG ...	65
ADVIL COLD/SINUS TABS PO (Use pseudoephedrine-ibuprofen)	48	ALOCRIAL	88
ADVIL TABS PO (Use ibuprofen) ...	4	alogliptin benzoate	19
ADVIN COVID-19 ANTIGEN TEST KIT	57	alogliptin-metformin hcl	18
ADVOCATE INSULIN PEN NEEDLE	71	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG	18
ADYNOVATE	65	ALOMIDE	88
AEROECLIPSE EZ TWIST TUBING MISC	72	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	62
AEROECLIPSE MASK LARGE MISC	72	ALPHANATE SOLR	65
AEROECLIPSE MASK MEDIUM MISC	72		
AEROECLIPSE MASK SMALL MISC	72		
AEROTRACH PLUS MISC	72		
AFINITOR DISPERZ TBSO (Use everolimus)	33		
AFINITOR TABS (Use everolimus)	33		
AFLURIA PRESERVATIVE FREE SUSY	97		
AFLURIA QUADRIVALENT SUSP	97		
AFLURIA QUADRIVALENT SUSY 0.5 ML	97		
AFLURIA SUSP	97		
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	65		
AIRS PEDIATRIC AEROSOL MASK MISC	72		
AIRZONE PEAK FLOW METER ..	72		
albuterol sulfate AERS	11		
albuterol sulfate NEBU 0.083 % ...	11		
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	11		
albuterol sulfate NEBU	11		
ALBUTEROL SULFATE NEBU	11		
albuterol sulfate SYRP PO	11		
albuterol sulfate TABS PO	11		
ALCOHOL PREP PADS-MISC ...	71		
ALDACTAZIDE PO (Use spironolactone & hydrochlorothiazide)	59		

ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	65	amoxicillin & pot clavulanate TABS PO 125 MG-250 MG, 125 MG-500 MG	90
alprazolam TABS PO	9	amoxicillin & pot clavulanate TABS PO 125 MG-875 MG	90
ALPROLIX	65	amoxicillin & pot clavulanate TB12 PO	90
ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) ..	25	amoxicillin CAPS PO	90
ALTRIXA TABS PO	81	amoxicillin CHEW PO 125 MG, 250 MG	90
alum & mag hydrox-simethicone LIQD PO	8	AMOXICILLIN SUSR PO (Use amoxicillin)	90
alum & mag hydrox-simethicone SUSP PO 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	8	amoxicillin SUSR PO	90
ALUMINUM HYDROXIDE GEL SUSP PO	8	amoxicillin TABS PO 875 MG	90
ALUNBRIG TABS PO	33	amoxicillin-clarithromycin w/ lansoprazole THPK	96
ALUNBRIG TBPK	33	amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
amantadine hcl CAPS PO	36	amphetamine-dextroamphetamine TABS PO	1
amantadine hcl SOLN	36	ampicillin CAPS PO 500 MG	90
AMARYL PO 1 MG, 2 MG (Use glimepiride)	21	AMPYRA (Use dalfampridine)	93
AMARYL PO 4 MG (Use glimepiride) 21		ANAFRANIL PO 75 MG (Use clomipramine hcl)	18
AMBIEN TABS PO (Use zolpidem tartrate)	68	ANALPRAM-HC LOTN EX	8
ambrisentan PO	44	ANAPROX DS TABS PO (Use naproxen sodium)	4
AMICAR SOLN PO (Use aminocaproic acid)	67	anastrozole PO	32
AMICAR TABS PO 1000 MG (Use aminocaproic acid)	67	ANDEXXA 200 MG	22
AMICAR TABS PO 500 MG (Use aminocaproic acid)	67	ANTARA PO 30 MG, 90 MG (Use fenofibrate micronized)	25
amiloride & hydrochlorothiazide PO	59	ANTI-DIARRHEAL LIQD PO	21
amiloride hcl TABS PO	59	ANTIVERT CHEW PO (Use meclizine hcl)	22
aminocaproic acid SOLN IV 250 MG/ML	67		
aminocaproic acid SOLN PO 0.25 GM/ML	67		
aminocaproic acid TABS PO 1000 MG	67		
aminocaproic acid TABS PO 500 MG	67		
amiodarone hcl TABS PO 200 MG	10		
amitriptyline hcl TABS PO	18		
AMLADEX TABS PO	81		
amlodipine besylate TABS PO	43		
amlodipine besylate-benazepril hcl PO	26		
amlodipine besylate-olmesartan medoxomil PO	26		
amlodipine besylate-valsartan PO ..	27		
amlodipine-valsartan-hydrochlorothiazide PO	27		
AMNIOTIC MEMBRANE			
ALLOGRAFT (HUMAN) SHEET .	57		
AMONDYS 45	84		
amoxapine PO	18		
amoxicillin & pot clavulanate CHEW PO	90		
amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML ...	90		
amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	90		
amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML ...	90		

ANUSOL-HC EX (Use hydrocortisone (rectal))	8	ARMOUR THYROID TABS PO	94	atenolol TABS PO	42
APLIGRAF DISK	57	ARNUITY ELLIPTA	11	ATGAM	78
APOKYN SOCT	36	AROMASIN PO (Use exemestane)	32	ATIVAN TABS PO (Use lorazepam)	9
apomorphine hydrochloride SOCT	36	arsenic trioxide	35	atomoxetine hcl PO	1
APO-VARENICLINE TABS PO	93	ARZERRA	31	atorvastatin calcium TABS PO	25
apraclonidine hcl	86	ASACOL HD TBEC PO (Use mesalamine)	63	ATRIPLA PO (Use efavirenz-emtricitabine-tenofovir disoproxil fumarate)	39
APRISO CP24 (Use mesalamine)	63	ascorbic acid TABS PO	100	atropine sulfate (ophthalmic) OINT	86
APTIVUS CAPS	39	ASMANEX HFA AERO	11	atropine sulfate (ophthalmic) SOLN	86
AQINJECT PEN NEEDLE	71	ASPARLAS	35	ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic))	86
AQUORAL SOLN	80	aspirin buffered (cal carb-mag carb-mag oxide) PO	6	ATROPINE SULFATE SOLN 1 %	86
ARALAST NP SOLR 500 MG, 1000 MG	94	aspirin CHEW PO	6	ATROVENT HFA	10
ARANESP (ALBUMIN FREE) SOLN	66	ASPIRIN SUPP PR 300 MG	6	AUBAGIO PO (Use teriflunomide)	93
ARANESP (ALBUMIN FREE) SOSY	66	aspirin TABS PO 325 MG	6	AUGMENTIN ES-600 SUSR PO (Use amoxicillin & pot clavulanate)	90
ARAVA PO (Use leflunomide)	5	aspirin TBEC PO 81 MG, 325 MG	6	AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	90
ARCALYST	3	ASSESS PEAK FLOW METER	72	AUGMENTIN TABS PO 125 MG-500 MG (Use amoxicillin & pot clavulanate)	90
ARESTIN	80	ASSURE ID DUO PRO PEN NEEDLES	71	AUM INSULIN SAFETY PEN NEEDLE	71
AREXVY	97	ASSURE ID PRO PEN NEEDLES	71	AUM PEN NEEDLE	71
ARICEPT TABS PO 5 MG, 10 MG (Use donepezil hydrochloride)	92	ATACAND HCT PO (Use candesartan cilexetil-hydrochlorothiazide)	27	AUVI-Q SOAJ 0.15 MG/0.15ML	100
ARIKAYCE	2	ATACAND PO (Use candesartan cilexetil)	26	AUVI-Q SOAJ 0.3 MG/0.3ML	100
ARIMIDEX PO (Use anastrozole)	32	atazanavir sulfate CAPS PO 150 MG, 200 MG	39	AVALIDE PO (Use irbesartan-hydrochlorothiazide)	27
aripiprazole SOLN PO	38	atazanavir sulfate CAPS PO 300 MG	39	AVAPRO PO (Use irbesartan)	26
aripiprazole TABS PO	38	ATELVIA TBEC PO (Use risedronate sodium)	60	AVEED SOLN	8
aripiprazole TBDP PO	38	atenolol & chlorthalidone PO	27		
ARISTADA	38				
ARISTADA INITIO	38				
ARIXTRA (Use fondaparinux sodium)	12				

AVONEX PEN AJKT	93	sulfasalazine)	63	BELBUCA FILM	8
AVONEX PREFILLED PSKT	93	b complex w/ c CAPS PO	80	BELEODAQ	33
AVSOLA	63	B-1 TABS PO	100	BELRAPZO SOLN	30
AYGESTIN TABS PO (Use norethindrone acetate)	92	BABY DDROPS LIQD PO (Use cholecalciferol)	100	BENADRYL ALLERGY CAPS PO (Use diphenhydramine hcl)	23
AYVAKIT	33	bacitracin (ophthalmic)	86	BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl) 23	
azacitidine SUSR	30	bacitracin (topical) OINT	51	BENADRYL ALLERGY EXTRA STR TABS PO	23
azathioprine TABS PO 50 MG	78	bacitracin zinc OINT	51	BENADRYL ALLERGY TABS PO (Use diphenhydramine hcl)	23
azathioprine TABS PO 75 MG, 100 MG	78	bacitracin-polymyxin b (ophth)	86	BENADRYL ALLERGY ULTRATABS TABS PO (Use diphenhydramine hcl)	23
AZEDRA DOSIMETRIC	35	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	83	benazepril & hydrochlorothiazide PO 27	
AZEDRA THERAPEUTIC	35	baclofen TABS PO 10 MG, 20 MG	83	benazepril hcl PO 40 MG	25
azelastine hcl (ophth)	88	BACTRIM DS TABS PO (Use sulfamethoxazole-trimethoprim) ...	28	benazepril hcl PO 5 MG, 10 MG, 20 MG	26
azelastine hcl 0.1 %, 137 MCG/SPRAY	83	BACTRIM TABS PO (Use sulfamethoxazole-trimethoprim) ...	28	BENDAMUSTINE HCL SOLN	30
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	83	BAFIERTAM	93	bendamustine hcl SOLR	30
azithromycin PACK PO	69	balsalazide disodium CAPS PO ...	63	BENDEKA SOLN	30
azithromycin SUSR PO 100 MG/5ML	69	BALVERSA	33	BENEFIX KIT	65
azithromycin SUSR PO 200 MG/5ML	70	BANZEL SUSP (Use rufinamide) ..	13	BENICAR HCT PO (Use olmesartan medoxomil-hydrochlorothiazide) ...	27
azithromycin TABS PO 250 MG ...	70	BANZEL TABS PO (Use rufinamide) . 13		BENICAR PO (Use olmesartan medoxomil)	26
azithromycin TABS PO 500 MG ...	70	BAVENCIO	31	BENLYSTA SOAJ	79
azithromycin TABS PO 600 MG ...	70	BCG VACCINE	97	BENLYSTA SOLR	79
AZO URINARY PAIN RELIEF TABS PO (Use phenazopyridine hcl)	64	b-complex vitamins CAPS PO	80	BENLYSTA SOSY	79
AZOPT (Use brinzolamide)	88	b-complex vitamins TABS PO	80	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	50
AZOR PO (Use amlodipine besylate- olmesartan medoxomil)	27	b-complex w/ c & folic acid CAPS PO	80	BENZNIDAZOLE	9
AZULFIDINE EN-TABS TBEC PO (Use sulfasalazine)	63	b-complex w/ c & folic acid TABS PO 80			
AZULFIDINE TABS PO (Use		BD GLUCOSE CHEW PO	18		
		BD PEN NEEDLES	71		

benzonatate PO 100 MG	47	bexarotene PO	35	BOOSTRIX SUSY	95
benzonatate PO 200 MG	48	BEXSERO	97	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	34
benzoyl peroxide BAR	50	BEYFORTUS	90	bortezomib SOLR IJ	34
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	50	bicalutamide PO	32	bosentan TABS	44
benzoyl peroxide LIQD 4 %, 5 %, 10 %	50	BIKTARVY	39	BOSULIF TABS	34
benztropine mesylate TABS PO ...	36	BI-MIX SOLR	44	BPROTECTED PEDIA POLY-VITE SOLN PO	82
BEOVU SOLN	86	BINAXNOW COVID-19 AG HOME TEST KIT	57	BPROTECTED PEDIA POLY- VITE/FE SOLN PO	82
BERINERT KIT	65	BIOLYTE SOLN PO	77	BRAFTOVI PO 75 MG	34
BESPONSA	31	BIOTEL CARE BLOOD GLUCOSE KIT	70	BREATHE EASE NEB MASK/CHILD MISC	72
BESREMI	35	BIOTENE DRY MOUTH MOISTURIZING SOLN	80	BREATHE EASE NEB MASK/INFANT MISC	72
betaine PO	61	BIOTHRAX	97	BREATHE EASE PEAK FLOW METER	72
betamethasone dipropionate (topical) CREA	53	bisacodyl SUPP PR	69	BREYANZI	32
betamethasone dipropionate augmented CREA	53	bisacodyl TBEC PO	69	BRIDION SOLN	22
betamethasone valerate CREA ...	53	bismuth subsalicylate CHEW PO 262 MG	21	BRILINTA PO	66
betamethasone valerate LOTN ...	53	bismuth subsalicylate SUSP PO 525 MG/15ML, 1050 MG/30ML	21	brimonidine tartrate 0.2 %	86
betamethasone valerate OINT ...	53	bisoprolol & hydrochlorothiazide PO . 27		BRINEURA	61
BETAPACE AF PO (Use sotalol hcl (afib/af))	43	bisoprolol fumarate PO	42	brinzolamide	88
BETAPACE TABS PO 80 MG, 120 MG, 160 MG (Use sotalol hcl)	43	BIVIGAM SOLN 10 GM/100ML ...	89	BRIVIACT SOLN IV 50 MG/5ML ..	13
betaxolol hcl (ophth) SOLN	86	BIVIGAM SOLN 5 GM/50ML	89	bromocriptine mesylate CAPS PO	36
bethanechol chloride PO	97	BLENREP	31	bromocriptine mesylate TABS PO 2.5 MG	36
BETHKIS NEBU (Use tobramycin) .	2	BLEPHAMIDE S.O.P. OINT	87	brompheniramine & phenyleph ELIX PO	48
BEVACIZUMAB IO 2.75 MG/0.11ML, 3.75 MG/0.15ML	86	BLINCYTO	31	brompheniramine & pseudoeph ELIX PO	48
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	86	BLOOD GLUCOSE TEST STRIPS 333 STRP	57	brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML	48
bexarotene (topical)	52	BLULINK GLUCOSE TEST STRP	57		
		BOOSTRIX SUSP	95		

BRONCHITOL	94	bupropion hcl (smoking deterrent) PO	93	CAFFEINE CITRATED POWD	1
BRONCHITOL TOLERANCE TEST	94	bupropion hcl TABS PO	15	CALAN SR TBCR PO (Use verapamil hcl)	43
BRUKINSA	34	bupropion hcl TB12 PO 100 MG	15	calcipotriene CREA	52
BUBBLES THE FISH II PEDI MASK MISC	72	bupropion hcl TB12 PO 150 MG	15	calcipotriene SOLN	52
budesonide (inhalation) SUSP	11	bupropion hcl TB12 PO 200 MG	15	calcitonin (salmon) IJ	60
budesonide-formoterol fumarate dihydrate	11	bupropion hcl TB24 PO 150 MG	15	calcitonin (salmon) NA	60
budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT	11	bupropion hcl TB24 PO 300 MG	15	calcitriol CAPS PO	61
budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT	11	buspirone hcl PO 15 MG	9	CALCIUM 600 +D HIGH POTENCY TABS PO	76
BUFFERIN PO (Use aspirin buffered (cal carb-mag carb-mag oxide))	6	buspirone hcl PO 5 MG, 10 MG	9	calcium acetate (phosphate binder) CAPS PO	64
bumetanide TABS PO	59	buspirone hcl PO 7.5 MG, 30 MG	9	calcium carbonate (antacid) CHEW PO 500 MG	9
BUMEX TABS PO 0.5 MG (Use bumetanide)	59	butalbital-acetaminophen TABS PO 50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS PO 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 800 UNIT-600 MG	77
BUPHENYL POWD PO (Use sodium phenylbutyrate)	61	butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS PO 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	77
BUPHENYL TABS PO (Use sodium phenylbutyrate)	61	butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-cholecalciferol TABS PO 125 UNIT-250 MG, 250 MG-125 UNIT	77
BUPRENEX SOLN (Use buprenorphine hcl)	8	butalbital-aspirin-caffeine CAPS PO	5	calcium carbonate-cholecalciferol TABS PO 600 MG-200 UNIT	77
buprenorphine hcl SOLN	8	butalbital-aspirin-caffeine w/cod PO	7	calcium polycarbophil TABS PO	68
buprenorphine hcl SUBL	8	BYLVAY (PELLETS) CPSP	63	CALQUENCE	34
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	8	BYLVAY CAPS	63	CALTRATE 600+D3 TABS PO (Use calcium carbonate-cholecalciferol)	77
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8	CABLIVI	66	CALTRATE BONE HEALTH TABS PO (Use calcium carbonate-cholecalciferol)	77
buprenorphine hcl-naloxone hcl dihydrate SUBL	8	CABOMETYX TABS PO 20 MG, 60 MG	34	camphor & menthol LOTN	52
		CABOMETYX TABS PO 40 MG	34	CAMPTOSAR (Use irinotecan hcl)	
		CAF CIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1		
		CAFERGOT TABS PO (Use ergotamine w/ caffeine)	75		
		caffeine citrate SOLN PO	1		

36	carbidopa-levodopa TABS PO	36	(Use levocarnitine (metabolic modifiers))	61
CAMZYOS	44	carbidopa-levodopa TBCR PO	36	CARNITOR TABS PO (Use levocarnitine (metabolic modifiers))
candesartan cilexetil PO	26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	30	61
candesartan cilexetil-hydrochlorothiazide PO	27	CARDIZEM CD CP24 PO 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	43	carteolol hcl (ophth)
capecitabine PO	30	CARDIZEM CD CP24 PO 240 MG (Use diltiazem hcl coated beads)	43	carvedilol phosphate PO
CAPHOSOL SOLN	80	CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	43	carvedilol PO 25 MG
CAPRELSA PO	34	CARDURA PO (Use doxazosin mesylate)	26	carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG
capsaicin CREA 0.025 %, 0.075 %	55	CARESENS N GLUCOSE TEST STRP	57	CARVYKTI
capsaicin CREA 0.1 %	55	CARESTART COVID-19 HOME TEST KIT	57	CASODEX PO (Use bicalutamide)
captopril & hydrochlorothiazide PO 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	27	CARETOUCH 2 CPAP HOSE HANGER MISC	72	CASTIVA WARMING LOTN
captopril & hydrochlorothiazide PO 25 MG-50 MG	27	CARETOUCH CPAP & BIPAP HOSE MISC	72	CAYSTON
captopril PO	26	CARETOUCH CPAP MASK WIPES MISC	72	cefaclor CAPS PO
CAPZASIN-HP CREA (Use capsaicin)	55	CARETOUCH CPAP PRE-WASH SOLN MISC	72	cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML
CAPZASIN-P CREA	55	CARETOUCH CPAP TUBE BRUSH MISC	72	cefadroxil CAPS PO
CARAC CREA	52	CARETOUCH TEST STRP	57	cefadroxil SUSR PO
CARAFATE SUSP PO (Use sucralfate)	96	CARETOUCH UNIVERSL CPAP FILTER MISC	73	cefadroxil TABS PO
CARAFATE TABS PO (Use sucralfate)	96	carglumic acid	61	cefdinir CAPS PO
CARBAGLU (Use carglumic acid)	61	CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers))	61	cefdinir SUSR PO
carbamazepine CHEW PO 100 MG	13	CARNITOR SOLN PO 1 GM/10ML		cefixime CAPS PO
carbamazepine CHEW PO 13				cefprozil SUSR PO
carbamazepine SUSP PO	13			cefprozil TABS PO
carbamazepine TABS PO	13			ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG
carbamazepine TB12 PO	13			cefuroxime axetil TABS PO
carbamide peroxide (otic) 6.5 %	89			CELEXA TABS PO 10 MG (Use citalopram hydrobromide)
carbidopa PO	36			CELEXA TABS PO 20 MG (Use citalopram hydrobromide)
				CELEXA TABS PO 40 MG (Use

citalopram hydrobromide)16	chlordiazepoxide hcl CAPS PO9	cholestyramine light PACK PO24
CELLCEPT CAPS PO (Use mycophenolate mofetil)78	chlorhexidine gluconate (mouth- throat)79	cholestyramine light POWD PO ...24
CELLCEPT SUSR (Use mycophenolate mofetil)78	chlorhexidine gluconate SOLN EX 4 %39	cholestyramine PACK PO24
CELLCEPT TABS PO (Use mycophenolate mofetil)78	chloroquine phosphate TABS PO 250 MG29	cholestyramine POWD PO24
CENTANY OINT51	chloroquine phosphate TABS PO 500 MG29	CHORIONIC GONADOTROPIN IM 60
cephalexin CAPS PO 250 MG, 500 MG45	chlorpheniramine maleate SYRP PO 23	CIBINQO54
cephalexin SUSR PO45	chlorpheniramine maleate TABS PO . 23	cilostazol PO66
CEPROTIN66	chlorpromazine hcl TABS PO 10 MG 38	CILOXAN OINT87
CERASPORT EX1 SOLN PO77	chlorpromazine hcl TABS PO 25 MG, 50 MG, 100 MG, 200 MG38	CILOXAN SOLN (Use ciprofloxacin hcl (ophth))87
CERASPORT SOLN PO77	chlorthalidone PO 25 MG, 50 MG .59	CIMDUO39
CERDELGA66	CHLOR-TRIMETON SYRP PO (Use chlorpheniramine maleate)23	cimetidine hcl PO 300 MG/5ML ...95
CEREZYME 400 UNIT66	CHLOR-TRIMETON TABS PO (Use chlorpheniramine maleate)23	cimetidine TABS PO95
cetirizine hcl CHEW PO23	chlorzoxazone TABS PO 500 MG .83	cinacalcet hcl PO61
cetirizine hcl SOLN PO23	CHOLBAM63	CINQAIR10
cetirizine hcl SYRP PO23	cholecalciferol CAPS PO 1.25 MG, 50000 UNIT100	CINRYZE SOLR IV66
cetirizine hcl TABS PO24	cholecalciferol CAPS PO 1000 UNIT, 2000 UNIT, 25 MCG, 50 MCG, 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT100	CIPRO TABS PO 250 MG, 500 MG (Use ciprofloxacin hcl)63
cetirizine-pseudoephedrine PO ...48	cholecalciferol CAPS PO 125 MCG, 5000 UNIT100	CIPRODEX (Use ciprofloxacin- dexamethasone)89
cetrorelix acetate60	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML100	ciprofloxacin hcl (ophth) SOLN87
CETROTIDE (Use cetrorelix acetate)60	cholecalciferol LIQD PO100	ciprofloxacin hcl TABS PO 100 MG 63
CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ...93	CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)4	ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG63
CHEMET PO22	CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)4	ciprofloxacin-dexamethasone89
CHEMSTRIP K STRP57		cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML30
CHENODAL PO63		CISPLATIN SOLR30
CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)4		citalopram hydrobromide SOLN PO 16
CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)4		citalopram hydrobromide TABS PO

10 MG	16	CLEOCIN PO (Use clindamycin palmitate hydrochloride)	29	clomipramine hcl PO 75 MG	18
citalopram hydrobromide TABS PO		CLEOCIN PO 150 MG, 300 MG (Use clindamycin hcl)	29	clonazepam TABS PO	12
20 MG	16	CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	50	clonidine hcl (adhd) TB12 PO	1
citalopram hydrobromide TABS PO		CLEVER CHOICE PEAK FLOW METER	73	clonidine hcl TABS PO	26
40 MG	16	CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	62	clopidogrel bisulfate PO 75 MG ...	66
cladribine 10 MG/10ML	30	CLINDAGEL GEL (Use clindamycin phosphate (topical))	50	clorazepate dipotassium TABS PO .	9
clarithromycin SUSR PO 125 MG/5ML	70	clindamycin hcl PO 150 MG, 300 MG	29	clotrimazole (topical) CREA	51
clarithromycin SUSR PO 250 MG/5ML	70	clindamycin palmitate hydrochloride PO	29	clotrimazole (topical) SOLN	51
clarithromycin TABS PO	70	clindamycin phosphate (topical) GEL 50		clotrimazole vaginal CREA 1 % ...	99
clarithromycin TB24 PO	70	clindamycin phosphate (topical) LOTN	50	clotrimazole vaginal CREA 2 % ...	99
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	24	clindamycin phosphate (topical) SOLN	51	clotrimazole w/ betamethasone CREA	51
CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine)	24	clindamycin phosphate vaginal CREA	99	clotrimazole w/ betamethasone LOTN	51
CLARITIN REDITABS TBDP PO 10 MG (Use loratadine)	24	CLINITEST RAPID COVID-19 TEST KIT	57	clozapine TABS PO	38
CLARITIN REDITABS TBDP PO 5 MG (Use loratadine)	24	clobetasol propionate CREA 0.05 % .	53	CLOZARIL TABS PO (Use clozapine)	38
CLARITIN SOLN PO (Use loratadine)	24	clobetasol propionate emollient base 0.05 %	53	CO MONITOR REPLACEMENT PIECES MISC	73
CLARITIN TABS PO (Use loratadine)	24	clobetasol propionate GEL 0.05 %	53	COAGADDEX	65
CLARITIN-D 12 HOUR TB12 PO (Use loratadine & pseudoephedrine) .	48	clobetasol propionate OINT 0.05 %	53	coal tar extract SHAM 0.5 %	57
CLARITIN-D 24 HOUR TB24 PO (Use loratadine & pseudoephedrine) .	48	clobetasol propionate SOLN 0.05 % .	54	COARTEM	29
CLEARDETECT COVID-19 AG HOME KIT	57			codeine sulfate TABS PO 30 MG ...	6
clemastine fumarate TABS PO 1.34 MG	23			CODEINE SULFATE TABS PO	6
CLEOCIN CREA (Use clindamycin phosphate vaginal)	99			COLACE CAPS PO 100 MG (Use docusate sodium)	69
				COLACE CLEAR CAPS PO (Use docusate sodium)	69
				COLAZAL CAPS PO (Use balsalazide disodium)	63
				colchicine TABS PO	65
				colchicine w/ probenecid PO	65

COLCRYS TABS PO (Use colchicine)	65	CONTOUR NEXT GEN MONITOR KIT	70	CREON CPEP PO	59
COLD & FLU RELIEF NIGHTTIME D LIQD PO	48	CONTOUR PLUS BLUE KIT	70	CRESTOR TABS PO (Use rosuvastatin calcium)	25
COLESTID FLAVORED GRAN PO (Use colestipol hcl)	24	CONTOUR PLUS TEST STRP	57	cromolyn sodium (nasal) 5.2 MG/ACT	83
COLESTID GRAN PO (Use colestipol hcl)	24	COPAXONE SOSY (Use glatiramer acetate)	93	cromolyn sodium (ophth)	88
COLESTID TABS PO (Use colestipol hcl)	24	COPIKTRA PO	34	cromolyn sodium NEBU	10
colestipol hcl GRAN PO	24	COREG CR PO (Use carvedilol phosphate)	42	crotamiton LOTN	56
colestipol hcl TABS PO	24	COREG PO 25 MG (Use carvedilol) .	42	CRYSVITA	61
COMBIPATCH PTTW	62	COREG PO 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	42	CUTAQUIG	89
COMBIVENT RESPIMAT AERS ..	11	CORETEXT SUSP 1 ML, 2 ML	57	CUVITRU SOLN	89
COMBIVIR PO (Use lamivudine-zidovudine)	39	CORGARD TABS PO 20 MG, 40 MG, 80 MG (Use nadolol)	43	CVS COVID-19 AT HOME TEST KIT KIT	57
COMETRIQ (100 MG DAILY DOSE) KIT	34	CORIFACT	65	CVS DRY MOUTH SOLN	80
COMETRIQ (140 MG DAILY DOSE) KIT	34	CORTEF TABS PO (Use hydrocortisone)	47	CVS GLUCOSE CHEW PO	18
COMETRIQ (60 MG DAILY DOSE) KIT	34	CORTENEMA PR (Use hydrocortisone (intrarectal))	8	CVS GLUCOSE PO	18
COMFORT EZ PRO PEN NEEDLES	71	CORTISONE ACETATE TABS PO 47		CVS LANOLIN CREA	56
COMIRNATY SUSP	97	CORTOSYN SOLR (Use cosyntropin)	57	CVS SOFT GLUCOSE CHEW PO 18	
COMIRNATY SUSY	97	COSOPT (Use dorzolamide hcl-timolol maleate)	86	CVS TRUE METRIX GLUCOSE TEST STRP	57
COMPLERA	39	cosyntropin SOLR	57	cyanocobalamin SOLN IJ 1000 MCG/ML	66
CONCERTA TBCR PO 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	1	COTELLIC	34	cyclobenzaprine hcl TABS PO 5 MG, 10 MG	83
CONCERTA TBCR PO 36 MG (Use methylphenidate hcl)	1	COVID-19 AT HOME ANTIGEN TEST KIT	57	cyclobenzaprine hcl TABS PO 7.5 MG	83
CONDOMS-MISC	70	COVID-19 AT-HOME TEST KIT	57	CYCLOGYL (Use cyclopentolate hcl)	86
CONTOUR NEXT EZ KIT	70	COZAAR PO (Use losartan potassium)	26	CYCLOGYL 0.5 %	86
				CYCLOGYL 2 %	86
				cyclopentolate hcl 0.5 %	86
				cyclopentolate hcl 1 %, 2 %	86
				CYCLOPHOSPHAMIDE SOLN (Use	

cyclophosphamide)	30	PO	12	decitabine	31
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	30	DAILY MULTIPLE VITAMINS TABS PO	81	deferasirox PACK	22
cyclophosphamide SOLN	30	dalfampridine	93	deferasirox TABS PO	22
cyclophosphamide SOLR IJ	30	DALIRESP PO (Use roflumilast) ...	11	deferasirox TBSO	22
cyclosporine CAPS PO	78	dapagliflozin propanediol PO	21	deferiprone TABS	22
cyclosporine modified (for microemulsion) CAPS PO	78	dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG	18	deferoxamine mesylate	22
cyclosporine modified (for microemulsion) SOLN PO	78	dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG	18	DEFITELIO	66
cyclosporine SOLN IV 50 MG/ML .	78	dapsone PO	29	deflazacort SUSP PO	47
CYLTEZO (2 PEN) AJKT	3	DAPTACEL	95	deflazacort TABS PO	47
CYLTEZO (2 SYRINGE) PSKT	3	DARAPRIM PO (Use pyrimethamine)	29	DEFLUX	64
CYLTEZO-CD/UC/HS STARTER AJKT	3	darunavir TABS 600 MG	39	DELSTRIGO	39
CYLTEZO-PSORIASIS/UV STARTER AJKT	3	darunavir TABS 800 MG	39	DELSYM COUGH CHILDRENS SUER PO (Use dextromethorphan polistirex)	48
CYMBALTA CPEP PO (Use duloxetine hcl)	17	DARZALEX	31	DELSYM SUER PO (Use dextromethorphan polistirex)	48
cyproheptadine hcl SYRP PO	24	DARZALEX FASPRO	33	DELZICOL CPDR PO (Use mesalamine)	63
cyproheptadine hcl TABS PO	24	dasatinib	34	DEMSEER PO (Use metyrosine) ...	26
CYRAMZA	31	DAUNORUBICIN HCL SOLN (Use daunorubicin hcl)	33	DENGVAXIA	97
CYSTADANE PO (Use betaine) ...	61	daunorubicin hcl SOLN	33	DEPAKOTE ER TB24 PO 250 MG (Use divalproex sodium)	15
CYSTADROPS	88	DAURISMO	32	DEPAKOTE ER TB24 PO 500 MG (Use divalproex sodium)	15
CYSTAGON CAPS PO	64	DAYHIST ALLERGY 12 HOUR RELIEF TABS PO	23	DEPAKOTE SPRINKLES CSDR PO (Use divalproex sodium)	15
CYSTARAN	88	DDAVP PF SOLN IJ (Use desmopressin acetate)	62	DEPAKOTE TBEC PO 125 MG (Use divalproex sodium)	15
cytarabine SOLN	30	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	62	DEPAKOTE TBEC PO 250 MG (Use divalproex sodium)	15
CYTOGAM SOLN	89	DDAVP TABS PO (Use desmopressin acetate)	62	DEPAKOTE TBEC PO 500 MG (Use divalproex sodium)	15
CYTOMEL TABS PO (Use liothyronine sodium)	94	DEBROX 6.5 % (Use carbamide peroxide (otic))	89	DEPEN TITRATABS TABS PO (Use penicillamine)	78
CYTOTEC PO (Use misoprostol) .	96				
dabigatran etexilate mesylate CAPS					

DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	46	DESOWEN CREA (Use desonide)	54	DEXCOM G7 SENSOR	70
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	47	desoximetasone CREA 0.05 %	54	DEXEDRINE CP24 PO 10 MG, 15 MG (Use dextroamphetamine sulfate)	1
DEPO-SUBQ PROVERA 104 SUSY SC	47	desoximetasone CREA 0.25 %	54	DEXILANT PO (Use dexlansoprazole)	96
DERMAREST PSORIASIS GEL	55	desoximetasone GEL	54	dexlansoprazole PO	96
DERMA-SMOOTHIE/FS SCALP OIL (Use fluocinolone acetonide)	54	desoximetasone OINT 0.25 %	54	dexmethylphenidate hcl TABS PO	1
DERMOTIC (Use fluocinolone acetonide (otic))	89	desvenlafaxine succinate PO 100 MG	17	dexrazoxane hcl	35
DESCOVY 120 MG-15 MG	39	desvenlafaxine succinate PO 25 MG, 50 MG	17	DEXTENZA INST	87
DESCOVY 200 MG-25 MG	39	DETROL LA CP24 PO (Use tolterodine tartrate)	96	dextroamphetamine sulfate CP24 PO	1
DESFERAL 500 MG (Use deferoxamine mesylate)	22	DETROL TABS PO (Use tolterodine tartrate)	96	dextroamphetamine sulfate TABS PO 5 MG, 10 MG	1
desipramine hcl TABS PO 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	18	DEX4 GLUCOSE PO	19	dextromethorphan hbr LIQD PO 7.5 MG/5ML	48
desipramine hcl TABS PO 25 MG	18	DEX4 NATURALS PO	19	dextromethorphan polistirex SUER PO	48
desmopressin acetate SOLN IJ	62	DEX4 PO	19	dextromethorphan-doxyamine-acetaminophen LIQD PO	48
DESMOPRESSIN ACETATE SOLN NA	62	DEX4 POUCH PACK PO	19	dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	48
desmopressin acetate spray	62	DEX4 QUICK DISSOLVE GLUCOSE CHEW PO	19	dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	48
desmopressin acetate spray refrigerated 0.01 %	62	dexamethasone ELIX PO	47	dextromethorphan-guaifenesin LIQD PO 200 MG/5ML-10 MG/5ML	48
desmopressin acetate TABS PO	62	dexamethasone sodium phosphate (ophth)	87	dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	48
desogestrel & ethinyl estradiol PO	46	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	47	dextromethorphan-guaifenesin TB12 PO 600 MG-30 MG	48
desogestrel-ethinyl estradiol (biphasic) PO	46	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	47	dextromethorphan-phenylephrine-acetaminophen CAPS PO	49
desogestrel-ethinyl estradiol (triphasic) PO	46	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	47		
desonide CREA	54	dexamethasone SOLN PO	47		
desonide OINT	54	dexamethasone TABS PO	47		
		DEXCOM G6 RECEIVER	70		
		DEXCOM G7 RECEIVER	70		

DEXYCU SUSP IO	87	dicyclomine hcl CAPS PO	95	240 MG	43
DHIVY TABS PO	36	dicyclomine hcl SOLN PO	95	diltiazem hcl CP12 PO	43
DHS TAR GEL SHAM (Use coal tar extract)	57	dicyclomine hcl TABS PO	95	diltiazem hcl CP24 PO 120 MG, 180 MG	43
DHS TAR SHAM (Use coal tar extract)	57	DIFFERIN CLEANSER LIQD (Use benzoyl peroxide)	51	diltiazem hcl CP24 PO 240 MG ...	43
DIABETIC TUSSIN COLD/FLU CAPS PO	49	DIFLUCAN SUSR PO (Use fluconazole)	23	diltiazem hcl extended release beads PO 120 MG, 180 MG, 300 MG, 360 MG, 420 MG	43
DIACOMIT CAPS 250 MG	13	DIFLUCAN TABS PO 100 MG, 200 MG (Use fluconazole)	23	diltiazem hcl extended release beads PO 240 MG	43
DIACOMIT CAPS 500 MG	13	DIFLUCAN TABS PO 150 MG (Use fluconazole)	23	diltiazem hcl TABS PO	43
DIACOMIT PACK 250 MG	13	DIFLUCAN TABS PO 50 MG (Use fluconazole)	23	dimenhydrinate TABS PO	22
DIACOMIT PACK 500 MG	13	diflunisal TABS PO	6	dimethyl fumarate CDPK	93
DIASTAT ACUDIAL GEL PR 10 MG (Use diazepam (anticonvulsant)) ..	12	digoxin SOLN PO 0.05 MG/ML ...	44	dimethyl fumarate CPDR	93
DIASTAT ACUDIAL GEL PR 20 MG (Use diazepam (anticonvulsant)) ..	12	digoxin TABS PO 125 MCG, 250 MCG	44	DIOVAN HCT PO (Use valsartan-hydrochlorothiazide)	27
DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant))	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	76	DIOVAN TABS PO (Use valsartan)	26
diazepam (anticonvulsant) GEL PR 10 MG	12	DILANTIN INFATABS CHEW PO (Use phenytoin)	14	diphenhydramine hcl (sleep) CAPS PO 50 MG	68
diazepam (anticonvulsant) GEL PR 12		DILANTIN PO (Use phenytoin sodium extended)	14	diphenhydramine hcl (sleep) TABS PO 25 MG	68
diazepam SOLN PO 5 MG/5ML ...	9	DILANTIN PO	14	diphenhydramine hcl (sleep) TABS PO 50 MG	68
diazepam TABS PO	9	DILANTIN SUSP PO (Use phenytoin)	14	diphenhydramine hcl CAPS PO ...	23
dibucaine	55	DILANTIN-125 SUSP PO (Use phenytoin)	14	diphenhydramine hcl ELIX PO 12.5 MG/5ML	23
dichlorphenamide PO	59	DILAUDID TABS PO 2 MG, 4 MG (Use hydromorphone hcl)	6	diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23
diclofenac potassium TABS PO 50 MG	4	DILAUDID TABS PO 8 MG (Use hydromorphone hcl)	6	diphenhydramine hcl TABS PO 25 MG	23
diclofenac sodium (ophth)	88	diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG	43	diphenoxylate w/ atropine LIQD PO	21
diclofenac sodium (topical) GEL EX 52		diltiazem hcl coated beads CP24 PO		diphenoxylate w/ atropine TABS PO .	

21	MG/4ML, 160 MG/8ML	36	50 MG, 100 MG	94
DIPHThERIA-TETANUS TOXOIDS DT SUSP	95	DOCETAXEL SOLN (Use docetaxel) 36	doxycycline hyclate CAPS PO	94
dipyridamole PO	66	DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	doxycycline hyclate TABS PO 100 MG	94
disopyramide phosphate CAPS PO 10		docetaxel SOLN	doxylamine succinate (sleep) PO ..	68
DISPOSABLE FULL RANGE MISC 73		DOCIVYX SOLN	DRAMAMINE CHEW PO	22
DISPOSABLE LOW RANGE MISC 73		docusate sodium CAPS PO 100 MG, 250 MG	DRAMAMINE TABS PO (Use dimenhydrinate)	22
DISPOSABLE LOW RANGE/PEDIATRIC MISC	73	docusate sodium CAPS PO 50 MG 69	DRISDOL CAPS PO (Use ergocalciferol)	100
DISPOSABLE PAPER MISC	73	docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML	drospirenone-ethinyl estradiol PO ..	46
DISPOSABLE UNIVERSAL RANGE MISC	73	DOCUSATE SODIUM SYRP PO ..	DROXIA CAPS	66
disulfiram PO 250 MG	92	docusate sodium TABS PO	droxidopa	100
DITROPAN XL TB24 PO 5 MG, 10 MG (Use oxybutynin chloride)	97	dofetilide PO	DRYSOL SOLN	56
divalproex sodium CSDR PO	15	DOJOLVI	DULCOLAX PINK LAXATIVE TBEC PO (Use bisacodyl)	69
divalproex sodium TB24 PO 250 MG 15		donepezil hydrochloride TABS PO 5 MG, 10 MG	DULCOLAX SUPP PR (Use bisacodyl)	69
divalproex sodium TB24 PO 500 MG 15		dorzolamide hcl	DULCOLAX TBEC PO (Use bisacodyl)	69
divalproex sodium TBEC PO 125 MG	15	DORZOLAMIDE HCL	duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG	17
divalproex sodium TBEC PO 250 MG	15	DORZOLAMIDE HCL-TIMOLOL MAL	DUROLANE PRSY	83
divalproex sodium TBEC PO 500 MG	15	dorzolamide hcl-timolol maleate ..	D-VI-SOL LIQD PO (Use cholecalciferol)	100
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel)	36	DOVATO	E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate)	70
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	36	DOVONEX CREA (Use calcipotriene)	EASY COMFORT PEN NEEDLES 71	
DOCETAXEL CONC 20 MG/ML, 80		doxazosin mesylate PO	EASY FLOW 300 MM HOSE MISC 73	
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	36	doxepin hcl CAPS PO	EASY FLOW 400 MM HOSE MISC 73	
DOCETAXEL CONC 20 MG/ML, 80		doxepin hcl CONC PO	EASY FLOW AIR NOZZLE MISC ..	73
		doxycycline (monohydrate) CAPS PO 50 MG, 100 MG		
		doxycycline (monohydrate) TABS PO		

EASY FLOW HEPA FILTER MISC 73	venlafaxine hcl) 17	fumarate PO 200 MG-300 MG 39
EASY MAX BLOOD GLUCOSE TEST STRP 57	EFFIENT PO (Use prasugrel hcl) . 66	EMTRIVA CAPS PO (Use emtricitabine) 39
EASY MAX T1 GLUCOSE SYSTEM KIT 70	EFUDEX CREA (Use fluorouracil (topical)) 52	EMTRIVA SOLN 39
EASY TALK PLUS II TEST STRIPS STRP 57	ELAPRASE 61	EMVERM CHEW PO 9
EASY TOUCH HEALTHPRO GLUCOSE KIT 71	eletriptan hydrobromide PO 76	enalapril maleate & hydrochlorothiazide PO 27
EASY TOUCH HEALTHPRO GLUCOSE STRP 57	ELIDEL (Use pimecrolimus) 55	enalapril maleate TABS PO 26
EASY TRAK II GLUCOSE TEST STRP 57	ELIGARD KIT SC 7.5 MG 32	ENDARI (Use glutamine (sickle cell)) 66
EBASE CONTROLLER KIT MISC .73	ELIGARD SC 22.5 MG, 30 MG, 45 MG 32	ENFAMIL ENFALYTE SOLN PO .. 77
econazole nitrate CREA 51	ELIMITE CREA (Use permethrin) . 56	ENGERIX-B SUSP 20 MCG/ML ... 97
ECOTRIN ARTHRTIS PAIN TBEC PO (Use aspirin) 6	ELIQUIS DVT/PE STARTER PACK TBPK 12	ENGERIX-B SUSY 97
ECOTRIN TBEC PO (Use aspirin) . 6	ELIQUIS TABS 12	ENHERTU 31
ED BRON GP LIQD PO 49	ELLA PO 46	ENJAYMO 66
edaravone SOLN 84	ELLENCE SOLN 33	enoxaparin sodium SOLN IJ 300 MG/3ML 12
EDURANT 39	ELLUME COVID-19 HOME TEST KIT 58	enoxaparin sodium SOSY 12
efavirenz CAPS PO 200 MG 39	ELOCTATE 65	ENSPRYNG 78
efavirenz CAPS PO 50 MG 39	EMBRACE PEN NEEDLES 71	ENTYVIO SOLR 64
efavirenz TABS PO 39	EMBRACE PRO GLUCOSE TEST STRP 58	EPICORD SHEE 57
efavirenz-emtricitabine-tenofovir disoproxil fumarate PO 39	EMBRACE WAVE BLOOD GLUCOSE STRP 58	EPIDIOLEX 13
efavirenz-lamivudine-tenofovir disoproxil fumarate 39	EMCYT PO 32	EPIFOAM FOAM 54
EFFEXOR XR CP24 PO 150 MG (Use venlafaxine hcl) 17	EMFLAZA SUSP PO (Use deflazacort) 47	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML 100
EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl) 17	EMFLAZA TABS PO (Use deflazacort) 47	epinephrine (anaphylaxis) SOAJ . 100
EFFEXOR XR CP24 PO 75 MG (Use emtricitabine-tenofovir disoproxil	EMOLLIENT LOTION-MISC 55	epinephrine hcl (nasal) 84
	EMPLICITI 31	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 100
	emtricitabine CAPS PO 39	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) 100
	emtricitabine-tenofovir disoproxil	EPIVIR SOLN PO (Use lamivudine) 39

EPIVIR TABS PO 150 MG (Use lamivudine)	39	erythromycin base CPEP PO	70	estradiol vaginal CREA	99
EPIVIR TABS PO 300 MG (Use lamivudine)	39	erythromycin base TABS PO	70	estradiol vaginal TABS	99
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	66	erythromycin base TBEC PO	70	ESTROFACTORS TABS PO	81
epoprostenol sodium	44	erythromycin ethylsuccinate SUSR PO	70	ethambutol hcl TABS PO	30
EPZICOM PO (Use abacavir sulfate-lamivudine)	39	erythromycin ethylsuccinate TABS PO	70	ethosuximide CAPS PO	15
EQL DRY MOUTH ORAL RINSE SOLN	80	erythromycin ethylsuccinate TABS PO	70	ethosuximide SOLN PO	15
EQUALYTE SOLN PO (Use oral electrolytes)	77	erythromycin stearate TABS PO 250 MG	70	ethynodiol diacet & eth estrad PO ..	46
ERBITUX	32	ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	37	etodolac CAPS PO	4
ergocalciferol CAPS PO	100	ESBRIET CAPS (Use pirfenidone) ..	94	etodolac TABS PO	4
ergocalciferol SOLN PO 200 MCG/ML	100	ESBRIET TABS PO (Use pirfenidone) ..	94	etonogestrel-ethinyl estradiol	46
ergotamine w/ caffeine TABS PO ..	75	escitalopram oxalate TABS PO 10 MG	16	etoposide CAPS PO	36
eribulin mesylate	36	escitalopram oxalate TABS PO 20 MG	16	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	36
ERIVEDGE	32	escitalopram oxalate TABS PO 20 MG	16	etravirine PO 100 MG	39
ERLEADA 60 MG	32	escitalopram oxalate TABS PO 5 MG ..	16	etravirine PO 200 MG	39
erlotinib hcl	32	ESGIC TABS PO (Use butalbital-acetaminophen-caffeine)	5	EUFLEXXA SOSY	83
ertapenem sodium IJ	28	esomeprazole magnesium CPDR PO 20 MG	96	EULEXIN PO	32
ERYGEL GEL (Use erythromycin (acne aid))	51	ESPEROCT	65	EVAC POWD PO (Use psyllium) ..	68
ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)	70	ESTRACE CREA (Use estradiol vaginal)	99	EVENTITY	60
ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate)	70	ESTRACE TABS PO (Use estradiol) ..	62	everolimus TABS	34
erythromycin (acne aid) GEL	51	estradiol & norethindrone acetate TABS PO	62	everolimus TBSO	34
erythromycin (acne aid) SOLN	51	estradiol PTTW	62	EVERSENSE 365 SENSOR/HOLDER	71
erythromycin (ophth)	87	estradiol PTWK	63	EVERSENSE E3 SENSOR/HOLDER	71
ERYTHROMYCIN	87	estradiol TABS PO	63	EVISTA PO (Use raloxifene hcl) ...	60

exemestane PO	32	14	15 MG/ML	67
EXFORGE HCT PO (Use amlodipine-valsartan- hydrochlorothiazide)	27	FELBATOL TABS PO (Use felbamate)	14	ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML
EXFORGE PO (Use amlodipine besylate-valsartan)	27	FELDENE CAPS PO (Use piroxicam)	4	ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG
EXJADE TBSO (Use deferasirox) .	22	felodipine PO	43	FERROUS SULFATE TBEC PO (Use ferrous sulfate)
EXKIVITY	32	FEMARA PO (Use letrozole)	32	ferrous sulfate TBEC PO
EXONDYS 51	84	fenofibrate micronized PO 134 MG, 200 MG	25	FEVERALL JUNIOR STRENGTH SUPP PR
EXPIRATORY MOUTHPIECE MISC . 73		fenofibrate micronized PO 67 MG .	25	fexofenadine hcl TABS PO 180 MG 24
EXSERVAN FILM	84	fenofibrate TABS PO 160 MG	25	fexofenadine hcl TABS PO 60 MG 24
EXTAVIA KIT	93	fenofibrate TABS PO 54 MG	25	FIBRYGA
EYLEA HD SOLN	86	FENOGLIDE TABS PO (Use fenofibrate)	25	FILTER AIR PP MISC
EYLEA SOLN	86	fenopropfen calcium CAPS PO 400 MG	4	finasteride PO
EYLEA SOSY	86	FENSOLVI (6 MONTH) SC	61	fingolimod hcl PO
ezetimibe PO	25	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FINTEPLA
ezetimibe-simvastatin PO	24	FER-IN-SOL SOLN PO (Use ferrous sulfate)	67	FIRAZYR SOSY (Use icatibant acetate)
famciclovir PO	42	FERRETTS TABS PO	67	FIRVANQ SOLR PO (Use vancomycin hcl)
famotidine SUSR PO	95	FERRIPROX SOLN	22	FLAVOR BLEND SUSP PO
famotidine TABS PO 10 MG	96	FERRIPROX TABS (Use deferiprone)	22	FLAVOR PLUS LIQD PO
famotidine TABS PO 20 MG, 40 MG . 95		FERRIPROX TWICE-A-DAY TABS 22		FLAVOR SWEET SYRP PO
FARESTON PO (Use toremifene citrate)	32	ferrous fumarate TABS PO	67	FLAVOR SWEET-SF SYRP PO ...
FARXIGA PO (Use dapagliflozin propanediol)	21	ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS PO	67	flavoxate hcl PO
FASTEP COVID-19 ANTIGEN TEST KIT	58	FERROUS GLUCONATE TABS PO 324 MG	67	FLEBOGAMMA DIF SOLN 5 GM/50ML
FEIBA	65	ferrous sulfate SOLN PO 15 MG/ML,		FLEBOGAMMA DIF SOLN
felbamate SUSP	14			flecainide acetate PO
felbamate TABS PO	14			FLEET ENEMA ENEM PR (Use sodium phosphates)
FELBATOL SUSP (Use felbamate)				

FLEET PEDIATRIC ENEM PR (Use sodium phosphates)	69	FLUBLOK SOSY	97	fluorouracil (topical) CREA 5 %	52
FLEET SALINE ENEMA ENEM PR (Use sodium phosphates)	69	FLUCELVAX QUADRIVALENT SUSP	97	fluorouracil (topical) SOLN	52
FLEXICHAMBER ADULT MASK/SMALL	73	FLUCELVAX QUADRIVALENT SUSY	98	fluoxetine hcl CAPS PO 10 MG, 20 MG	16
FLEXICHAMBER CHILD MASK/LARGE	73	FLUCELVAX SUSP	98	fluoxetine hcl CAPS PO 40 MG	16
FLEXICHAMBER CHILD MASK/SMALL	73	FLUCELVAX SUSY	98	fluoxetine hcl SOLN PO	16
FLOLAN (Use epoprostenol sodium)	44	fluconazole SUSR PO	23	fluoxetine hcl TABS PO 10 MG	16
FLOMAX PO (Use tamsulosin hcl)	64	fluconazole TABS PO 100 MG, 200 MG	23	fluoxetine hcl TABS PO 20 MG	16
FLOLASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	84	fluconazole TABS PO 150 MG	23	fluphenazine decanoate	38
FLORAFOL PEDIATRIC CHEW PO 0.5 MG	81	fluconazole TABS PO 50 MG	23	fluphenazine hcl TABS PO	38
FLORAFOL PEDIATRIC CHEW PO 1 MG	81	fluconazole TABS PO 50 MG	23	flurazepam hcl PO	68
FLORAFOL PEDIATRIC SOLN PO	81	fludarabine phosphate SOLN	31	flurbiprofen sodium	88
FLORIVA PLUS SOLN PO	81	FLUDARABINE PHOSPHATE SOLN	31	flurbiprofen TABS PO	4
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	11	fludarabine phosphate SOLR	31	flutamide PO	32
FLOVENT HFA (Use fluticasone propionate hfa)	11	fludrocortisone acetate TABS PO	47	fluticasone propionate (inhalation) AEPB	11
FLOWFLEX COVID-19 AG HOME TEST KIT	58	FLULAVAL QUADRIVALENT SUSY	98	fluticasone propionate (nasal) SUSP	84
FLUAD	97	FLULAVAL SUSY	98	fluticasone propionate CREA 0.05 %	54
FLUAD QUADRIVALENT	97	FLUMIST	98	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11
FLUARIX QUADRIVALENT SUSY	97	FLUMIST QUADRIVALENT	98	fluticasone propionate hfa 44 MCG/ACT	11
FLUARIX SUSY	97	flunisolide (nasal)	84	fluticasone propionate OINT	54
FLUBLOK QUADRIVALENT	97	fluocinolone acetonide (otic)	89	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11
		fluocinolone acetonide OIL	54	fluvoxamine maleate TABS PO 100 MG	16
		fluocinonide CREA 0.05 %	54	fluvoxamine maleate TABS PO 25 MG, 50 MG	16
		fluocinonide emulsified base	54	FLUZONE HIGH-DOSE	
		fluocinonide GEL	54		
		fluocinonide OINT	54		
		fluocinonide SOLN	54		
		fluorometholone (ophth) SUSP	87		
		fluorouracil (topical) CREA 0.5 %	52		

QUADRIVALENT	98	FORTISCARE G1 TEST STRIP STRP	58	FYARRO	34
FLUZONE HIGH-DOSE SUSY	98	FOSAMAX TABS PO 70 MG (Use alendronate sodium)	60	gabapentin CAPS PO	13
FLUZONE QUADRIVALENT SUSP 98		fosamprenavir calcium TABS PO ..	39	gabapentin SOLN PO	13
FLUZONE QUADRIVALENT SUSY 98		fosinopril sodium & hydrochlorothiazide PO	27	gabapentin TABS PO 600 MG	13
FLUZONE SUSP	98	fosinopril sodium PO	26	gabapentin TABS PO 800 MG	13
FLUZONE SUSY	98	FOTIVDA	34	GABITRIL PO (Use tiagabine hcl) .	14
FLYP HYPERSONIQ CARTRIDGE MISC	73	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	12	GABLOFEN SOLN IT (Use baclofen) 83	
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	87	FRAGMIN SOSY	12	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	83
FML OINT	87	FREESTYLE LIBRE 14 DAY READER	71	GALAFOLD	61
FOCALIN TABS PO (Use dexmethylphenidate hcl)	1	FREESTYLE LIBRE 14 DAY SENSOR	71	galantamine hydrobromide CP24 PO 92	
FOLCYTEINE TABS PO	81	FREESTYLE LIBRE 2 PLUS SENSOR	71	galantamine hydrobromide SOLN PO	92
folic acid TABS PO 1 MG	66	FREESTYLE LIBRE 2 READER ..	71	galantamine hydrobromide TABS PO	92
folic acid TABS PO 400 MCG, 800 MCG	66	FREESTYLE LIBRE 2 SENSOR ..	71	GAMASTAN	89
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	60	FREESTYLE LIBRE 3 PLUS SENSOR	71	GAMIFANT	78
FOLOTYN	31	FREESTYLE LIBRE 3 READER ..	71	GAMMAGARD	89
fondaparinux sodium	12	FREESTYLE LIBRE 3 SENSOR ..	71	GAMMAGARD S/D LESS IGA SOLR	89
FORA 6 CONNECT/GTEL TEST STRP	58	FREESTYLE LIBRE 3 READER ...	71	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	89
FORA GTEL BLOOD KETONE TEST	58	FREESTYLE LITE KIT	71	GAMMAPLEX SOLN 5 GM/50ML .	89
FORA TEST N'GO ADV-VOICE-6 CON	58	FT ELECTROLYTE SOLN PO	77	GAMMAPLEX SOLN	89
FORA TN'G ADVANCE PRO STRP 58		FT SALINE NASAL SPRAY SOLN	83	GAMUNEX-C	89
formaldehyde SOLN 10 %	39	FULL KIT NEBULIZER SET MISC	73	GANIRELIX ACETATE (Use ganirelix acetate)	60
FORTEO SOPN (Use teriparatide) 60		furosemide SOLN PO 8 MG/ML, 10 MG/ML	59	ganirelix acetate	60
		furosemide TABS PO	59	GARDASIL 9 SUSP	98
		FUZEON SOLR	39	GARDASIL 9 SUSY	98

GATTEX	64	glimepiride PO 1 MG, 2 MG	21	CHEW PO	19
GAUZE SPONGES	70	glimepiride PO 4 MG	21	GOCOVRI CP24	36
GAVRETO	34	glipizide TABS PO	21	GOJJI BLOOD KETONE TEST ...	58
GAZYVA	31	glipizide TB24 PO	21	GOLYTELY SOLR PO (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	68
gefitinib	32	glipizide-metformin hcl PO	18	GONAL-F RFF REDIJECT SOPN .	60
GEL-ONE	83	glucagon (rdna)	19	GONAL-F RFF SOLR SC	60
GELSYN-3 SOSY	83	GLUCAGON EMERGENCY (Use glucagon (rdna))	19	GONAL-F SOLR IJ	60
gemfibrozil TABS PO	25	GLUCO TO GO CHEW PO	19	GOODSENSE ELECTROLYTE ADV CARE SOLN PO	77
GENABIO COVID-19 RAPID TEST KIT	58	GLUCOSE CHEW PO	19	GOODSENSE GLUCOSE PO	19
GENERESS FE PO (Use norethindrone & ethinyl estradiol-fe) 46		GLUCOSE INSTANT ENERGY PO 19		GOODSENSE GLUCOSE PO	19
GENICIN VITA-Q TABS PO	81	GLUCOSE PO 6 MG-4 GM	19	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	58
gentamicin sulfate (ophth) OINT ...	87	GLUCOTROL XL TB24 PO (Use glipizide)	21	GRANIX SOLN	66
gentamicin sulfate (ophth) SOLN ..	87	glutamine (sickle cell)	66	GRANIX SOSY	66
gentamicin sulfate (topical) CREA .	51	glyburide micronized PO 1.5 MG, 3 MG, 6 MG	21	GRAPE SYRUP SYRP PO	91
gentamicin sulfate (topical) OINT ..	51	glyburide TABS PO	21	griseofulvin microsize SUSP PO ..	22
GENVISC 850 SOSY	83	glyburide-metformin PO	18	griseofulvin microsize TABS PO ...	22
GENVOYA	39	GLYCERIN (ADULT) SUPP PR (Use glycerin (laxative))	69	griseofulvin ultramicrosize PO	22
GEODON PO (Use ziprasidone hcl) 37		glycerin (laxative) SUPP PR 2 GM	69	guaifenesin LIQD PO	50
GERI-TUSSIN SYRP PO	50	glycine diluent	91	guaifenesin TB12 PO 1200 MG ...	50
GILENYA PO (Use fingolimod hcl)	93	glycopyrrolate TABS PO 1 MG, 2 MG	95	guaifenesin TB12 PO 600 MG	50
GILOTRIF	32	GLYNASE PO (Use glyburide micronized)	21	guaifenesin-codeine SOLN PO	49
GIMOTI SOLN NA	63	GNP EASY TOUCH GLUCOSE TEST STRP	58	guaifenesin-codeine SYRP PO	49
ginger (zingiber officinalis) CAPS PO 250 MG	2	GNP GLUCOSE CHEW PO	19	guanfacine hcl (adhd) PO	1
GLASSIA SOLN	94	GNP GLUCOSE PO 6 MG-4 GM ..	19	guanfacine hcl PO	26
glatiramer acetate SOSY	93	GNP QUICK DISSOLVE GLUCOSE		GUARDIAN 4 GLUCOSE SENSOR . 71	
GLEEVEC PO (Use imatinib mesylate)	34			GUARDIAN REAL-TIME REPLACE PED	71
				GYNAZOLE-1	99

GYNE-LOTRIMIN 3 CREA (Use clotrimazole vaginal)	99	HERCEPTIN HYLECTA	33	HYDRALYTE FREEZER POPS SOLN PO	77
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	99	HIBERIX SOLR IJ	97	HYDRALYTE SOLN PO	77
HADLIMA PUSHTOUCH SOAJ	3	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	39	HYDREA PO (Use hydroxyurea) ..	35
HADLIMA SOSY	3	HIGH POTENCY MULTIVITAMIN TABS PO	81	hydrochlorothiazide CAPS PO	59
HAEGARDA SOLR SC	66	HIZENTRA SOLN	89	hydrochlorothiazide TABS PO 25 MG, 50 MG	59
HALAVEN (Use eribulin mesylate) 36		HIZENTRA SOSY	89	hydrocodone bitartrate-homatropine methylbromide SOLN PO	48
HALCION PO 0.25 MG (Use triazolam)	68	homatropine hbr	86	hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7
HALDOL DECANOATE (Use haloperidol decanoate)	37	HUDSON RCI AEROSOL MASK ADULT MISC	73	hydrocodone-acetaminophen SOLN PO 325 MG/15ML-10 MG/15ML	7
haloperidol decanoate	37	HULIO (2 PEN) AJKT	3	hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7
haloperidol lactate CONC PO	37	HULIO (2 SYRINGE) PSKT	3	HYDROCORT LOTION COMPLETE KIT THPK	54
haloperidol TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	38	HUMALOG KWIKPEN SOPN 100 UNIT/ML	20	hydrocortisone (intrarectal) PR	8
haloperidol TABS PO 20 MG	37	HUMALOG SOLN IJ	20	hydrocortisone (rectal) EX 1 %	8
HAVRIX	98	HUMATE-P SOLR	65	hydrocortisone (rectal) EX 2.5 %	8
HEMATINIC PLUS VIT/MINERALS TABS PO	67	HUMATROPE CART IJ	60	hydrocortisone (topical) CREA 0.5 % 54	
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	65	HUMULIN 70/30 KWIKPEN SUPN 20		hydrocortisone (topical) CREA 1 % 54	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	65	HUMULIN 70/30 SUSP	20	hydrocortisone (topical) CREA 2.5 % 54	
HEPAGAM B SOLN IJ	89	HUMULIN N KWIKPEN SUPN	20	hydrocortisone (topical) LOTN 1 % 54	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12	HUMULIN N SUSP	20	hydrocortisone (topical) LOTN 2.5 % . 54	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML	12	HUMULIN R SOLN IJ	20	hydrocortisone (topical) OINT 1 %, 2.5 %	54
HEPLISAV-B SOSY	98	HYALGAN SOLN	83		
HERCEPTIN 150 MG	32	HYALGAN SOSY	83		
		HYCAMTIN CAPS PO	36		
		HYCAMTIN SOLR (Use topotecan hcl)	36		
		HYCODAN SOLN PO (Use hydrocodone bitartrate-homatropine methylbromide)	48		
		hydralazine hcl TABS PO	28		

hydrocortisone butyrate SOLN54	hyoscyamine sulfate TBDP PO 0.125 MG95	IHEALTH COVID-19 RAPID TEST KIT58
HYDROCORTISONE COMPLETE KIT THPK54	HYPERHEP B SOLN IM89	ILARIS SOLN4
hydrocortisone TABS PO47	HYPERRHO S/D SOSY IM 1500 UNIT89	ILUMYA52
hydrocortisone vaginal99	HYPERRHO S/D SOSY IM 250 UNIT89	ILUVIEN87
hydrocortisone w/acetic acid89	HYQVIA90	imatinib mesylate PO34
HYDROMORPHONE HCL SUPP PR6	HYRIMOZ SOAJ 40 MG/0.4ML3	IMBRUVICA CAPS34
hydromorphone hcl TABS PO 2 MG, 4 MG6	HYRIMOZ SOSY 40 MG/0.4ML3	IMBRUVICA TABS34
hydromorphone hcl TABS PO 8 MG . 6	HYRONAN KIT83	IMCIVREE1
hydroxychloroquine sulfate PO 200 MG29	HY-VEE GLUCOSE PO19	IMFINZI31
hydroxyprogesterone caproate (antineoplastic)32	HYZAAR PO (Use losartan potassium & hydrochlorothiazide) .27	imipramine hcl TABS PO18
hydroxyprogesterone caproate OIL 92	ibandronate sodium SOLN60	imiquimod 5 %55
hydroxyurea PO35	IBRANCE CAPS34	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)76
hydroxyzine hcl SYRP PO9	IBRANCE TABS34	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)76
hydroxyzine hcl TABS PO9	ibuprofen CHEW PO4	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)76
hydroxyzine pamoate CAPS PO9	ibuprofen lysine4	IMITREX TABS PO (Use sumatriptan succinate)76
HYMOVIS83	ibuprofen SUSP PO 100 MG/5ML . .4	IMLYGIC36
hyoscyamine sulfate ELIX PO95	ibuprofen SUSP PO 40 MG/ML, 50 MG/1.25ML4	IMODIUM A-D CAPS PO (Use loperamide hcl)21
HYOSCYAMINE SULFATE POWD 95	ibuprofen TABS PO 200 MG4	IMODIUM A-D TABS PO (Use loperamide hcl)21
hyoscyamine sulfate SOLN PO 0.125 MG/ML95	ibuprofen TABS PO 400 MG, 600 MG, 800 MG4	IMOVAX RABIES SUSR98
hyoscyamine sulfate SUBL 0.125 MG95	icatibant acetate SOSY65	IMURAN TABS PO (Use azathioprine)79
hyoscyamine sulfate TABS PO 0.125 MG95	ICLUSIG PO34	INCRELEX61
hyoscyamine sulfate TB12 PO 0.375 MG95	IDELVION65	INCRUSE ELLIPTA10
	IDHIFA34	indapamide TABS PO 1.25 MG, 2.5 MG59
	IFE-BIMIX 30/1 SOLN44	
	IHEALTH BLOOD GLUCOSE TEST STR STRP58	

INDERAL LA CP24 PO (Use propranolol hcl) 43	INSULIN GLARGINE-YFGN SOLN 20	ipratropium bromide SOLN 0.02 % 10
INDICAID COVID-19 RAPID TEST KIT 58	INSULIN GLARGINE-YFGN SOPN 20	ipratropium-albuterol SOLN 11
INDOCIN SUSP PO (Use indomethacin) 4	INSULIN LISPRO (1 UNIT DIAL) SOPN 20	irbesartan PO 26
indomethacin CAPS PO 25 MG, 50 MG 4	INSULIN LISPRO JUNIOR KWIKPEN SOPN 20	irbesartan-hydrochlorothiazide PO 27
indomethacin sodium 4	INSULIN LISPRO PROT & LISPRO SUPN 20	IRESSA (Use gefitinib) 32
INDOMETHACIN SODIUM 4	INSULIN LISPRO SOLN IJ 20	irinotecan hcl 36
indomethacin SUPP PR 4	INSULIN SYRINGES 71	IRON CHEWS PEDIATRIC CHEW PO 67
indomethacin SUSP PO 4	INSULIN SYRINGES-MISC 71	IRON TABS PO 28 MG 67
INFANRIX 95	INSUPEN PEN NEEDLES 71	ISENTRESS CHEW 100 MG 40
INFANTS ADVIL SUSP PO (Use ibuprofen) 4	INTELENCE PO 100 MG (Use etravirine) 40	ISENTRESS CHEW 25 MG 40
INLYTA 31	INTELENCE PO 200 MG (Use etravirine) 40	ISENTRESS HD TABS PO 40
INNOSPIRE REPLACEMENT FILTER MISC 73	INTELENCE PO 25 MG 39	ISENTRESS PACK PO 40
INQOVI 33	INTELISWAB COVID-19 RAPID TEST KIT 58	ISENTRESS TABS PO 40
INREBIC 34	INTUNIV PO (Use guanfacine hcl (adhd)) 1	isoniazid SYRP PO 30
INSULIN ASP PROT & ASP FLEXPEN SUPN 20	INVANZ IJ (Use ertapenem sodium) . 28	isoniazid TABS PO 30
INSULIN ASPART FLEXPEN SOPN . 20	INVEGA HAFYERA 37	ISOPTO ATROPINE SOLN 86
INSULIN ASPART PENFILL SOCT 20	INVEGA SUSTENNA 37	ISORDIL TITRADOSE TABS PO 5 MG (Use isosorbide dinitrate) 9
INSULIN ASPART PROT & ASPART SUSP 20	INVEGA TRINZA 37	isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG 9
INSULIN ASPART SOLN IJ 20	IOPIDINE 86	isosorbide mononitrate TABS PO ... 9
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 20	IPOL 98	isosorbide mononitrate TB24 PO ... 9
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 20	ipratropium bromide (nasal) 0.03 % 84	isotretinoin PO 10 MG, 20 MG, 30 MG, 40 MG 51
INSULIN DEGLUDEC SOLN 20	ipratropium bromide (nasal) 0.06 % 84	ISTODAX SOLR (Use romidepsin) 34
		ISTURISA 59
		ITCH RELIEF CREA 52
		itraconazole CAPS PO 23
		IXEMPRA KIT 36
		IXIARO 98

IXINITY SOLR	65	hcl)	18	KEVEYIS PO (Use dichlorphenamide)	59
JADENU SPRINKLE PACK (Use deferasirox)	22	KCENTRA	65	KEY-E CHEW PO	100
JADENU TABS PO (Use deferasirox)	22	KEMOPLAT SOLN	30	KEYTRUDA	31
JAKAFI	34	KEPIVANCE 5.16 MG	35	KHAPZORY	35
JANSSEN COVID-19 VACCINE ..	98	KEPIVANCE 6.25 MG	35	KIMMTRAK	31
JEMPERLI	31	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN PO 77	
JEVTANA	36	KEPPRA TABS PO 1000 MG (Use levetiracetam)	13	KINDERLYTE SOLN PO	77
JIVI	65	KEPPRA TABS PO 250 MG, 750 MG (Use levetiracetam)	13	KINERET SOSY	4
JULUCA	40	KEPPRA TABS PO 500 MG (Use levetiracetam)	13	KINRIX SUSY	95
JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	25	KEPPRA XR TB24 PO (Use levetiracetam)	13	KISQALI (200 MG DOSE)	34
JYNARQUE TABS	62	KERALYT GEL (Use salicylic acid) 55		KISQALI (400 MG DOSE)	34
JYNARQUE TBPK	62	KESIMPTA	93	KISQALI (600 MG DOSE)	34
JYNNEOS	98	ketoconazole (topical) CREA	51	KISQALI FEMARA (200 MG DOSE) . 33	
KADCYLA	31	ketoconazole (topical) SHAM 2 %	51	KISQALI FEMARA (400 MG DOSE) . 33	
KALBITOR	66	KETONE TEST STRP	58	KISQALI FEMARA (600 MG DOSE) . 33	
KALETRA SOLN PO (Use lopinavir- ritonavir)	40	ketorolac tromethamine (ophth) 0.4 %	88	KITABIS PAK NEBU (Use tobramycin)	2
KALETRA TABS PO 25 MG-100 MG (Use lopinavir-ritonavir)	40	ketorolac tromethamine (ophth) 0.5 %	88	KLARON (Use sulfacetamide sodium (acne))	51
KALETRA TABS PO 50 MG-200 MG (Use lopinavir-ritonavir)	40	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KLONOPIN TABS PO (Use clonazepam)	13
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	94	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	4	KOATE SOLR	65
KALYDECO PACK 5.8 MG	94	ketorolac tromethamine TABS PO ..	4	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	65
KALYDECO TABS	94	KETOSTIX STRP	58	KOGENATE FS KIT	65
KANJINTI 420 MG	32	ketotifen fumarate (ophth) 0.035 % 88		KOKO PEAK PRO MOUTHPIECE MISC	73
KANUMA	61			KOMBIGLYZE XR PO (Use saxagliptin-metformin hcl)	18
KAPVAY TB12 PO (Use clonidine hcl (adhd))	1				
KAZANO (Use alogliptin-metformin					

KORLYM (Use mifepristone (hyperglycemia))	19	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	52	LENVIMA (10 MG DAILY DOSE)	31
KOSELUGO	34	lamivudine SOLN PO	40	LENVIMA (12 MG DAILY DOSE)	31
KOVALTRY	65	lamivudine TABS PO 150 MG	40	LENVIMA (14 MG DAILY DOSE)	31
K-PHOS-NEUTRAL PO (Use potassium chloride)	78	lamivudine TABS PO 300 MG	40	LENVIMA (18 MG DAILY DOSE)	31
phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	78	lamivudine-zidovudine PO	40	LENVIMA (20 MG DAILY DOSE)	31
KRINTAFEL	29	lamotrigine CHEW PO	13	LENVIMA (24 MG DAILY DOSE)	31
KROGER GLUCOSE PO	19	lamotrigine TABS PO	13	LENVIMA (4 MG DAILY DOSE) ..	31
KRYSTEXXA	65	lamotrigine TB24 PO	13	LENVIMA (8 MG DAILY DOSE) ..	31
K-TAB TBCR PO 10 MEQ (Use potassium chloride)	78	LANCETS-MISC	71	LEQVIO	25
KUVAN PACK (Use sapropterin dihydrochloride)	61	LANCING DEVICE-MISC	71	LETAIRIS PO (Use ambrisentan) ..	44
KUVAN TABS (Use sapropterin dihydrochloride)	61	lanolin (topical) CREA	56	letrozole PO	32
KYPROLIS	34	lanolin XX	91	leucovorin calcium TABS PO	35
labetalol hcl TABS PO 100 MG	42	LANOLIN XX	91	LEUKERAN PO	30
labetalol hcl TABS PO 200 MG	42	LANOLOR CREA	56	LEUKINE SOLR IJ	67
labetalol hcl TABS PO 300 MG	42	LANOXIN SOLN IJ (Use digoxin) ..	44	leuprolide acetate KIT IJ 1 MG/0.2ML	32
lactic acid (ammonium lactate) CREA	55	LANOXIN TABS PO 125 MCG, 250 MCG (Use digoxin)	44	LEUPROLIDE ACETATE-BUPIVACAINE	32
lactic acid (ammonium lactate) LOTN 12 %	55	lansoprazole CPDR PO 15 MG ...	96	levabuterol tartrate	11
lactulose (encephalopathy) PO	64	lansoprazole CPDR PO 30 MG ...	96	LEVVID TB12 PO (Use hyoscyamine sulfate)	95
lactulose SOLN PO	69	lapatinib ditosylate	34	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13
LAMICTAL CHEW PO (Use lamotrigine)	13	LASIX TABS PO (Use furosemide) 59		levetiracetam TABS PO 1000 MG ..	13
LAMICTAL TABS PO (Use lamotrigine)	13	latanoprost SOLN	88	levetiracetam TABS PO 250 MG, 750 MG	13
LAMICTAL XR TB24 PO (Use lamotrigine)	13	LATANOPROST SOLN	88	levetiracetam TABS PO 500 MG ..	13
LAMISIL AT CREA (Use terbinafine hcl (topical))	52	LATUDA PO (Use lurasidone hcl) ..	37	levetiracetam TB24 PO	13
		LEADER GLUCOSE PO 6 MG-4 GM 19		levobunolol hcl 0.5 %	86
		LEADER QUICK DISSOLVE GLUCOSE CHEW PO	19	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	61
		leflunomide PO	5	levocarnitine (metabolic modifiers)	
		lenalidomide PO	78		

TABS PO	61	lidocaine hcl CREA 3 %	55	LIVMARLI	63
levocetirizine dihydrochloride TABS PO	24	lidocaine hcl CREA 4 %	55	LIVTENCITY	41
levofloxacin TABS PO	63	lidocaine hcl GEL 2 %	55	LMX 4 CREA (Use lidocaine)	55
levoleucovorin calcium SOLN 250 MG/25ML	35	lidocaine OINT	55	LODINE TABS PO (Use etodolac) ..	4
levoleucovorin calcium SOLR	35	lidocaine-prilocaine CREA	55	LODOSYN PO (Use carbidopa) ...	36
levonorgestrel & eth estradiol TABS PO	46	LIORESAL SOLN IT (Use baclofen) 83		LOHIST-D LIQD PO	49
levonorgestrel (emergency oc) PO 1.5 MG	46	LIORESAL SOLN IT	83	LOMOTIL TABS PO (Use diphenoxylate w/ atropine)	21
levonorgestrel-eth estradiol (triphasic) PO	46	liothyronine sodium TABS PO	95	LONGS GLUCOSE PO	19
levonorgestrel-ethinyl estradiol (91- day) PO 0.03 MG-0.15 MG	46	LIPITOR TABS PO (Use atorvastatin calcium)	25	LONSURF	33
levothyroxine sodium TABS PO ...	94	liraglutide	20	loperamide hcl CAPS PO	21
LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate)	95	lisdexamfetamine dimesylate CAPS PO	1	loperamide hcl TABS PO	22
LEVULAN KERASTICK SOLR	52	lisinopril & hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG .	27	LOPID TABS PO (Use gemfibrozil) 25	
LEXAPRO TABS PO 10 MG (Use escitalopram oxalate)	16	lisinopril & hydrochlorothiazide PO 25 MG-20 MG	27	lopinavir-ritonavir SOLN PO	40
LEXAPRO TABS PO 20 MG (Use escitalopram oxalate)	16	lisinopril TABS PO 2.5 MG	26	lopinavir-ritonavir TABS PO 25 MG- 100 MG	40
LEXAPRO TABS PO 5 MG (Use escitalopram oxalate)	16	lisinopril TABS PO 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	26	lopinavir-ritonavir TABS PO 50 MG- 200 MG	40
LEXIVA SUSP PO	40	LITETOUCH MASK LARGE MISC	73	LOPRESSOR TABS PO 100 MG (Use metoprolol tartrate)	42
LEXIVA TABS PO (Use fosamprenavir calcium)	40	LITETOUCH MASK MEDIUM MISC .	73	LOPRESSOR TABS PO 50 MG (Use metoprolol tartrate)	42
LIALDA TBEC PO (Use mesalamine)	64	LITETOUCH MASK SMALL MISC	73	loratadine & pseudoephedrine TB12 PO	49
LIBTAYO	31	lithium carbonate CAPS PO	37	loratadine & pseudoephedrine TB24 PO	49
LICEMD GEL	56	lithium carbonate TABS PO	37	loratadine SOLN PO	24
lidocaine CREA 4 %	55	lithium carbonate TBCR PO	37	loratadine TABS PO	24
lidocaine hcl (mouth-throat) 2 % ...	79	lithium PO	37	loratadine TBDP PO 10 MG	24
		LITHOBID TBCR PO (Use lithium carbonate)	37	lorazepam TABS PO	10
		LITTLE REMEDIES SALINE SOLN	83	LORBRENA	34
				losartan potassium &	

hydrochlorothiazide PO	27	METER	73	MAKENA SOAJ	92
losartan potassium PO	26	LUPKYNIS	79	malathion	56
LOSEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91- day))	46	LUPRON DEPOT-PED (1-MONTH) . 61		maraviroc TABS PO 150 MG	40
LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	27	LUPRON DEPOT-PED (3-MONTH) . 61		maraviroc TABS PO 300 MG	40
LOTENSIN PO 10 MG, 20 MG (Use benazepril hcl)	26	lurasidone hcl PO	37	MARGENZA	32
LOTENSIN PO 40 MG (Use benazepril hcl)	26	LUXTURNA	87	MASK VORTEX/CHILD/FROG ...	73
LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	27	LYNPARZA TABS PO	34	MASK VORTEX/TODDLER/LADYBUG ..	73
LOTRIMIN AF CREA (Use clotrimazole (topical))	52	LYSODREN PO	33	MATULANE PO	35
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	52	LYSTEDA TABS PO (Use tranexamic acid)	67	MAVYRET PACK	41
lovastatin TABS PO 10 MG, 20 MG 25		MACI	83	MAVYRET TABS PO	41
lovastatin TABS PO 40 MG	25	MACROBID PO (Use nitrofurantoin monohyd macro)	29	MAXALT TABS PO 10 MG (Use rizatriptan benzoate)	76
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	12	MACRODANTIN PO 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	29	MAXALT-MLT TBDP PO 10 MG (Use rizatriptan benzoate)	76
LOVENOX SOSY (Use enoxaparin sodium)	12	magnesium citrate PO 1.745 GM/30ML	69	MAXITROL OINT (Use neomycin- polymy-dexameth)	87
loxapine succinate PO	38	MAGNESIUM EXTRA STRENGTH CAPS PO	77	MAXITROL SUSP (Use neomycin- polymy-dexameth)	87
LUCENTIS SOLN 0.3 MG/0.05ML	86	magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	69	MAXI-TUSS PE LIQD PO	49
LUCENTIS SOSY	86	magnesium oxide (mg supplement) TABS PO	77	MAXI-TUSS PE MAX LIQD PO ...	49
LUMAKRAS 120 MG, 320 MG	34	MAGNESIUM OXIDE -MG SUPPLEMENT CAPS PO	77	MAXZIDE TABS PO (Use triamterene & hydrochlorothiazide)	59
LUMIZYME	61	magnesium oxide TABS PO 400 MG 9		MAXZIDE-25 TABS PO (Use triamterene & hydrochlorothiazide)	59
LUMOXITI	31	MAGOX 400 TABS PO (Use magnesium oxide (mg supplement)) .	78	meclizine hcl CHEW PO	22
LUNG PERFORM PEAK FLOW		MAKENA OIL (Use hydroxyprogesterone caproate) ...	92	meclizine hcl TABS PO 12.5 MG, 25 MG	22
				MEDROL TABS PO 4 MG, 8 MG (Use methylprednisolone)	47
				MEDROL TBPK PO (Use methylprednisolone)	47
				medroxyprogesterone acetate (contraceptive) SUSP IM	47

medroxyprogesterone acetate (contraceptive) SUSY IM	47	mesalamine CP24	64	GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	31
medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG	92	mesalamine CPDR PO	64	METHOTREXATE SODIUM SOLN 50 MG/2ML	31
mefloquine hcl PO	29	mesalamine ENEM PR	64	methotrexate sodium TABS PO 2.5 MG	31
megestrol acetate SUSP PO	33	mesalamine TBEC PO	64	methylodopa TABS PO	26
megestrol acetate TABS PO	33	mesna SOLN	35	methylergonovine maleate TABS PO 89	
MEIJER GLUCOSE PO	19	MESNEX SOLN (Use mesna)	35	methylgonovine maleate TABS PO 89	
MEKINIST TABS PO	34	MESNEX TABS PO	35	METHYLIN SOLN PO 10 MG/5ML (Use methylphenidate hcl)	1
MEKTOVI	34	MESTINON TABS PO (Use pyridostigmine bromide)	29	METHYLIN SOLN PO 5 MG/5ML (Use methylphenidate hcl)	2
MELATONIN SUBL	2	MESTINON TBCR PO (Use pyridostigmine bromide)	29	methyphenidate hcl CPCR PO	2
melatonin TABS PO 3 MG, 5 MG ...	2	METADATE CD CPCR PO (Use methylphenidate hcl)	1	methyphenidate hcl SOLN PO 10 MG/5ML	2
melatonin TBDP PO 3 MG	2	METAMUCIL FREE & NATURAL POWD PO (Use psyllium)	68	methyphenidate hcl SOLN PO 5 MG/5ML	2
meloxicam TABS PO	4	METAMUCIL POWD PO (Use psyllium)	68	methyphenidate hcl TABS PO 10 MG, 20 MG	2
melphalan hcl IV	30	metformin hcl TABS PO 500 MG ...	18	methyphenidate hcl TABS PO 5 MG 2	
melphalan PO	30	metformin hcl TABS PO 850 MG, 1000 MG	18	methyphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG	2
memantine hcl SOLN PO 2 MG/ML 92		metformin hcl TB24 PO 500 MG ...	18	methyphenidate hcl TB24 PO 36 MG	2
memantine hcl TABS PO	92	metformin hcl TB24 PO 750 MG ...	18	methyphenidate hcl TBCR PO 10 MG, 20 MG, 36 MG	2
MENACTRA	97	methadone hcl TABS PO 10 MG ...	6	methyphenidate hcl TBCR PO 18 MG, 27 MG, 54 MG	2
MENOPUR SC	60	methadone hcl TABS PO 5 MG	6	methyprednisolone TABS PO 4 MG, 8 MG	47
MENQUADFI	97	methazolamide TABS PO	59	methyprednisolone TBPk PO	47
MENVEO SOLN	97	methenamine mandelate	29	methyltestosterone TABS	8
MENVEO SOLR	97	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS PO 81.6 MG	28	metoclopramide hcl SOLN PO 5	
meperidine hcl SOLN PO 50 MG/5ML	6	methimazole TABS PO	94		
meperidine hcl TABS PO 50 MG ...	6	methocarbamol TABS PO 500 MG, 750 MG	83		
MEPHYTON TABS PO (Use phytonadione)	100	methotrexate sodium SOLN 1			
meprobamate PO	9				
MEPSEVII	61				
mercaptapurine TABS PO	31				

MG/5ML, 10 MG/10ML63	nitrate (topical)) 52	ethinyl estradiol (biphasic)) 46
metoclopramide hcl TABS PO63	miconazole nitrate (topical) CREA .52	MIRODERM BIO MATRIX FENESTRAT57
metolazone PO59	miconazole nitrate vaginal CREA ..99	MIRODERM BIO MATRIX FENESTRAT+57
metoprolol & hydrochlorothiazide TABS PO 25 MG-100 MG, 25 MG-50 MG27	miconazole nitrate vaginal KIT99	mirtazapine TABS PO 15 MG15
metoprolol & hydrochlorothiazide TABS PO 50 MG-100 MG27	miconazole nitrate vaginal SUPP 100 MG99	mirtazapine TABS PO 30 MG15
metoprolol succinate TB24 PO 200 MG42	miconazole nitrate vaginal SUPP 200 MG99	mirtazapine TABS PO 7.5 MG, 45 MG15
metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG42	MICRHOGAM ULTRA-FILTERED PLUS SOSY IM89	mirtazapine TBDP PO 15 MG15
metoprolol tartrate TABS PO 100 MG43	MICROLIFE DIGITAL PEAK FLOW . 73	mirtazapine TBDP PO 30 MG15
metoprolol tartrate TABS PO 25 MG, 50 MG43	midazolam hcl SOLN IJ68	mirtazapine TBDP PO 45 MG15
METROCREAM CREA (Use metronidazole (topical))56	midodrine hcl PO100	misoprostol PO96
METROLOTION LOTN (Use metronidazole (topical))56	mifepristone (hyperglycemia)19	mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML33
metronidazole (topical) CREA56	miglustat66	MM BLOOD GLUCOSE SYSTEM KIT71
metronidazole (topical) GEL 0.75 % 56	MIGRANAL SOLN NA (Use dihydroergotamine mesylate)76	MM BLULINK GLUCOSE TEST STRP58
metronidazole (topical) LOTN56	MILLIPRED TABS PO47	M-M-R II SOLR98
metronidazole TABS PO28	MINI WRIGHT PEAK FLOW METER73	MODERNA COVID-19 BIVAL 6M-5Y98
metronidazole vaginal99	MINIELITE FILTER REPLACEMENTS MISC73	MODERNA COVID-19 BIVALENT 98
metyrosine PO26	MINIPRESS CAPS PO (Use prazosin hcl)26	MODERNA COVID-19 VAC (BOOSTER) SUSP98
mexiletine hcl PO10	MINIVELLE PTTW (Use estradiol) 63	MODERNA COVID-19 VAC 6M-11Y SUSP98
MIACALCIN IJ (Use calcitonin (salmon))60	minocycline hcl CAPS PO94	MODERNA COVID-19 VAC 6M-11Y SUSY98
MICARDIS HCT PO (Use telmisartan-hydrochlorothiazide) ..27	minoxidil PO 10 MG28	MODERNA COVID-19 VACC 6M-5Y SUSP98
MICARDIS PO (Use telmisartan) ..26	minoxidil PO 2.5 MG28	MODERNA COVID-19 VACCINE SUSP98
MICATIN CREA (Use miconazole	MIRALAX POWD PO (Use polyethylene glycol 3350)69	
	MIRCERA67	
	MIRCETTE PO (Use desogestrel-	

MOI-STIR SOLN	80	MOZOBIL (Use plerixafor)	67	MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG	81
molindone hcl PO	38	MS CONTIN TBCR PO (Use morphine sulfate)	7	MULTIVITAMIN/FLUORIDE SOLN PO	82
mometasone furoate CREA	54	MUCINEX D MAX STRENGTH TB12 PO (Use pseudoephedrine- guaifenesin)	49	MULTI-VIT-FLOR CHEW PO 0.25 MG, 1 MG	82
mometasone furoate OINT	54	MUCINEX D TB12 PO (Use pseudoephedrine-guaifenesin) ...	49	MULTI-VIT-FLOR CHEW PO 0.5 MG	82
mometasone furoate SOLN	54	MUCINEX DM TB12 PO (Use dextromethorphan-guaifenesin) ...	49	mupirocin calcium (topical)	51
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 99		MUCINEX MAXIMUM STRENGTH TB12 PO (Use guaifenesin)	50	mupirocin OINT	51
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	99	MUCINEX TB12 PO (Use guaifenesin)	50	MVASI	31
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) ..	99	MULPLETA	67	MX-SOL BLEND SF SUSP PO	91
MONISTAT CARE INSTANT ITCH RLF (Use hydrocortisone vaginal) 99		MULTI VITAMIN TABS PO	81	MX-SOL BLEND SUSP PO	91
MONJUVI	31	MULTI VITAMIN W/D-3 TABS PO .	81	MX-SOL SF SYRP PO	91
MONOVISC	83	multiple vitamin TABS PO	81	MX-SOL SUSPEND SUSP PO	91
montelukast sodium CHEW PO ...	10	multiple vitamins w/ iron TABS PO	80	MX-SOL SYRP PO	91
montelukast sodium PACK PO	10	MULTIPLE VITAMINS W/ MINERALS TABS	80	MYALEPT	61
montelukast sodium TABS PO	10	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	81	MYAMBUTOL TABS PO 400 MG (Use ethambutol hcl)	30
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	6	MULTIVITAMIN + FLUORIDE CHEW PO 0.25 MG, 1 MG	81	MYCOBUTIN PO (Use rifabutin) ..	30
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	6	MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG	81	mycophenolate mofetil CAPS PO .	79
morphine sulfate SUPP PR	6	MULTIVITAMIN ADULT TABS PO	81	mycophenolate mofetil SUSR	79
morphine sulfate TABS PO	6	MULTIVITAMIN DROPS/IRON SOLN PO	82	mycophenolate mofetil TABS PO ..	79
morphine sulfate TBCR PO	6	MULTIVITAMIN INFANT & TODDLER SOLN PO	82	mycophenolate sodium PO	79
MOTRIN CHILDRENS CHEW PO (Use ibuprofen)	4	MULTIVITAMIN INFANT & TODDLER SOLN PO	82	MYDRIACYL SOLN (Use tropicamide)	86
MOTRIN INFANTS DROPS SUSP PO (Use ibuprofen)	4	MULTIVITAMIN TABS PO	81	MYFORTIC PO (Use mycophenolate sodium)	79
MOUTH KOTE REMINT SOLN	80	MULTIVITAMIN TABS PO	81	MYLERAN TABS PO	30
MOUTH KOTE SOLN	80	MULTIVITAMIN/FLUORIDE CHEW PO 0.25 MG, 1 MG	82	MYLICON INFANTS GAS RELIEF SUSP PO (Use simethicone)	63
moxifloxacin hcl (ophth) SOLN OP	87			MYSOLINE PO (Use primidone) ..	13
				NABI-HB SOLN IM	89

nabumetone PO	4	(Use triamcinolone acetonide (nasal))	84	NEOPROFEN (Use ibuprofen lysine)	5
nadolol TABS PO 20 MG, 40 MG, 80 MG	43	NASALCROM (Use cromolyn sodium (nasal))	83	NEORAL CAPS PO (Use cyclosporine modified (for microemulsion))	79
NAGLAZYME	61	nateglinide PO	21	NEORAL SOLN PO (Use cyclosporine modified (for microemulsion))	79
NALFON CAPS PO (Use fenoprofen calcium)	4	NATPARA	60	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	51
naloxone hcl LIQD	22	NATROBA (Use spinosad)	56	NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)	51
naloxone hcl SOCT	22	NATURAL FIBER LAXATIVE POWD PO	68	NERLYNX	34
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	22	NAYZILAM	13	NESINA (Use alogliptin benzoate)	19
naloxone hcl SOSY 2 MG/2ML	22	NEBULIZER AIR TUBE/PLUGS MISC	73	NEUPOGEN SOLN	67
naltrexone hcl PO	22	NEBULIZER MASK ADULT MISC ..	74	NEUPOGEN SOSY	67
NAMENDA TABS PO (Use memantine hcl)	92	NEBULIZER MASK ADULT/TUBING MISC	74	NEURONTIN CAPS PO (Use gabapentin)	13
NAMENDA TITRATION PAK TABS PO (Use memantine hcl)	92	NEBULIZER MASK CHILD MISC ..	74	NEURONTIN SOLN PO (Use gabapentin)	13
naphazoline w/ pheniramine 0.315 %-0.027 %	87	nefazodone hcl PO	17	NEURONTIN TABS PO 600 MG (Use gabapentin)	14
NAPROSYN SUSP PO (Use naproxen)	4	NEOMULTIVITE TABS PO	81	NEURONTIN TABS PO 800 MG (Use gabapentin)	13
NAPROSYN TABS PO 500 MG (Use naproxen)	4	neomycin sulfate TABS PO	2	NEUTROGENA T/GEL SHAM 0.5 % (Use coal tar extract)	57
naproxen sodium TABS PO 220 MG . 5		neomycin-bacitracin zn-polymyxin	87	nevirapine SUSP PO	40
naproxen sodium TABS PO 275 MG, 550 MG	5	neomycin-bacitracin-polymyxin OINT	51	nevirapine TABS PO	40
naproxen SUSP PO	5	neomycin-polymy-dexameth OINT	88	nevirapine TB24 PO 100 MG	40
naproxen TABS PO	5	neomycin-polymy-dexameth SUSP	88	nevirapine TB24 PO 400 MG	40
naratriptan hcl PO	76	neomycin-polymyxin w/ pramoxine	51	NEXAVAR PO (Use sorafenib tosylate)	34
NARCAN LIQD (Use naloxone hcl)	22	neomycin-polymyxin-gramicidin ..	87	NEXIUM 24HR CLEAR MINIS CPDR	
NARDIL PO (Use phenelzine sulfate)	16	neomycin-polymyxin-hc (ophth) ..	88		
NASACORT ALLERGY 24HR AERO		neomycin-polymyxin-hc (otic) SOLN .	89		
		neomycin-polymyxin-hc (otic) SUSP .	89		

PO (Use esomeprazole magnesium) . 96	NICOTROL NS SOLN 93	norethindrone & ethinyl estradiol-fe PO 46
NEXIUM 24HR CPDR PO (Use esomeprazole magnesium)96	nifedipine CAPS PO 43	norethindrone (contraceptive) PO . 47
NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium)96	nifedipine TB24 PO 30 MG, 90 MG 43	norethindrone acet & eth estra TABS PO 46
NEXVIAZYME61	nifedipine TB24 PO 60 MG 43	norethindrone acetate TABS PO .. 92
niacin (antihyperlipidemic) TABS PO . 25	NINLARO34	norethindrone acetate-ethinyl estradiol PO62
niacin (antihyperlipidemic) TBCR PO 25	nitisinone CAPS PO 61	norethindrone acetate-ethinyl estradiol-fe PO 46
niacin CPCR PO 250 MG, 500 MG 101	NITRO-BID OINT9	norethindrone-eth estradiol (triphasic) PO 46
NIACIN ER CPCR PO100	NITRO-DUR PT24 (Use nitroglycerin) 9	norgestimate-ethinyl estradiol (triphasic) PO 46
NIACIN ER TBCR PO 100	nitrofurantoin macrocrystal PO 50 MG, 100 MG 29	norgestimate-ethinyl estradiol PO . 46
niacin TABS PO 500 MG 101	nitrofurantoin monohyd macro PO .29	norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG 46
niacin TBCR PO 101	nitrofurantoin PO 29	NORPACE CAPS PO (Use disopyramide phosphate) 10
nicardipine hcl CAPS PO 43	nitroglycerin CPCR PO9	NORPACE CR CP12 PO 150 MG .10
NICODERM CQ PT24 TD (Use nicotine)93	nitroglycerin PT249	NORPRAMIN TABS PO 10 MG (Use desipramine hcl) 18
NICORETTE GUM (Use nicotine polacrilex)93	nitroglycerin SUBL9	NORPRAMIN TABS PO 25 MG (Use desipramine hcl) 18
NICORETTE LOZG (Use nicotine polacrilex)93	NITROSTAT SUBL (Use nitroglycerin)9	NORTHERA (Use droxidopa) ...100
NICORETTE MINI LOZG (Use nicotine polacrilex)93	NITYR TABS61	nortriptyline hcl CAPS PO 18
NICORETTE STARTER KIT GUM (Use nicotine polacrilex) 93	NIVA THYROID TABS PO95	nortriptyline hcl SOLN PO 18
NICOTINE KIT 93	NIVESTYM SOLN67	NORVASC TABS PO (Use amlodipine besylate) 43
nicotine polacrilex GUM93	NIVESTYM SOSY 67	NORVIR CAPS PO 40
nicotine polacrilex LOZG93	NIX CREME RINSE LIQD EX (Use permethrin)56	NORVIR SOLN 40
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR93	NIZORAL SHAM52	NORVIR TABS PO (Use ritonavir) .40
NICOTROL INHA93	NORDITROPIN FLEXPPO SOPN .60	NOSE CLIP MISC74
	norelgestromin-ethinyl estradiol .. 46	NOVA MAX PLUS KETONE TEST
	norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 46	
	norethindrone & eth estradiol PO ..46	

58	NUBEQA	33	ODEFSEY	40
NOVACHOR	NULIBRY	61	ODOMZO PO	32
NOVAREL IM	NULOJIX	79	OFEV	94
NOVAVAX COVID-19 VACCINE SUSP	NUMOISYN LIQD	80	OFF DEEP WOODS AERO	56
NOVAVAX COVID-19 VACCINE SUSY	NUPLAZID CAPS	37	OFF DEEP WOODS DRY AERO	56
NOVOLIN 70/30 FLEXPEN RELION SUPN	NUPLAZID TABS PO 10 MG	37	ofloxacin (ophth)	87
NOVOLIN 70/30 FLEXPEN SUPN	NUVARING (Use etonogestrel- ethinyl estradiol)	46	ofloxacin (otic)	89
NOVOLIN 70/30 RELION SUSP	NUWIQ KIT	65	ofloxacin PO 400 MG	63
NOVOLIN 70/30 SUSP	NUWIQ SOLR	65	OGIVRI	32
NOVOLIN N FLEXPEN RELION SUPN	NYSTATIN (Use nystatin (mouth- throat))	79	OHC COVID-19 ANTIGEN SELF TEST KIT	58
NOVOLIN N FLEXPEN SUPN	nystatin (mouth-throat)	79	olanzapine TABS PO 15 MG, 20 MG 38	
NOVOLIN N RELION SUSP	nystatin (topical) CREA	52	olanzapine TABS PO 2.5 MG, 5 MG . 38	
NOVOLIN N SUSP	nystatin (topical) OINT	52	olanzapine TABS PO 7.5 MG, 10 MG	38
NOVOLIN R RELION SOLN IJ	nystatin (topical) POWD EX	52	olmesartan medoxomil PO	26
NOVOLIN R SOLN IJ	nystatin TABS PO	22	olmesartan medoxomil-amlodipine- hydrochlorothiazide PO	27
NOVOLOG 70/30 FLEXPEN RELION SUPN	nystatin-triamcinolone CREA	52	olmesartan medoxomil- hydrochlorothiazide PO	27
NOVOLOG FLEXPEN RELION SOPN	nystatin-triamcinolone OINT	52	OMBRA COMPRESSOR AIR FILTERS MISC	74
NOVOLOG FLEXPEN SOPN	NYVEPRIA	67	omega-3 fatty acids CAPS PO 1000 MG, 1200 MG	85
NOVOLOG MIX 70/30 RELION SUSP	OASIS ULTRA MATRIX FENESTRATED	57	omega-3 fatty acids CPDR PO 1200 MG	85
NOVOLOG MIX 70/30 SUSP	OASIS WOUND MATRIX FENESTRATED	57	OMEPRAZOLE	45
NOVOLOG PENFILL SOCT	OBIZUR	65	OMEPRAZOLE 20MG TABLET	96
NOVOLOG RELION SOLN IJ	OCALIVA	63	omeprazole CPDR PO	96
NOVOLOG SOLN IJ	OCTAGAM SOLN 5 GM/50ML	89	omeprazole magnesium TBEC PO 96	
NOVOSEVEN RT	OCTAGAM SOLN	89		
NP THYROID TABS PO	octreotide acetate KIT	62		
	octreotide acetate SOLN	62		
	OCUFLOX (Use ofloxacin (ophth)) 87			

OMNICAP TABS PO	81	KIT	71	ORA-SWEET SF SYRP PO 10 %-9 %	91
ON/GO COVID-19 ANTIGEN TEST KIT	58	ONETOUCH VERIO KIT	71	ORA-SWEET SYRP PO 4 %-5 %-54 %	91
ON/GO ONE COVID-19 HOME TEST KIT	58	ONETOUCH VERIO REFLECT KIT 71		ORENCIA CLICKJECT SOAJ	5
ONCASPAR	35	ONETOUCH VERIO STRP	58	ORENCIA SOLR	5
ondansetron hcl SOLN PO 4 MG/5ML	22	ONE-WAY VALVED EXPIRATORY MISC	74	ORENCIA SOSY	5
ondansetron hcl TABS PO 24 MG	22	ONE-WAY VALVED INSPIRATORY MISC	74	ORENITRAM TBCR	44
ondansetron hcl TABS PO 4 MG, 8 MG	22	ONGLYZA PO (Use saxagliptin hcl) 20		ORFADIN CAPS PO (Use nitisinone)	61
ondansetron TBDP PO 16 MG	22	ONPATTRO	94	ORFADIN SUSP	61
ondansetron TBDP PO 4 MG, 8 MG . 22		ONUREG TABS	31	ORKAMBI PACK	94
ONE DAILY ESSENTIAL TABS PO 81		OPCON-A (Use naphazoline w/ pheniramine)	87	ORKAMBI TABS	94
ONE DAILY ESSENTIALS TABS PO 81		OPDIVO	31	ORLADEYO	66
ONE FLOW TESTER MISC	74	OPDUALAG	33	orphenadrine citrate TB12 PO	83
ONE VITE DAILY MULTIVITAMIN TABS PO	81	OPILL PO	47	ORTHOVISC	83
ONE-A-DAY ESSENTIAL TABS PO (Use multiple vitamin)	81	ORA-BLEND SF SUSP PO	91	oseltamivir phosphate CAPS PO 30 MG	42
ONE-A-DAY MENS TABS PO (Use multiple vitamin)	81	ORA-BLEND SUSP PO	91	oseltamivir phosphate CAPS PO 45 MG, 75 MG	42
ONETOUCH SOLUTIONS STARTER KIT KIT	71	oral electrolytes SOLN PO	77	oseltamivir phosphate SUSR PO ..	42
ONETOUCH ULTRA 2 KIT	71	ORAL MIX SF SUSP PO	91	OSENI (Use alogliptin-pioglitazone) . 18	
ONETOUCH ULTRA BLUE TEST STRP	58	ORAL MIX SUSP PO	91	OSENI	18
ONETOUCH ULTRA MINI KIT	71	ORAL RELIEF SPRAY SOLN	80	OSTEOCONDUCTIVE MATRIX PLUS	57
ONETOUCH ULTRA STRP	58	ORAL SUSPEND LIQD PO	91	OTEZLA TABS PO	5
ONETOUCH ULTRA TEST STRP	58	ORAL SYRUP SF SYRP PO	91	OTEZLA TBPK PO	5
ONETOUCH VERIO FLEX SYSTEM		ORAL SYRUP SYRP PO	91	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
		ORAPENN SD ANHYD SWEETENED LIQD PO	91	OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	53
		ORAPENN SD ANHYD UNSWEETEN LIQD PO	91		
		ORA-PLUS LIQD PO	91		

OVACE WASH LIQD (Use sulfacetamide sodium)	53	PART	36	PARI SOFT PLASTIC PED MASK MISC	74
OVIDE (Use malathion)	56	paclitaxel protein-bound particles	36	PARI VORTEX ADULT MASK	74
OVIDREL SOSY	60	PADCEV	31	paricalcitol SOLN	61
OXAYDO TABS PO 5 MG	7	PALYNZIQ	61	PARLODEL CAPS PO (Use bromocriptine mesylate)	36
oxazepam CAPS PO	10	PAMELOR CAPS PO (Use nortriptyline hcl)	18	PARLODEL TABS PO (Use bromocriptine mesylate)	37
OXBRYTA TABS 500 MG	66	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	60	PARNATE PO (Use tranlycypromine sulfate)	16
OXBRYTA TBSO	66	PAMIDRONATE DISODIUM SOLN 60		paroxetine hcl SUSP PO	16
oxcarbazepine SUSP PO	14	PANDA MASK LARGE	74	paroxetine hcl TABS PO 10 MG ...	17
oxcarbazepine TABS PO	14	PANDA MASK MEDIUM	74	paroxetine hcl TABS PO 20 MG ...	16
OXLUMO	64	PANDA MASK SMALL	74	paroxetine hcl TABS PO 30 MG, 40 MG	17
oxybutynin chloride TABS PO	97	PANHEMATIN 350 MG	66	paroxetine hcl TB24 PO	17
oxybutynin chloride TB24 PO	97	pantoprazole sodium TBEC PO 20 MG	96	PARSABIV	61
oxycodone hcl CAPS PO	7	pantoprazole sodium TBEC PO 40 MG	96	PARVA-CAL PO 200 UNIT-500 MG 77	
oxycodone hcl CONC PO 100 MG/5ML	7	PANZYGA	89	PAXIL CR TB24 PO (Use paroxetine hcl)	17
oxycodone hcl SOLN PO	7	PARI ALTERA NEBULIZER HANDSET MISC	74	PAXIL SUSP PO (Use paroxetine hcl)	17
oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG	7	PARI BABY CONVERSION KIT MISC	74	PAXIL TABS PO 10 MG (Use paroxetine hcl)	17
oxycodone hcl TABS PO 30 MG ...	7	PARI BUBBLES PEDIATRIC MASK MISC	74	PAXIL TABS PO 20 MG (Use paroxetine hcl)	17
oxycodone hcl TABS PO 5 MG, 10 MG, 15 MG, 20 MG	7	PARI ERAPID NEBULIZER HANDSET MISC	74	PAXIL TABS PO 30 MG, 40 MG (Use paroxetine hcl)	17
oxycodone w/ acetaminophen SOLN PO	7	PARI EXPIRATORY FILTER SET DEVI	74	PAXLOVID (150/100)	41
oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	PARI MASK SET MISC	74	PAXLOVID (300/100)	41
OXYCONTIN T12A PO	7	PARI SMARTMASK BABY/ELBOW MISC	74	pazopanib hcl	34
OYSTER SHELL CALCIUM/D TABS PO 500 MG-200 UNIT	77	PARI SOFT PLASTIC ADULT MASK MISC	74	PC PEDIATRIC POLY-VITA/FE DROP SOLN PO	82
oyster shell PO	77				
OZURDEX IMPL	88				
PACLITAXEL PROTEIN-BOUND					

PC PEDIATRIC POLY-VITAMIN DROP SOLN PO82	PEDIATRIC PANDA MASK74	subsalicylate) 21
PCCA SWEET-SF SYRP PO91	pediatric vitamins acid w/ fluoride SOLN PO 82	PEPTO-BISMOL TO-GO CHEW PO (Use bismuth subsalicylate) 21
PCCA SYRUP VEHICLE SYRP PO 91	PEDVAX HIB SUSP 97	PERCOCET TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) . 7
PCCA-PLUS SUSP PO91	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO68	PERIDEX (Use chlorhexidine gluconate (mouth-throat))79
PEAK A-I-R FLOW METER74	peg 3350-potassium chloride-sod bicarbonate-sod chloride PO 68	PERJETA32
PEAK AIR PEAK FLOW METER .74	PEGASYS SOLN 41	permethrin CREA 56
PEAK FLOW METER UNIVERSAL RANG74	PEG-PREP PO68	permethrin LIQD EX 56
PED DISPOSABLE MISC 74	PEMAZYRE34	perphenazine TABS PO 38
ped multivitamins w/fl & iron SOLN PO81	PEMETREXED 500 MG/20ML 31	perphenazine-amitriptyline PO 92
PEDIALYTE ADVANCED CARE SOLN PO (Use oral electrolytes) ..77	pemetrexed disodium SOLR 100 MG, 500 MG31	PERSERIS PRSY37
PEDIALYTE FREEZER POPS SOLN PO (Use oral electrolytes) 77	PEMFEXY31	PERSONAL BEST FULL RANGE 74
PEDIALYTE IMMUNE SUPPORT SOLN PO 77	PEN NEEDLE/5-BEVEL TIP72	PFIZER COVID-19 BIVAL 6MO-4YR98
PEDIALYTE SINGLES SOLN PO (Use oral electrolytes)77	PEN NEEDLES72	PFIZER COVID-19 VAC BIVAL 5-1198
PEDIALYTE SOLN PO (Use oral electrolytes)77	PENBRAYA 97	PFIZER COVID-19 VAC BIVALENT . 98
PEDIAPRED SOLN PO (Use prednisolone sodium phosphate) ..47	penicillamine TABS PO78	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP98
PEDIARIX SUSY95	penicillin v potassium SOLR PO ...90	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP98
PEDIATRIC MOUTHPIECE MISC .74	penicillin v potassium TABS PO ...90	PFIZER-BIONT COVID-19 VAC- TRIS SUSP 98
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS81	PENTACEL95	PFIZER-BIONTECH COVID-19 VACC SUSP98
pediatric multivitamins w/fl CHEW PO 0.25 MG, 1 MG 82	pentoxifylline PO66	PFLEX MISC74
pediatric multivitamins w/fl CHEW PO 0.5 MG 82	PEPCID AC MAXIMUM STRENGTH TABS PO (Use famotidine) 96	PHARMACIST CHOICE MASK WIPES MISC74
pediatric multivitamins w/fl SOLN PO 82	PEPCID AC TABS PO (Use famotidine)96	phenazopyridine hcl TABS PO 100 MG, 200 MG 64
	PEPCID TABS PO (Use famotidine) . 96	
	PEPTO-BISMOL CHEW PO (Use bismuth subsalicylate) 21	
	PEPTO-BISMOL MAX STRENGTH SUSP PO (Use bismuth	

phenelzine sulfate PO	16	86	POCKET PEAK FLOW METER ...	75
phenobarbital ELIX PO	68	PILOT COVID-19 AT-HOME TEST	POCKETPEAK PEAK FLOW METER	75
phenobarbital TABS PO	68	KIT	75
phenylephrine hcl (mydriatic) SOLN		pimecrolimus	podofilox SOLN	55
2.5 %	86	pindolol TABS PO	POLIVY	31
phenylephrine hcl (oral) TABS PO	.84	pioglitazone hcl PO	POLYCOSE LIQD	85
phenylephrine-chlorphen-dm LIQD		pioglitazone hcl-metformin hcl TABS	POLYCOSE POWD PO	85
PO 10 MG/5ML-4 MG/5ML-15		PO	polyethylene glycol 3350 POWD PO .	69
MG/5ML	49	PIP BLOOD GLUCOSE TEST STRIP	69	
phenylephrine-dm LIQD PO 2.5		STRP	polymyxin b-trimethoprim	87
MG/5ML-5 MG/5ML	49	PIQRAY (200 MG DAILY DOSE) .	polysaccharide iron complex CAPS	
phenylephrine-dm SOLN PO	49	PIQRAY (250 MG DAILY DOSE) .	PO	67
phenylephrine-shark liver oil-cocoa		PIQRAY (300 MG DAILY DOSE) .	POLYTRIM (Use polymyxin b-	
butter PR	8	PIQRAY (300 MG DAILY DOSE) .	trimethoprim)	87
phenylephrine-shark liver oil-mineral		pirfenidone CAPS	POLY-VI-FLOR CHEW PO 0.25 MG,	
oil-petrolatum PR	8	pirfenidone TABS PO	1 MG	82
phenytoin CHEW PO	14	piroxicam CAPS PO	POLY-VI-FLOR CHEW PO 0.5 MG	
phenytoin sodium extended PO 100		PLAN B ONE-STEP PO (Use	82	
MG	14	levonorgestrel (emergency oc)) ...	polyvinyl alcohol 1.4 %	85
phenytoin sodium SOLN	14	PLAQUENIL PO (Use	POLY-VI-SOL SOLN PO	82
phenytoin SUSP PO	14	hydroxychloroquine sulfate)	POLY-VITA SOLN PO	82
PHESGO	33	PLAVIX PO 75 MG (Use clopidogrel	POLY-VITA/IRON SOLN PO	82
PHOTOFRIN	35	bisulfate)	POLY-VITE PEDIATRIC SOLN PO	
PHOTREXA-PHOTREXA VISCOUS		PLEGRIDY SOAJ	82	
KIT	87	PLEGRIDY SOSY IM	POLY-VITE/IRON SOLN PO	82
phytonadione TABS PO 5 MG ...	100	PLEGRIDY STARTER PACK SOAJ .	POMALYST	33
PIFELTRO	40	93	PORTRAZZA	32
PIKO 1	74	PLEGRIDY STARTER PACK SOSY	pot phosphate monobasic w/ sod	
PILLOW MASK/ADULT MISC	74	SC	phosphate dibasic & monobasic PO	
PILLOW MASK/CHILD MISC	74	PLENITY	78	
PILLOW MASK/PEDIATRIC MISC	74	PLENITY WELCOME KIT	potassium bicarbonate TBEF PO ..	78
pilocarpine hcl (oral) PO 5 MG	80	plerixafor	potassium chloride CPCR PO 10	
pilocarpine hcl SOLN 1 %, 2 %, 4 % .		PNEUMOVAX 23 SOLN	MEQ	78
		PNEUMOVAX 23 SOSY		

potassium chloride CPCR PO 8 MEQ78	SOLN PO 47	fluoride (dental)) 80
potassium chloride microencapsulated crystals er PO .78	prednisolone SOLN 47	PREVNAR 13 97
potassium chloride PACK PO 20 MEQ78	prednisolone TABS PO 47	PREVNAR 20 97
potassium chloride SOLN PO 10 %, 20 %, 10 %78	PREDNISONE INTENSOL CONC 47	PREVYMIS SOLN 41
potassium chloride TBCR PO 8 MEQ, 10 MEQ 78	prednisone SOLN PO 47	PREVYMIS TABS 41
potassium citrate (alkalinizer) TBCR PO64	prednisone TABS PO 47	PREZCOBIX 40
POTELIGEO31	prednisone TBPk PO 47	PREZISTA SUSP 40
PRADAXA CAPS PO (Use dabigatran etexilate mesylate)12	PREFERRED PLUS GLUCOSE PO . 19	PREZISTA TABS 150 MG 40
pralatrexate31	PREGNYL IM 60	PREZISTA TABS 600 MG (Use darunavir) 40
PRALUENT SOAJ25	PREHEVBRIO98	PREZISTA TABS 75 MG 40
pramipexole dihydrochloride TABS PO37	PREMARIN99	PREZISTA TABS 800 MG (Use darunavir) 40
pramoxine-hc-chloroxylenol89	PREMARIN TABS PO 63	PRIALT 6
prasugrel hcl PO66	PREMPHASE PO62	PRILOSEC OTC TBEC PO (Use omeprazole magnesium) 96
pravastatin sodium PO25	PREMPRO PO62	PRIMAQUINE PHOSPHATE TABS PO (Use primaquine phosphate) .. 29
prazosin hcl CAPS PO26	PRENATAL VITAMINS-MISC82	primaquine phosphate TABS PO ..29
PRECISION XTRA KETONE 58	PREVACID 24HR CPDR PO (Use lansoprazole)96	primidone PO 14
PRED FORTE (Use prednisolone acetate (ophth))88	PREVACID CPDR PO 30 MG (Use lansoprazole)96	PRIORIX SUSR98
PRED MILD 88	PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental)) 79	PRISTIQ PO 100 MG (Use desvenlafaxine succinate) 17
prednisolone acetate (ophth)88	PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 79	PRISTIQ PO 25 MG, 50 MG (Use desvenlafaxine succinate) 17
PREDNISOLONE ACETATE P-F .88	PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) 80	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML 90
PREDNISOLONE SODIUM PHOSPHATE88	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))80	PRIVIGEN SOLN 5 GM/50ML89
prednisolone sodium phosphate SOLN PO 20 MG/5ML47	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) 80	PROAIR HFA AERS (Use albuterol sulfate) 11
prednisolone sodium phosphate	PREVIDENT GEL (Use sodium	PROAIR RESPICLICK AEPB12

90 MG (Use nifedipine)	44	PROMETRIUM CAPS PO 100 MG (Use progesterone)	92	pseudoephedrine hcl TB12 PO	84
PROCARDIA XL TB24 PO 60 MG (Use nifedipine)	43	PROMETRIUM CAPS PO 200 MG (Use progesterone)	92	pseudoephedrine w/ dm-gg LIQD PO 100 MG/5ML-30 MG/5ML-10 MG/5ML	49
prochlorperazine maleate TABS PO . 38		PRONEB ULTRA FILTER SET MISC	75	pseudoephedrine-guaifenesin SYRP PO 100 MG/5ML-30 MG/5ML	49
prochlorperazine PR	38	propafenone hcl TABS PO	10	pseudoephedrine-guaifenesin TB12 PO 600 MG-60 MG	49
PROCRT	67	propranolol hcl CP24 PO	43	pseudoephedrine-ibuprofen TABS PO	49
PROCYSBI CPDR PO	64	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	43	psyllium CAPS PO 0.52 GM	68
PROCYSBI PACK	64	propranolol hcl TABS PO	43	psyllium POWD PO 28.3 %, 30 %, 33 %, 48.57 %, 58.6 %, 100 %	68
PROFILNINE	65	propylthiouracil PO	94	psyllium POWD PO 43 %	68
progesterone CAPS PO 100 MG ..	92	PROQUAD SUSR	98	PTS PANELS EGLU TEST STRP ..	58
progesterone CAPS PO 200 MG ..	92	PROSCAR PO (Use finasteride) ..	64	PULMICORT SUSP (Use budesonide (inhalation))	11
PROGRAF CAPS PO (Use tacrolimus)	79	PROTEXT SUSP	57	PULMOZYME	94
PROGRAF PACK	79	PROTONIX TBEC PO 20 MG (Use pantoprazole sodium)	96	PURAPLY	57
PROLASTIN-C SOLN	94	PROTONIX TBEC PO 40 MG (Use pantoprazole sodium)	96	PURE COMFORT FLOW METER ADULT	75
PROLASTIN-C SOLR	94	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	55	PURE COMFORT FLOW METER CHILD	75
PROLEUKIN	35	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	55	PURE COMFORT SAFETY PEN NEEDLE	72
PROLIA SOSY	60	PROVENTIL HFA AERS (Use albuterol sulfate)	12	PURIXAN SUSP	31
promethazine & phenylephrine SYRP PO	49	PROVERA PO 5 MG, 10 MG (Use medroxyprogesterone acetate) ...	92	PX DAYTIME MULTI-SYMPTOM CAPS PO	50
PROMETHAZINE HCL POWD	45	PROZAC CAPS PO 10 MG, 20 MG (Use fluoxetine hcl)	17	PX GLUCOSE PO	19
promethazine hcl SOLN PO 6.25 MG/5ML	24	PROZAC CAPS PO 40 MG (Use fluoxetine hcl)	17	PX NITETIME MULTI-SYMPTOM CAPS PO	50
promethazine hcl SUPP PR	24	pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML	49	pyrantel pamoate SUSP PO	9
promethazine hcl TABS PO	24	pseudoephedrine hcl TABS PO ...	84	pyrazinamide PO	30
promethazine w/codeine SOLN PO 49				pyrethrins-piperonyl butoxide LIQD	
promethazine w/codeine SYRP PO 49					
promethazine-dm SYRP PO	49				
promethazine-phenylephrine-codeine PO	49				

56	MG, 50 MG38	79
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %56	quetiapine fumarate TABS PO 300 MG, 400 MG 38	RAPAMUNE TABS PO (Use sirolimus)79
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %56	QUFLORA PEDIATRIC CHEW PO 0.25 MG, 1 MG82	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML3
PYRIDIDIUM TABS PO (Use phenazopyridine hcl)64	QUFLORA PEDIATRIC CHEW PO 0.5 MG 82	RAZADYNE ER CP24 PO (Use galantamine hydrobromide)92
pyridostigmine bromide TABS PO 60 MG 30	QUFLORA PEDIATRIC SOLN PO 82	REBIF REBIDOSE SOAJ93
pyridostigmine bromide TBCR PO .30	QUICKVUE AT-HOME COVID-19 TEST KIT58	REBIF REBIDOSE TITRATION PACK SOAJ93
pyridoxine hcl TABS PO 25 MG, 50 MG, 100 MG101	quinapril hcl PO26	REBIF SOSY93
pyrimethamine PO29	quinapril-hydrochlorothiazide PO 12.5 MG-10 MG28	REBIF TITRATION PACK SOSY ..93
PYRUKYND TABS66	quinapril-hydrochlorothiazide PO 12.5 MG-20 MG28	REBINYN65
PYRUKYND TAPER PACK TBPK .66	quinapril-hydrochlorothiazide PO 25 MG-20 MG 28	RECLAST SOLN (Use zoledronic acid)60
QC CALCIUM 500MG-D3 TABS PO . 77	quinidine gluconate TBCR PO10	RECOMBINATE SOLR65
QC TRIACTING DAYTIME CHILDRENS SYRP PO50	quinidine sulfate TABS PO 10	RECOMBIVAX HB SUSP98
QINLOCK34	QUINTABS TABS PO81	RECOMBIVAX HB SUSY98
QUADRACEL SUSP95	QVAR REDIHALER 40 MCG/ACT .11	RECORLEV59
QUADRACEL SUSY95	QVAR REDIHALER 80 MCG/ACT .11	REDITREX SOSY3
QUARTETTE PO (Use levonorgestrel-ethinyl estradiol (91- day))46	RA DRY MOUTH SOLN80	REGLAN TABS PO (Use metoclopramide hcl) 63
QUESTRAN LIGHT POWD PO (Use cholestyramine light)25	RA GLUCOSE PO19	RELENZA DISKHALER42
QUESTRAN PACK PO (Use cholestyramine)25	RABAVERT98	RELEUKO SOLN67
QUESTRAN POWD PO (Use cholestyramine)25	RADICAVA ORS STARTER KIT SUSP84	RELEUKO SOSY67
quetiapine fumarate TABS PO 100 MG, 200 MG 38	RADICAVA ORS SUSP84	RELEXXII TBCR PO 18 MG, 27 MG, 54 MG 2
quetiapine fumarate TABS PO 25	RADICAVA SOLN (Use edaravone) 84	RELEXXII TBCR PO 36 MG2
	raloxifene hcl PO60	RELION GLUCOSE PO 19
	ramipril CAPS PO26	RELION GLUCOSE TEST STRIPS STRP58
	RAPAMUNE SOLN (Use sirolimus)	

RELION KETONE TEST STRP ... 58	RETROVIR SYRP PO (Use zidovudine)40	RID LIQD 4 %-0.33 % (Use pyrethrins-piperonyl butoxide) 56
RELPAK PO (Use eletriptan hydrobromide)76	REUSABLE COMFORTSEAL MASK-LRG MISC75	rifabutin PO 30
REMERON SOLTAB TBDP PO 15 MG (Use mirtazapine) 15	REUSABLE COMFORTSEAL MASK-MED MISC75	rifampin CAPS PO30
REMERON SOLTAB TBDP PO 30 MG (Use mirtazapine) 15	REUSABLE COMFORTSEAL MASK-SML MISC75	RIGHTEST GT333 BLOOD GLUCOSE STRP58
REMERON SOLTAB TBDP PO 45 MG (Use mirtazapine) 15	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .45	RIGHTEST GT333 GLUCOSE TEST STRP58
REMERON TABS PO 15 MG (Use mirtazapine) 15	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .45	RILUTEK TABS PO (Use riluzole) .84
REMERON TABS PO 30 MG (Use mirtazapine) 15	REVATIO TABS PO (Use sildenafil citrate (pulmonary hypertension)) .45	riluzole TABS PO 84
REPATHA PUSHTRONEX SYSTEM SOCT25	REVCIVI61	RINVOQ TB24 PO 30 MG, 45 MG ..2
REPATHA SOSY 25	REVLIMID PO78	risedronate sodium TABS PO 35 MG 60
REPATHA SURECLICK SOAJ25	REYATAZ CAPS PO 200 MG (Use atazanavir sulfate) 40	risedronate sodium TABS PO 5 MG, 30 MG60
REPEL SPORTSMEN MAX LOTN 56	REYATAZ CAPS PO 300 MG (Use atazanavir sulfate) 40	risedronate sodium TBEC PO60
REPLACEMENT AIR FILTER MISC . 75	REYATAZ PACK40	RISPERDAL CONSTA (Use risperidone microspheres)37
REPLACEMENT FILTERS MISC ..75	REZUROCK78	RISPERDAL SOLN PO (Use risperidone) 37
RESTORIL PO 15 MG, 30 MG (Use temazepam)68	RHO GAM ULTRA-FILTERED PLUS SOSY IM90	RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 37
RETACRIT 67	RHOPHYLAC SOSY IJ90	risperidone microspheres 37
RETEVMO CAPS34	RIABNI32	risperidone SOLN PO37
RETHYMIC78	RIASTAP65	risperidone TABS PO37
RETIN-A CREA (Use tretinoin)51	ribavirin (hepatitis c) CAPS PO41	risperidone TBDP PO37
RETIN-A GEL 0.01 % (Use tretinoin) 51	ribavirin (hepatitis c) TABS PO 200 MG41	RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl) 2
RETIN-A GEL 0.025 % (Use tretinoin)51	riboflavin TABS PO101	RITALIN TABS PO 5 MG (Use methylphenidate hcl)2
RETISERT88	RID COMPLETE LICE ELIMINATION (Use pyrethrins-piperonyl butoxide-permethrin-nit remover)56	ritonavir TABS PO 40
RETROVIR CAPS PO (Use zidovudine)40		RITUXAN32
		RITUXAN HYCELA 33

rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	92	RUKOBIA	40	SAWYER INSECT REPELLENT LOTN	56
rivastigmine tartrate CAPS PO	92	RUXIENCE	32	saxagliptin hcl PO	20
RIXUBIS SOLR	65	RYDAPT	34	saxagliptin-metformin hcl PO	18
rizatriptan benzoate TABS PO	76	RYLAZE	35	SCSEMBLIX 100 MG	34
rizatriptan benzoate TBDP PO	76	RYPLAZIM	66	SCSEMBLIX 20 MG, 40 MG	34
ROBINUL TABS PO (Use glycopyrrolate)	95	SABRIL PACK (Use vigabatrin) ...	14	SCHOOLTIME SHAMPOO SHAM	56
ROBINUL-FORTE TABS PO (Use glycopyrrolate)	95	SABRIL TABS (Use vigabatrin) ...	14	SCOT-TUSSIN DM LIQD PO	50
ROCALTROL CAPS PO (Use calcitriol)	61	SALAGEN PO 5 MG (Use pilocarpine hcl (oral))	80	SCOT-TUSSIN SENIOR LIQD PO	50
roflumilast PO	11	salicylic acid GEL 6 %	55	SEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91- day))	46
ROMIDEPSIN SOLN	34	SALINE NASAL SPRAY 0.65% ..	83	selegiline hcl CAPS PO	37
romidepsin SOLR	34	salsalate PO	6	selegiline hcl TABS PO	37
ropinirole hydrochloride TABS PO 0.25 MG, 3 MG, 4 MG	37	SAMI THE SEAL FILTERS MISC .	75	selenium sulfide LOTN 1 %	53
ropinirole hydrochloride TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG	37	SAMSCA TABS (Use tolvaptan) ..	62	selenium sulfide LOTN 2.5 %	53
rosuvastatin calcium TABS PO	25	SANDIMMUNE CAPS PO (Use cyclosporine)	79	selenium sulfide SHAM 1 %	53
ROTARIX SUSP	98	SANDIMMUNE SOLN IV 50 MG/ML .	79	SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide)	53
ROTARIX SUSR PO	99	SANDOSTATIN LAR DEPOT KIT (Use octreotide acetate)	62	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	53
ROTATEQ SOLN PO	99	SANDOSTATIN LAR DEPOT KIT 10 MG	62	SELSUN BLUE LOTN (Use selenium sulfide)	53
ROUGH PIGWEED	2	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	62	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	53
ROXICODONE TABS PO 15 MG (Use oxycodone hcl)	7	SAPHNELO	79	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	53
ROXICODONE TABS PO 30 MG (Use oxycodone hcl)	7	sapropterin dihydrochloride PACK	.61	SELZENTRY SOLN	40
ROZLYTREK CAPS	34	sapropterin dihydrochloride TABS	.61	SELZENTRY TABS PO 150 MG (Use maraviroc)	41
RUBRACA	34	SARNA LOTN (Use camphor & menthol)	52	SELZENTRY TABS PO 25 MG, 75 MG	41
RUCONEST	66	SAVELLA TABS PO	93	SELZENTRY TABS PO 300 MG (Use maraviroc)	40
rufinamide SUSP	14	SAVELLA TITRATION PACK MISC	93		
rufinamide TABS PO	14				

SEMGLEE (YFGN) SOLN	21	MASK MISC	75	SINGULAIR TABS PO (Use montelukast sodium)	10
SEMGLEE (YFGN) SOPN	21	SIGNIFOR	62	sirolimus SOLN	79
sennosides TABS PO 8.6 MG	69	SIGNIFOR LAR	62	sirolimus TABS PO	79
sennosides-docusate sodium TABS PO	68	SIKLOS TABS	66	SITAGLIPTIN	20
SENOKOT S TABS PO (Use sennosides-docusate sodium)	69	sildenafil citrate (pulmonary hypertension) SOLN	45	SITAGLIPTIN BASE-METFORMIN HCL TABS	18
SENOKOT TABS PO (Use sennosides)	69	sildenafil citrate (pulmonary hypertension) SUSR	45	SIVEXTRO TABS	29
SENSIPAR PO (Use cinacalcet hcl) 61		sildenafil citrate (pulmonary hypertension) TABS PO	45	SKYRIZI (150 MG DOSE) PSKT ..	52
SEREVENT DISKUS	12	SILICONE MASK/ADULT MISC ...	75	SKYRIZI PEN SOAJ	52
SEROQUEL TABS PO 100 MG, 200 MG (Use quetiapine fumarate)	38	SILICONE MASK/INFANT MISC ..	75	SKYRIZI SOSY	52
SEROQUEL TABS PO 25 MG, 50 MG (Use quetiapine fumarate)	38	SILICONE MASK/PEDIATRIC MISC . 75		SLO-NIACIN TBCR PO (Use niacin) . 101	
SEROQUEL TABS PO 300 MG, 400 MG (Use quetiapine fumarate)	38	SILVADENE (Use silver sulfadiazine)	53	SM GLUCOSE CHEW PO	19
SEROSTIM SC 4 MG, 5 MG, 6 MG 60		silver sulfadiazine	53	SM GLUCOSE PO	19
sertraline hcl CONC PO	17	simethicone CHEW PO 80 MG ...	63	SM IPECAC SYRUP PO	22
sertraline hcl TABS PO 100 MG ...	17	simethicone LIQD PO	63	SMART SENSE GLUCOSE PO ...	19
sertraline hcl TABS PO 25 MG, 50 MG	17	simethicone SUSP PO	63	SOAANZ TABS PO 20 MG	59
SEVENFACT	65	SIMLANDI (1 PEN) AJKT	3	sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG	9
SFROWASA ENEM PR	64	SIMLANDI (2 PEN) AJKT	3	sodium chloride (gu irrigant) 0.9 %	64
SHEEP SORREL-YELLOW DOCK IJ	2	SIMPLYTHICK EASY MIX PO	91	sodium chloride (inhalant) AERS ..	50
SHINGRIX	99	SIMPLYTHICK PO	90	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	50
SIDESTREAM ADULT FACE MASK MISC	75	simvastatin TABS PO 5 MG, 10 MG, 20 MG, 40 MG	25	sodium citrate & citric acid PO	64
SIDESTREAM PEDIATRIC FACE MASK MISC	75	SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	37	sodium fluoride (dental) CREA	80
SIDESTREAM PLS ADULT FACE		SINGULAIR CHEW PO (Use montelukast sodium)	10	sodium fluoride (dental) GEL	80
		SINGULAIR PACK PO (Use montelukast sodium)	10	sodium fluoride (dental) PSTE DT .	80
				sodium fluoride CHEW PO	77
				sodium fluoride SOLN PO	77
				SODIUM OXYBATE SOLN PO	92
				sodium phenylbutyrate POWD PO	62

sodium phenylbutyrate TABS PO	62	SOVALDI TABS	41	REMODULIN (Use glycine diluent) 91
sodium phosphates ENEM PR	69	SOVUNA PO 200 MG	29	STIVARGA
sodium polystyrene sulfonate POWD PO	79	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	75	STRATTERA PO (Use atomoxetine hcl)
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	79	SPACER/AEROSOL-HOLDING CHAMBERS	75	STRENSIQ
sodium sulfate-potassium sulfate- magnesium sulfate	69	SPACERS AND BREATHING CHAMBERS-MISC	75	STRESS FORMULA/ZINC/ENERGY TABS PO
SOFOSBUVIR-VELPATASVIR TABS	41	SPEEDY SWAB COVID-19 ANTIGEN KIT	58	STRIBILD
SOLESTA	78	SPIKEVAX COVID-19 VACCINE SUSP	99	STRIVE DUAL ZONE PEAK FLOW MTR
SOLIQUA	18	SPIKEVAX SUSP	99	SUBLOCADE SOSY
SOLUVITA ACD WITH FLUORIDE SOLN PO	82	SPIKEVAX SUSY	99	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)
SOLUVITA SOLN PO	77	spinosad	56	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)
SOLUVITA WITH FLUORIDE SOLN PO	82	SPINRAZA	84	sucralfate SUSP PO
SOMAVERT	60	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	10	sucralfate TABS PO
SOOTHENEB NBL 100 ADULT MASK MISC	75	spironolactone & hydrochlorothiazide PO	59	SUDAFED CHILDRENS LIQD PO
SOOTHENEB NBL 100 CHILD MASK MISC	75	spironolactone TABS PO	59	SUDAFED PE CHILDRENS SOLN PO
SOOTHENEB NBL 100 MED CUP MISC	75	SPORANOX CAPS PO (Use itraconazole)	23	SUDAFED PE SINUS CONGESTION TABS PO (Use phenylephrine hcl (oral))
SOOTHENEB NBL 100 MESH CAP MISC	75	SPRAVATO (56 MG DOSE)	16	SUDAFED SINUS CONGESTION TABS PO (Use pseudoephedrine hcl)
sorafenib tosylate PO	34	SPRAVATO (84 MG DOSE)	16	SUDAFED TABS PO (Use pseudoephedrine hcl)
SORBITOL PO 70 %	69	SPRYCEL (Use dasatinib)	34	sulfacetamide sodium (acne)
SORREL/DOCK MIX IJ	2	STAMARIL SUSR	99	sulfacetamide sodium (ophth) OINT 87
SOSWEET SYRP PO	91	stavudine CAPS PO	41	
sotalol hcl (afib/af) PO	43	STELARA 130 MG/26ML	64	
sotalol hcl TABS PO 240 MG	43	STELARA SOSY	52	
sotalol hcl TABS PO 80 MG, 120 MG, 160 MG	43	STERILE DILUENT FLOLAN PH 12 . 91		
		STERILE DILUENT FOR		

sulfacetamide sodium (ophth) SOLN . 87	SURE COMFORT PEN NEEDLES 72	levothyroxine sodium) 95
sulfacetamide sodium LIQD 53	SUSPENDIT ANHYDROUS SUSP PO91	SYNVISC ONE SOSY 83
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %51	SUSPENDRX W/BITTERBLOC SWEET SUSP PO91	SYNVISC SOSY 83
sulfacetamide sodium w/ sulfur SUSP 10 %-5 %51	SUSPENDRX W/BITTERBLOC UNSWEET SUSP PO91	SYPRINE PO (Use trientine hcl) ..78
sulfacetamide sod-prednisolone SOLN88	SUSPENSION VEHICLE SUSP PO 91	SYRPALTA (RED) SYRP PO91
sulfamethoxazole-trimethoprim SUSP PO28	SUSTIVA CAPS PO 200 MG (Use efavirenz)41	SYRPALTA SYRP PO91
sulfamethoxazole-trimethoprim TABS PO28	SUSTIVA CAPS PO 50 MG (Use efavirenz)41	SYRSPEND SF LIQD PO 91
sulfasalazine TABS PO64	SUSVIMO (IMPLANT 1ST FILL) SOLN86	SYRUP VEHICLE SF SYRP PO .. 91
sulfasalazine TBEC PO64	SUSVIMO (IMPLANT REFILL) SOLN86	SYRUP VEHICLE SYRP PO 91
sulindac TABS PO5	SUSVIMO OCULAR IMPLANT ... 71	TAB-A-VITE/IRON/BETA CAROTENE TABS PO 80
sumatriptan76	SUTENT PO (Use sunitinib malate) 35	TABLOID PO31
sumatriptan succinate SOAJ 6 MG/0.5ML76	SYLVANT79	TABRECTA35
sumatriptan succinate SOCT 6 MG/0.5ML76	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)12	tacrolimus (topical) OINT 0.03 % ..55
sumatriptan succinate SOLN 6 MG/0.5ML76	SYMDEKO 94	tacrolimus (topical) OINT 0.1 % ... 55
sumatriptan succinate TABS PO .. 76	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)41	tacrolimus CAPS PO79
sunitinib malate PO35	SYNAGIS SOLN90	tadalafil (pulmonary hypertension) TABS PO45
SUPARTZ FX SOSY83	SYNAREL61	TAFINLAR CAPS PO35
SUPER BI-MIX SOLR44	SYNOJOYNT SOSY83	TAGAMET HB 200 TABS PO (Use cimetidine) 96
SUPER TRI-MIX SOLR44	SYNRIBO35	TAGAMET HB TABS PO (Use cimetidine) 96
SUPPRELIN LA61	SYNTHROID TABS PO (Use	TAGRISSE32
SUPRAX CAPS PO (Use cefixime) 45		TAKHZYRO SOLN66
SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)69		TAKHZYRO SOSY66
		TALTZ SOAJ53
		TALTZ SOSY 53
		TALZENNA35
		TAMIFLU CAPS PO 30 MG (Use oseltamivir phosphate)42
		TAMIFLU CAPS PO 45 MG, 75 MG

(Use oseltamivir phosphate)42	TEGRETOL-XR TB12 PO (Use carbamazepine)14	teriparatide SOPN 60
TAMIFLU SUSR PO (Use oseltamivir phosphate)42	TEGSEDI94	TERIPARATIDE SOPN60
tamoxifen citrate TABS PO 33	telmisartan PO26	TESTOPEL PLLT 8
tamsulosin hcl PO64	telmisartan-amlodipine PO28	testosterone cypionate SOLN IM 100 MG/ML8
TARCEVA (Use erlotinib hcl)32	telmisartan-hydrochlorothiazide PO 28	testosterone cypionate SOLN IM 200 MG/ML8
TARGRETIN (Use bexarotene (topical))52	temazepam PO 15 MG, 30 MG ...68	testosterone enanthate SOLN IM ...8
TARGRETIN PO (Use bexarotene) 35	TEMODAR CAPS PO 250 MG (Use temozolomide) 30	TETANUS-DIPHThERIA TOXOIDS TD SUSP95
TARPEYO CPDR47	TEMODAR SOLR30	tetrabenazine PO 93
TASIGNA35	temozolomide CAPS PO30	tetracaine hcl (ophth)87
TAVNEOS66	TEMPO WELCOME KIT71	tetracycline hcl CAPS PO 500 MG 94
tazarotene CREA 53	temsirolimus35	tetrahydrozoline hcl (ophth) 0.05 % 87
tazarotene GEL 53	TENIVAC INJ 95	TEZSPIRE SOSY10
TAZORAC CREA (Use tazarotene) 53	tenofovir disoproxil fumarate TABS PO41	TGT GLUCOSE PO19
TAZORAC GEL (Use tazarotene) . 53	TENORETIC 100 PO (Use atenolol & chlorthalidone) 28	THALOMID PO78
TAZORAC GEL 0.05 %53	TENORETIC 50 PO (Use atenolol & chlorthalidone) 28	THEO-24 CP24 PO 12
TAZVERIK35	TENORMIN TABS PO (Use atenolol)43	theophylline ELIX PO 12
TDVAX SUSP95	TEPADINA (Use thiotepa) 30	theophylline SOLN PO12
TECARTUS32	TEPEZZA60	theophylline TB12 PO12
TECENTRIQ32	terazosin hcl PO 26	theophylline TB24 PO12
TECFIDERA CDPK (Use dimethyl fumarate)93	terbinafine hcl (topical) CREA 52	THERA TABS PO81
TECFIDERA CPDR (Use dimethyl fumarate)93	terbutaline sulfate TABS PO12	THEREMS TABS PO81
TECHLITE PLUS PEN NEEDLES 72	terconazole vaginal CREA99	thiamine hcl TABS PO101
TEGLUTIK SUSP84	terconazole vaginal SUPP99	thiamine mononitrate TABS PO 100 MG101
TEGRETOL SUSP PO (Use carbamazepine)14	teriflunomide PO 93	THIOLA EC TBEC (Use tiopronin) .64
TEGRETOL TABS PO (Use carbamazepine)14		THIOLA TABS (Use tiopronin)64
		thioridazine hcl PO38
		thiotepa30

thiothixene PO	39	TM-DAILY VITE TABS PO	81	desoximetasone)	54
THRESHOLD IMT MISC	75	TOBI NEBU (Use tobramycin)	2	TOPICORT OINT 0.25 % (Use	
THROMBATE III	66	TOBI PODHALER CAPS	2	desoximetasone)	54
THYMOGLOBULIN	79	TOBRADEX OINT	88	topiramate CPSP PO 15 MG	14
THYROGEN 0.9 MG	57	TOBRADEX SUSP (Use tobramycin-		topiramate CPSP PO 25 MG	14
THYROID TABS PO 15 MG, 30 MG,		dexamethasone)	88	topiramate TABS PO 100 MG	14
60 MG, 90 MG, 120 MG	95	tobramycin (ophth) SOLN	87	topiramate TABS PO 200 MG	14
tiagabine hcl PO	14	tobramycin NEBU	2	topiramate TABS PO 25 MG, 50 MG .	14
TIAZAC PO 120 MG, 180 MG, 300		tobramycin sulfate SOLN IJ 1.2		TOPOTECAN HCL SOLN (Use	
MG, 360 MG, 420 MG (Use diltiazem		GM/30ML, 2 GM/50ML, 10 MG/ML,		topotecan hcl)	36
hcl extended release beads)	44	80 MG/2ML	2	topotecan hcl SOLN	36
TIAZAC PO 240 MG (Use diltiazem		tobramycin sulfate SOLR	2	TOPOTECAN HCL SOLN	36
hcl extended release beads)	44	tobramycin-dexamethasone SUSP		topotecan hcl SOLR	36
TIBSOVO	35	88		TOPROL XL TB24 PO 200 MG (Use	
TICOVAC	99	TOBEX OINT	87	metoprolol succinate)	43
TIGLUTIK SUSP	84	tolnaftate CREA	52	TOPROL XL TB24 PO 25 MG, 50	
TIKOSYN PO (Use dofetilide)	10	tolterodine tartrate CP24 PO	97	MG, 100 MG (Use metoprolol	
timolol maleate (ophth) SOLN	86	tolterodine tartrate TABS PO	97	succinate)	43
timolol maleate TABS PO	43	tolvaptan TABS	62	toremifene citrate PO	33
TIMOPTIC OCUDOSE SOLN (Use		TOPAMAX SPRINKLE CPSP PO 15		TORISEL (Use temsirolimus)	35
timolol maleate (ophth))	86	MG (Use topiramate)	14	torse mide TABS PO	59
TIMOPTIC SOLN (Use timolol		TOPAMAX SPRINKLE CPSP PO 25		TRACLEER TABS (Use bosentan)	
maleate (ophth))	86	MG (Use topiramate)	14	44	
TINACTIN CREA (Use tolnaftate) .	52	TOPAMAX TABS PO 100 MG (Use		TRACLEER TBSO	44
tioconazole vaginal 6.5 %	99	topiramate)	14	tramadol hcl TABS PO 50 MG	7
tiopronin TABS	64	TOPAMAX TABS PO 200 MG (Use		tramadol-acetaminophen PO	7
tiopronin TBEC	64	topiramate)	14	trandolapril PO 1 MG, 2 MG	26
tiotropium bromide monohydrate		TOPAMAX TABS PO 25 MG, 50 MG		trandolapril PO 4 MG	26
CAPS	10	(Use topiramate)	14	trandolapril-verapamil hcl PO	28
TIVDAK	32	TOPICORT CREA 0.05 % (Use		tranexamic acid TABS PO	67
TIVICAY TABS 50 MG	41	desoximetasone)	54	TRANXENE-T TABS PO (Use	
tizanidine hcl TABS PO	83	TOPICORT CREA 0.25 % (Use		clorazepate dipotassium)	10
		desoximetasone)	54		
		TOPICORT GEL (Use			

tranylcypromine sulfate PO	16	TRIAMINIC LONG ACTING COUGH LIQD PO (Use dextromethorphan hbr)	48	TROGARZO	41
TRAZIMERA	32	triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG	59	tropicamide SOLN	86
trazodone hcl TABS PO 300 MG ..	17	triamterene & hydrochlorothiazide TABS PO	59	trospium chloride TABS PO	97
trazodone hcl TABS PO 50 MG, 100 MG, 150 MG	17	triazolam PO	68	TRUE COMFORT PEN NEEDLES 72	
TREANDA SOLR (Use bendamustine hcl)	30	TRIBENZOR PO (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	28	TRUE COMFORT PRO PEN NEEDLES	72
TRECTOR PO	30	TRIDESILON CREA 0.05 % (Use desonide)	54	TRUE METRIX BLOOD GLUCOSE TEST STRP	58
TREMFYA SOAJ 100 MG/ML	53	trientine hcl PO 250 MG	78	TRUE MULTIVITAMIN TABS PO ..	81
TREMFYA SOSY 100 MG/ML	53	trientine hcl PO 500 MG	78	TRUELYTE SOLN PO	77
TRESIBA FLEXTOUCH SOPN	21	TRIESENCE	88	TRUEPLUS GLUCOSE CHEW PO 19	
TRESIBA SOLN	21	trifluoperazine hcl TABS PO	38	TRUEPLUS GLUCOSE ON THE GO CHEW PO	19
tretinoin (chemotherapy) PO	35	trifluridine	87	TRULICITY	20
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	51	trihexyphenidyl hcl TABS PO	36	TRUMENBA	97
tretinoin GEL 0.01 %	51	TRIKAFTA TBPK	94	TRUSOPT (Use dorzolamide hcl) ..	88
tretinoin GEL 0.025 %	51	TRILEPTAL SUSP PO (Use oxcarbazepine)	14	TRUVADA PO 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	41
TRETEN	65	TRILEPTAL TABS PO (Use oxcarbazepine)	14	TRUXIMA	32
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	31	TRILURON SOSY	83	TRUZONE PEAK FLOW METER ..	75
triamcinolone acetonide (mouth) ..	80	trimethoprim TABS PO	28	TUBING/WING TIP MISC	75
triamcinolone acetonide (nasal) AERO	84	TRI-MIX SOLR	44	TUDORZA PRESSAIR	10
triamcinolone acetonide (topical) CREA	54	TRINTELLIX PO	17	TUKYSA	32
triamcinolone acetonide (topical) LOTN	54	TRIPTODUR	61	TUMS CHEW PO (Use calcium carbonate (antacid))	9
triamcinolone acetonide (topical) OINT 0.025 %	54	TRISENOX (Use arsenic trioxide) ..	35	TUMS LASTING EFFECTS CHEW PO (Use calcium carbonate (antacid))	9
triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	54	TRIUMEQ TABS	41	TUMS ULTRA 1000 CHEW PO (Use calcium carbonate (antacid))	9
TRIAMINIC COLD/COUGH DAY TIME SYRP PO	50	TRIVISC SOSY	83	TURALIO PO	35
		TRIZIVIR PO	41		

TWINRIX SUSY	99	LOTN	56	VALCHLOR	52
TYBLUME CHEW	46	UNIFINE PROTECT PEN NEEDLE .		VALCYTE TABS PO (Use	
TYBOST	41	72		valganciclovir hcl)	41
TYKERB (Use lapatinib ditosylate)		UNIFINE SAFECONTROL PEN		valganciclovir hcl TABS PO	41
35		NEEDLE	72	VALIUM TABS PO (Use diazepam)	
TYLENOL CHILDRENS		UNISOM SLEEPGELS CAPS PO		10	
CHEWABLES CHEW PO (Use		(Use diphenhydramine hcl (sleep))	68	valproate sodium SOLN PO 250	
acetaminophen)	5	UNISOM SLEEPTABS PO (Use		MG/5ML, 500 MG/10ML	15
TYLENOL CHILDRENS PAIN +		doxylamine succinate (sleep))	68	valproic acid CAPS PO	15
FEVER SUSP PO (Use		UNISPEND ANHYDROUS		valrubicin	33
acetaminophen)	5	SWEETENED SUSP PO	91	valsartan TABS PO	26
TYLENOL CHILDRENS SUSP PO		UNISPEND ANHYDROUS		valsartan-hydrochlorothiazide PO .	28
(Use acetaminophen)	5	UNSWEETENED SUSP PO	91	VALSTAR (Use valrubicin)	33
TYLENOL EXTRA STRENGTH		UNITUXIN	32	VALTOCO 10 MG DOSE LIQD	13
TABS PO (Use acetaminophen)	5	UP & UP GLUCOSE PO	19	VALTOCO 15 MG DOSE LQPK ...	13
TYLENOL FOR CHILDREN +		UPTRAVI SOLR	45	VALTOCO 20 MG DOSE LQPK ...	13
ADULTS SUSP PO (Use		UPTRAVI TABS	45	VALTOCO 5 MG DOSE LIQD	13
acetaminophen)	5	UPTRAVI TITRATION TBPK	45	VALTrex PO 1 GM (Use	
TYLENOL INFANTS PAIN+FEVER		urea CREA 40 %	55	valacyclovir hcl)	42
SUSP PO (Use acetaminophen)	6	urea LOTN 40 %	55	VALTrex PO 500 MG (Use	
TYLENOL TABS PO (Use		UROCIT-K 10 TBCR PO (Use		valacyclovir hcl)	42
acetaminophen)	6	potassium citrate (alkalinizer))	64	VALUE PLUS GLUCOSE PO	19
TYMLOS	60	UROCIT-K 5 TBCR PO (Use		VANCOcIN CAPS PO 125 MG (Use	
TYPHIM VI SOLN	97	potassium citrate (alkalinizer))	64	vancomycin hcl)	28
TYPHIM VI SOSY	97	URSO 250 TABS PO (Use ursodiol) .		VANCOcIN CAPS PO 250 MG (Use	
TYVASO REFILL KIT SOLN IN ...	44	63		vancomycin hcl)	28
TYVASO SOLN IN	44	ursodiol CAPS PO	63	vancomycin hcl CAPS PO 125 MG	
TYVASO STARTER KIT SOLN IN	44	ursodiol TABS PO 250 MG	63	28	
ULTIGUARD SAFEPACK PEN		VABYSMO SOLN	86	vancomycin hcl CAPS PO 250 MG	
NEEDLE	72	VAGIFEM TABS (Use estradiol		28	
ULTRA NEB ACCESSORIES KIT		vaginal)	99	vancomycin hcl SOLR IV 1 GM ...	29
MISC	75	valacyclovir hcl PO 1 GM	42	VANCOMYCIN HCL SOLR IV 1 GM .	
ULTRATHON INSECT REPELLENT		valacyclovir hcl PO 500 MG	42	29	
8 AERO	56				
ULTRATHON INSECT REPELLENT					

vancomycin hcl SOLR IV 500 MG .28	venlafaxine hcl TABS PO17	VIDAZA SUSR (Use azacitidine) .. 31
VANCOMYCIN HCL SOLR IV 500 MG29	venlafaxine hcl TB24 PO 150 MG .17	vigabatrin PACK 14
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .29	venlafaxine hcl TB24 PO 37.5 MG, 75 MG, 225 MG17	vigabatrin TABS14
VANDAZOLE99	VENTAVIS IN 44	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))87
VAQTA 99	VENTOLIN HFA AERS (Use albuterol sulfate) 12	VIIBRYD TABS (Use vilazodone hcl) 17
varenicline tartrate TABS PO93	verapamil hcl CP24 PO 100 MG, 200 MG 44	VIJOICE TBPK79
varenicline tartrate TBPK 94	verapamil hcl CP24 PO 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ... 44	vilazodone hcl TABS17
VARIVAX SUSR99	VERAPAMIL HCL ER CP24 PO (Use verapamil hcl) 44	VILTEPSO84
VASERETIC PO 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide) 28	VERAPAMIL HCL ER CP24 PO 100 MG, 200 MG 44	VIMIZIM 62
VASOTEC TABS PO (Use enalapril maleate)26	VERAPAMIL HCL ER CP24 PO 300 MG, 360 MG 44	vincristine sulfate36
VAXCHORA97	verapamil hcl TABS PO44	VIRACEPT TABS PO 250 MG 41
VAXELIS SUSP95	verapamil hcl TBCR PO 44	VIRACEPT TABS PO 625 MG 41
VAXELIS SUSY95	VERELAN CP24 PO (Use verapamil hcl) 44	VIREAD POWD41
VAXNEUVANCE97	VERELAN PM CP24 PO 100 MG, 200 MG (Use verapamil hcl)44	VIREAD TABS PO (Use tenofovir disoproxil fumarate)41
VECAMYL PO 28	VERELAN PM CP24 PO 300 MG (Use verapamil hcl) 44	VIREAD TABS PO 150 MG, 200 MG, 250 MG 41
VECTIBIX 100 MG/5ML, 400 MG/20ML32	VERIFINE INSULIN PEN NEEDLE 72	VISCO-3 SOSY83
VELCADE SOLR IJ (Use bortezomib)35	VERIFINE PLUS PEN NEEDLE ..72	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))87
VELETRI (Use epoprostenol sodium)44	VERSAFREE SYRP PO91	VISTARIL CAPS PO (Use hydroxyzine pamoate)9
VEMLIDY41	VERSAPLUS SYRP PO 91	VISTOGARD 22
VENCLEXTA STARTING PACK TBPK32	VERZENIO 35	VISUDYNE87
VENCLEXTA TABS32	VIBRAMYCIN CAPS PO (Use doxycycline hyclate)94	VITAMIN D3 LIQD PO 125 MCG/ML . 100
venlafaxine hcl CP24 PO 150 MG .17	VICTOZA (Use liraglutide) 20	vitamin e CAPS PO 100 UNIT, 200 UNIT, 268 MG, 400 UNIT, 45 MG, 90 MG, 90 MG 100
venlafaxine hcl CP24 PO 37.5 MG 17		vitamin e CAPS PO 100 UNIT, 200 UNIT, 400 UNIT100
venlafaxine hcl CP24 PO 75 MG .. 17		

VITAMIN E CAPS PO	100	VYXEOS	33	XENAZINE PO (Use tetrabenazine)	93
VITAMIN E CHEW PO	100	WAKIX	1	XENLETA TABS	29
VITAMINS ACD-FLUORIDE SOLN		WALGREENS GLUCOSE CHEW PO		XERMELO	64
PO	82	19	XGEVA SOLN	60
vitamins w/ lipotropics CAPS PO ..	83	WALGREENS GLUCOSE PO	19	XIAFLEX	78
VITRAKVI CAPS PO	35	warfarin sodium TABS PO	12	XIGDUO XR PO (Use dapagliflozin	
VITRAKVI SOLN	35	WELIREG	33	propanediol-metformin hcl)	18
VIVAGUARD INO TEST STRIPS		WELLBUTRIN SR TB12 PO 100 MG		XIPERE	88
STRP	59	(Use bupropion hcl)	15	XOLAIR SOAJ	10
VIVELLE-DOT PTTW (Use estradiol)		WELLBUTRIN SR TB12 PO 150 MG		XOLAIR SOLR	10
63		(Use bupropion hcl)	16	XOLAIR SOSY	10
VIVIMUSTA SOLN	30	WELLBUTRIN SR TB12 PO 200 MG		XOPENEX HFA (Use levalbuterol	
VIVITROL	22	(Use bupropion hcl)	16	tartrate)	12
VIVOTIF PO	97	WELLBUTRIN XL TB24 PO 150 MG		XOSPATA	35
VIZIMPRO	32	(Use bupropion hcl)	16	XPOVIO (100 MG ONCE WEEKLY)	
VOLTAREN ARTHRITIS PAIN GEL		WELLBUTRIN XL TB24 PO 300 MG		PO 50 MG	33
EX (Use diclofenac sodium (topical)) .		(Use bupropion hcl)	16	XPOVIO (40 MG ONCE WEEKLY)	
52		white petrolatum-mineral oil	85	PO 40 MG	33
VONJO	35	WILATE KIT	65	XPOVIO (40 MG TWICE WEEKLY)	
VONVENDI	65	WINDMILL TRAINER MISC	75	PO 40 MG	33
VOQUEZNA	96	WINRHO SDF SOLN 1500		XPOVIO (60 MG ONCE WEEKLY)	
VORAXAZE	36	UNIT/1.3ML, 2500 UNIT/2.2ML, 5000		PO 60 MG	33
VOTRIENT (Use pazopanib hcl) ..	35	UNIT/4.4ML, 15000 UNIT/13ML ..	90	XPOVIO (60 MG TWICE WEEKLY)	
VOTRIENT	35	XALATAN SOLN (Use latanoprost)		PO	33
VOXZOGO	62	88		XPOVIO (80 MG ONCE WEEKLY)	
VYNDAMAX	45	XALKORI CAPS	35	PO 40 MG	33
VYNDAQEL	45	XANAX TABS PO (Use alprazolam) .		XPOVIO (80 MG TWICE WEEKLY)	
VYONDYS 53	84	10		PO	33
VYTORIN PO (Use ezetimibe-		XELJANZ SOLN	3	XTANDI CAPS	33
simvastatin)	24	XELJANZ TABS	3	XTANDI TABS	33
VYVANSE CAPS PO	1	XELJANZ XR TB24 PO	2	XURIDEN	62
VYVGART	78	XELODA PO (Use capecitabine) ..	31	XYNTHA	65
		XEMBIFY	90		

XYNTHA SOLOFUSE	65	ZAVESCA (Use miglustat)	66	ziprasidone hcl PO	37
XYREM SOLN PO	92	ZEJULA CAPS PO	35	ZIRABEV	31
XYWAV	92	ZELBORAF PO	35	ZITHROMAX PACK PO	70
XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride) 24		ZEMAIRA SOLR 1000 MG	94	ZITHROMAX SUSR PO 100 MG/5ML (Use azithromycin)	70
YASMIN 28 PO (Use drospirenone- ethinyl estradiol)	46	ZEMAIRA SOLR 4000 MG	94	ZITHROMAX SUSR PO 200 MG/5ML (Use azithromycin)	70
YAZ PO (Use drospirenone-ethinyl estradiol)	46	ZEMPLAR SOLN (Use paricalcitol) 62		ZITHROMAX TABS PO 250 MG (Use azithromycin)	70
YERVOY	32	ZEPZELCA	30	ZITHROMAX TABS PO 500 MG (Use azithromycin)	70
YF-VAX INJ	99	ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	28	ZITHROMAX TRI-PAK TABS PO (Use azithromycin)	70
YONDELIS	30	ZESTORETIC PO 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) 28		ZITHROMAX Z-PAK TABS PO (Use azithromycin)	70
YONSA	33	ZESTRIL TABS PO 2.5 MG (Use lisinopril)	26	ZITUVIMET TABS	18
YUFLYMA (1 PEN) AJKT	3	ZESTRIL TABS PO 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 26		ZITUVIO	20
YUFLYMA (2 PEN) AJKT	3	ZETIA PO (Use ezetimibe)	25	ZOCOR TABS PO 10 MG, 20 MG, 40 MG (Use simvastatin)	25
YUFLYMA (2 SYRINGE) PSKT	3	ZEVALIN Y-90	32	ZOKINVY	79
YUFLYMA-CD/UC/HS STARTER AJKT	3	ZIAC PO (Use bisoprolol & hydrochlorothiazide)	28	ZOLADEX	33
YUSIMRY	3	ZIAGEN SOLN PO (Use abacavir sulfate)	41	zoledronic acid CONC	60
YUTIQ	88	ZIAGEN TABS PO (Use abacavir sulfate)	41	zoledronic acid SOLN	60
ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	88	zidovudine CAPS PO	41	ZOLEDRONIC ACID SOLN	60
zaleplon PO 10 MG	68	zidovudine SYRP PO	41	ZOLGENSMA 20.6-21.0 KG	84
zaleplon PO 5 MG	68	zidovudine TABS PO	41	ZOLGENSMA 10.1-10.5 KG	84
ZALTRAP	31	ZILRETTA SRER	47	ZOLGENSMA 10.6-11.0 KG	85
ZANAFLEX TABS PO 4 MG (Use tizanidine hcl)	83	zinc oxide (topical) OINT 20 %	56	ZOLGENSMA 11.1-11.5 KG	85
ZARONTIN CAPS PO (Use ethosuximide)	15	zinc sulfate CAPS PO	78	ZOLGENSMA 11.6-12.0 KG	85
ZARONTIN SOLN PO (Use ethosuximide)	15	ZINPLAVA	90	ZOLGENSMA 12.1-12.5 KG	85
ZARXIO	67			ZOLGENSMA 12.6-13.0 KG	85
				ZOLGENSMA 13.1-13.5 KG	85

ZOLGENSMA 13.6-14.0 KG 85	zolmitriptan SOLN 5 MG 76	ZYPREXA TABS PO 2.5 MG, 5 MG (Use olanzapine) 38
ZOLGENSMA 14.1-14.5 KG 85	zolmitriptan TABS PO 76	ZYPREXA TABS PO 7.5 MG, 10 MG (Use olanzapine) 38
ZOLGENSMA 14.6-15.0 KG 85	zolmitriptan TBDP PO 76	ZYRTEC ALLERGY TABS PO (Use cetirizine hcl) 24
ZOLGENSMA 15.1-15.5 KG 85	ZOLOFT CONC PO (Use sertraline hcl) 17	ZYRTEC CHEW PO 10 MG (Use cetirizine hcl) 24
ZOLGENSMA 15.6-16.0 KG 85	ZOLOFT TABS PO 100 MG (Use sertraline hcl) 17	ZYRTEC CHILDRENS ALLERGY CHEW PO 10 MG (Use cetirizine hcl) 24
ZOLGENSMA 16.1-16.5 KG 85	ZOLOFT TABS PO 25 MG, 50 MG (Use sertraline hcl) 17	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl) 24
ZOLGENSMA 16.6-17.0 KG 85	zolpidem tartrate TABS PO 68	ZYRTEC-D ALLERGY & CONGESTION PO (Use cetirizine- pseudoephedrine) 50
ZOLGENSMA 17.1-17.5 KG 85	ZOMIG SOLN 5 MG (Use zolmitriptan) 76	ZYRTEC-D ALLERGY & SINUS PO (Use cetirizine-pseudoephedrine) . 50
ZOLGENSMA 17.6-18.0 KG 85	ZOMIG TABS PO 2.5 MG, 5 MG (Use zolmitriptan) 76	ZYTIGA (Use abiraterone acetate) 33
ZOLGENSMA 18.1-18.5 KG 85	ZONEGRAN CAPS PO 25 MG, 100 MG (Use zonisamide) 14	
ZOLGENSMA 18.6-19.0 KG 85	zonisamide CAPS PO 14	
ZOLGENSMA 19.1-19.5 KG 85	ZORBTIVE SC 60	
ZOLGENSMA 19.6-20.0 KG 85	ZOVIRAX CREA (Use acyclovir topical) 53	
ZOLGENSMA 2.6-3.0 KG 85	ZOVIRAX OINT (Use acyclovir topical) 53	
ZOLGENSMA 20.1-20.5 KG 85	ZOVIRAX SUSP PO (Use acyclovir) . 42	
ZOLGENSMA 3.1-3.5 KG 85	ZUBSOLV SUBL 8	
ZOLGENSMA 3.6-4.0 KG 85	ZULRESSO 16	
ZOLGENSMA 4.1-4.5 KG 85	ZYDELIG 35	
ZOLGENSMA 4.6-5.0 KG 85	ZYKADIA TABS 35	
ZOLGENSMA 5.1-5.5 KG 85	ZYLOPRIM PO (Use allopurinol) .. 65	
ZOLGENSMA 5.6-6.0 KG 85	ZYNLONTA 32	
ZOLGENSMA 6.1-6.5 KG 85	ZYPREXA RELPREVV 38	
ZOLGENSMA 6.6-7.0 KG 85	ZYPREXA TABS PO 15 MG, 20 MG (Use olanzapine) 38	
ZOLGENSMA 7.1-7.5 KG 85		
ZOLGENSMA 7.6-8.0 KG 85		
ZOLGENSMA 8.1-8.5 KG 85		
ZOLGENSMA 8.6-9.0 KG 85		
ZOLGENSMA 9.1-9.5 KG 85		
ZOLGENSMA 9.6-10.0 KG 85		
ZOLINZA 35		